' Form

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2006 Open to Public Inspection

Α	For the			./06 , and ending 6	6/30/	07		
В	Check I	f applicable Pleas					D Em	ployer identification number
	Address	ess change label or					2	3-7029247
							E Te	lephone number
П	type. Number and street (or P O box if mail is not delivered to street address) Room/suite					2	<u> 16-575-0920 </u>	
H		Specif		<u> Street</u>				counting method: Cash
님	Final re	Instru	City or town, state or country, and Z				X Ac	crual Other (specify)
Ш	Amend	ed return tions	s Cleveland	OH 4411	3		<u> </u>	
	Applica		Section 501(c)(3) organizations and 494		Hand	are not applicable to sect	on 527 o	organizations I
			trusts must attach a completed Schedul	e A (Form 990 or 990-EZ).	H(a)	Is this a group return for a	affiliates'	? ∐ Yes 🄀 No
<u>G</u>		te: ► N/A			_ H(b)	If "Yes," enter number of	affiliates	
J	_	ization type			H(c)	Are all affiliates included	,	Yes No
	(check	only one) 🕨 X	501(c) (3) ∢ (insert no)	4947(a)(1) or 527	4	(If "No," attach a list. See instri	ictions)	
K	Check I	here 🕨 📗 if the	e organization is not a 509(a)(3) supporting o	organization and its gross	H(d)	Is this a separate return f	iled by a	n — —
	receipts	are normally not mo	ore than \$25,000 A return is not required, bu	t if the organization chooses		organization covered by a		
	to file a	return, be sure to file	a complete return			Group Exemption Nur		**
	_			600 00	_	Check ▶ ☐ if the	-	•
느			s 6b, 8b, 9b, and 10b to line 12	682,222		to attach Sch B (Forr		
	art I		Expenses, and Changes in N		<u> Balance</u>	s (See the instruc	ctions	<u>.) </u>
	1		fts, grants, and similar amounts receive	ed ,				
	a		donor advised funds		1a			
	Ь		pport (not included on line 1a)		1b	334,345	1	
	С	•	upport (not included on line 1a)		1c			
	d		itributions (grants) (not included on line		1d	208,700	4	
	е			<u>43,045</u> noncash \$_)	1e 2	543,045
	1	2 Program service revenue including government fees and contracts (from Part VII, line 93)						113,130
		3 Membership dues and assessments						
	4	Interest on savings and temporary cash investments					4	26,047
	5		vidends and interest from securities				5	
	6a	Gross rents		-	6a	·	-	
	b	Less rental expe		Ĺ	6b			
	C		e or (loss) Subtract line 6b from line 6	a			6c	
ě	7		t income (describe) <u>)</u>			7	
Revenue	8a		om sales of assets other	(A) Securities		(B) Other		
8	_	than inventory			8a			
_	b		er basis and sales expenses		8b	·		
(B)	C	Gain or (loss) (at	· · · · · · · · · · · · · · · · · · ·		8c		1	
	d	_) Combine line 8c, columns (A) and (B				8d	
	9		nd activities (attach schedule) If any a		eck her			
CANNED	а	Gross revenue (r		of	. 1			
		contributions rep	· ·	-	9a			
	b	•	enses other than fundraising expenses	L	9b			
AON	C	•	oss) from special events Subtract line	1	. 1		9c	
$ \leftarrow $	10a		ventory, less returns and allowances		10a	 -	} }	
	b	Less cost of goo		_	10b	·		
ಅ	C		oss) from sales of inventory (attach sch	nedule) Subtract line 10b fi	rom line 1	0a	10c	
2007	11		rom Part VII, line 103)	R	FCF	IVED	11	
9	12		Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	Oc, and 11		-(1	12	682,222
S	13	-	s (from line 44, column (B))	N P	ിര് ത	0 200 7	13	532,544
Expenses	14	•	d general (from line 44, column (C))	883	OCT 3	© 2007	14	116,550
cbe	15	• .	n line 44, column (D))				15	8,501
ω	16	=	lates (attach schedule)		CDF	N, UT	16	<u> </u>
	17		Add lines 16 and 44, column (A)			141 41	17	657,595
Net Assets	18		t) for the year Subtract line 17 from lin				18	24,627
As	19		nd balances at beginning of year (from				19	230,774
let	20	_	net assets or fund balances (attach e				20	055 401
	21 Privaci		d balances at end of year Combine lir			····	21	255,401
inst	ruction	is.	rork Reduction Act Notice, see the se	parate				Form 990 (2006)
DAA								G 17

Tremont West Development Corp. Form 990 (2006)

Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) 25a b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach 87,171 55,870 30,049 1,252 See Statement 1 schedule) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included 210,489 192,041 13,227 5,221 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 35,257 42,016 5,880 25a - 2728 19,589 23,515 3,415 29 Payroll taxes 29 30 Professional fundraising fees 30 5,809 5,809 31 31 Accounting fees 32 Legal fees 32 4,647 5,538 33 33 Supplies 7,930 6,654 110 166 Telephone 34 8,763 7,353 227 183 35 35 Postage and shipping 6,505 5,542 839 124 36 Occupancy 36 8,549 021 528 Equipment rental and maintenance 37 Printing and publications 38 10,965 10,965 38 463 93 370 39 39 40 235 235 Conferences, conventions, and meetings 32,809 32.809 41 329 13,809 13,431 49 Depreciation, depletion, etc (attach schedule) 42 Other expenses not covered above (itemize) 193,029 158,237 34,792 See Statement 2 43a 43b b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 657,595 532,544 116,5508,501 13-15) Joint Costs. Check ▶ I If you are following SOP 98-2 ▶ Yes No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs\$, (ii) the amount allocated to Program services \$ and (iv) the amount allocated to Fundraising\$ (iii) the amount allocated to Management and genera\$ DAA

Form 990 (2006) Tremont West Development Corp.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form, 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose? Neighborhood development	Program Service Expenses						
All of c	All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)							
а	Develop and implement projects directed towards housing, commercial revitalization, and improvement of the Tremont community in Cleveland, OH							
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	532,544						
b								
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶							
С								
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □							
d								
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □							
U	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here							
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	532,544						

Balance Sheets (See the instructions.) Part IV Note: Where required, attached schedules and amounts within the description (A) (B) column should be for end-of-year amounts only Beginning of year End of year 19,123 59,617 45 Cash-non-interest-bearing 45 129,714 46 Savings and temporary cash investments 46 128,857 47a 28,365 47a Accounts receivable 39,999 Less allowance for doubtful accounts 47b 47c 28,365 48a Pledges receivable 48a 48b Less allowance for doubtful accounts b 48c 55,411 28,282 49 Grants receivable 49 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att_schedule) 50b Other notes and loans receivable (attach See Worksheet | 51a 872,418 schedule) Less allowance for doubtful accounts 51b 600,652 51c 872,418 52 Inventories for sale or use 52 Prepaid expenses and deferred charges 7. 376 6,529 53 53 Investments—publicly-traded secunties 54a FMV 54a Investments h Investments—other secunties (attach schedule) Cost FMV 54b Investments-land, buildings, and 55a 55a 8,400 equipment basis b Less accumulated depreciation (attach 8,400 See Statement 3 55b 8,400 schedule) 55c 56 Investments-other (attach schedule) 56 344,506 57a Land, buildings, and equipment basis 57a Less accumulated depreciation (attach See Statement 4 34,124 294,755 310,382 57b schedule) 57c Other assets, including program-related investments 58 (describe ▶ See Statement 5 300) 58 1,155, 730 1,453,150 59 Total assets (must equal line 74) Add lines 45 through 58 59 77,896 60 Accounts payable and accrued expenses 60 Grants payable 61 61 Deferred revenue 62 62 63 Loans from officers, directors, trustees, and key employees (attach 63 64a 64a Tax-exempt bond liabilities (attach schedule) 823,741 1,095,966 See Worksheet Mortgages and other notes payable (attach schedule) 64b 23,319 22,056 65 Other liabilities (describe > See Statement) 65 924,956 1,197,749 Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 67 through 69 and lines 73 and 74 178,963 67 Unrestricted 67 198,399 Vet Assets or Fund Balances 51,811 57,002 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here complete lines 70 through 74 70 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must 230 774 equal line 21) 73 74 453,150 Total liabilities and net assets/fund balances. Add lines 66 and 73

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See_Statement 7				
			•	
	· · · · · · · · · · · · · · · · · · ·			

	<u> 1990(2006) Tremont West Development Corp</u>	<u>23-702</u>	9247			P	age 6
P	art V-A Current Officers, Directors, Trustees, and Key	Employees (continu	ied)			Yes	No
75a	.Enter the total number of officers, directors, and trustees permitted to vote	on organization business	s at board				İ
	meetings	•					į
b	Are any officers, directors, trustees, or key employees listed in Form 990,						
	employees listed in Schedule A, Part II, or highest compensated profession		t				
	contractors listed in Schedule A, Part II-A or II-B, related to each other three	•	- (a)		75L		Х
	relationships? If "Yes," attach a statement that identifies the individuals an	id explains the relationshi	p(s)	ļ	75b		<u> </u>
С	Do any officers, directors, trustees, or key employees listed in Form 990, I	Part V-A or highest					ĺ
·	compensated employees listed in Schedule A, Part I, or highest compensated	• •	er				ĺ
	independent contractors listed in Schedule A, Part II-A or II-B, receive con	•			. ,		ĺ
	organizations, whether tax exempt or taxable, that are related to the organ						
	the definition of "related organization"				75c		Х
	If "Yes," attach a statement that includes the information described in the	nstructions					
d	Does the organization have a written conflict of interest policy?				75d		X
Pa	art V-B Former Officers, Directors, Trustees, and Key	Employees That Re	ceived Co	mpensation or C)the	r Ben	efits
	(If any former officer, director, trustee, or key employee receiv	ed compensation or othe	r benefits (des	cribed below) during	the ye	ear, lis	t that
	person below and enter the amount of compensation or other	benefits in the appropriat					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employ benefit plans & deferred		E) Expe	
		(2) 200.10 2.10 1.10 10.1000	enter -0-)	compensation plans		allowan	
N/A	A						
	· · · · · · · · · · · · · · · · · · ·				—		
					+-		
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				- 	+		
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					+-		
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					\top		
Pa	ort VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conduct	ing activities? If "Yes," at	ach a				
	detailed statement of each change				76		X
77	Were any changes made in the organizing or governing documents but no	t reported to the IRS?			77		Χ
	If "Yes," attach a conformed copy of the changes						
78a	Did the organization have unrelated business gross income of \$1,000 or m	nore during the year cove	red by		i		
	this return?				78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction	during the year? If "Yes,"	' attach				v
0.0	a statement			ļ	79		Х
80a	Is the organization related (other than by association with a statewide or no	-	_				ĺ
	common membership, governing bodies, trustees, officers, etc., to any oth	er exempt or nonexempt					v
j.	organization?			ļ	80a		Χ
b	If "Yes," enter the name of the organization ▶	check whether it is e		nonovomet			i
81a	and c Enter direct and indirect political expenditures (See line 81 instructions)	meck whether it is ex	kempt or	nonexempt			
o ia b	Did the organization file Form 1120-POL for this year?		[VIA]		81b		Х
	one the digamentation most office in the year.	··· · · · · · · · · · · · · · · · · ·		 		990	

Form	990 (2006) Tremont West Development Corp. 23-7029247		P	Page 7
	at VI: Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	1		
·	or at substantially less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II			
	(See instructions in Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		i	1
	gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c	-		
ď	Section 162(e) lobbying and political expenditures 85d	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Toyoble amount of lebbying and political expenditures (line 95d less 95e)	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	05~		
g h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	85g		
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	0011	*********	
ь	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
ь	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections]
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		Χ
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization			
d				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	03.		<u> </u>
5	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g		Х
90a	List the states with which a copy of this return is filed ▶ OH			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			
	instructions)			7
91a	The books are in care of ▶ Chris Garland Telephone no ▶ 216-	575	-09	20
	Located at ► Cleveland, OH ZIP+4 ► 44113			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	لــــــ	Yes	No
	account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			L

	n 990 (200			Corp.	23-7	029247			Page 8
P	art VI	Other Information (con	tinued)					Ye	s No
C	-	ime during the calendar year, did t	-	ın an office o	outside of the Unite	ed States?		91c	<u> X</u>
		enter the name of the foreign cou	•						_
92		4947(a)(1) nonexempt charitable t	_			e	. 1		▶ ∐
		er the amount of tax-exempt intere					▶ 92		
	art VII	Analysis of Income-Pro	oducing Activities	•					
		ross amounts unless otherwise	_		d business income		by section 512, 513, or 514	(E) Related	or
	ated.		В	(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount	exempt fur	nction
93	-	n service revenue	food			code		incom	
a		perty management vertising		-	· · · · · · · · · · · · · · · · · · ·				,120
b		sidential rental							,405 ,605
C		sidential Tental						19	, 603
d									
e f	Medicar	re/Medicaid payments							
-		d contracts from government ager	ucios				-		
g 94		rship dues and assessments	Licies		-				
95		on savings and temporary cash in	veetments	:		14	26,047		
96		ds and interest from securities	Vestinents				20,047		
97		al income or (loss) from real estate	<u></u>			-			
a		anced property	· -						
b		:-financed property				+		···	
98		al income or (loss) from personal p	property						
99		vestment income	-						
100		(loss) from sales of assets other th	ian inventory		-				
101		ome or (loss) from special events				1 1			
102		rofit or (loss) from sales of inventor	√ ⊢						
103		evenue a	' <u> </u>						
b									
С			***						
d									
е				· · · · ·					
104	Subtotal	(add columns (B), (D), and (E))				0	26,047	113	,130
105	Total (a	dd line 104, columns (B), (D), and	(E))				•	139	,177
Note	: Line 10	5 plus line 1e, Part I, should equal	the amount on line 12,	Part I					
Pa	ert VIII	Relationship of Activiti	es to the Accomp	lishment	of Exempt Pu	ı <mark>rposes</mark> (S	ee the instruction	າຣ.)	
Li	ine No.	Explain how each activity for w					tantly to the accompli	shment	
	▼	of the organization's exempt p	urposes (other than by	providing fu	nds for such purpo	oses)			
		See Statement 8							
							 ,		
	-	-							
	. 114								
Pa	irt IX	Information Regarding (A)		aries and					
١	partner	dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of ownership interest	N	(C) ature of activities		Total income	(E) End-of-ye assets	
	N/A		0	%					
				%					
		<u>.</u>		%					
<u>u</u>				%					
	ırt X	Information Regarding)
(b) Did th	e organization, during the year, red e organization, during the year, pa 'es" to (b), file Form 8870 and Form	y premiums, directly or	indirectly, o		•	al benefit contract?	Yes Yes	X No X No
	<u> </u>	7-11-11-11-11-11-11-11-11-11-11-11-11-11						Form 99	(2006)

165 10	1/16/2007 8 17 AM			
Form 9	990(2006) Tremont West Devel	opment Corp.	23-7029247	Page 9
Par	t XI Information Regarding Transf			f the organization
	is a controlling organization as	defined in section 512(b)	(13).	
106	Did the reporting organization make any transfers	to a controlled entity as defined a	n section 512/h\/13\ of	Yes No
100	the Code? If "Yes," complete the schedule below:		11 Section 312(b)(13) 01	l l x
\top	(A)	(B)	(C)	
	Name, address, of each	Employer ID	Description of	(D) Amount of transfer
1	controlled entity	Number	transfer	Amount of durisier
a				
1				
b				
+-		***		
С				
	Totals			
		<u> </u>	<u></u>	Yes No
107	Did the reporting organization receive any transfe	•		
$\overline{}$	512(b)(13) of the Code? If "Yes," complete the sch			X
	(A) Name, address, of each	(B) Employer ID	(C) Description of	(D)
	controlled entity	Number	transfer	Amount of transfer
	•		-	
а				
+			-, -,	
ь				
\perp			,-,-	

	Name, address, of each controlled entity	Employer ID Number	Description of transfer	A	ש) mount of transfer
а					
b					
С					
	Totals				
					Ves No

Did the organization have a binding written contract in effect on August 17, 2006, covering the interest,

Garfield Hts, OH

rents, royalties, and annuities described in question 107 above?

address, and ZIP + 4

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 **Please** Sign Signature of officer Sammu Date 10 Here resident Type or print name and tale Preparer's SSN or PTIN Date Check if Preparer's (See Gen Instr X) P00561921 self-employed Paid signature 10/16/07 Preparer's Koester, DiSalvo and Fried EIN Firm's name (or yours **Use Only** 5587 Turney Road Phone if self-employed),

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

44125

Form **990** (2006)

no ▶ 216-475-7844

108

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2006

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

23-7029247 Tremont West Development Corp. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None") (e) Expense (d) Contrib to (a) Name and address of each employee paid more (b) Title and average hours empl ben plans account & other (c) Comp than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2006

Sche	edule A (Form 990 or 990-EZ) 2006 Tremont West Development Corp. 23-7029247		F	age 2
Pá	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	_2a		<u>X</u>
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		X
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Χ	
е	See Statement 9 Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a_		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year		_	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		=	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	·
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

F	, 1111 F	Reason for Non-Private Found	ation Status (See	pages 4 through	or the ins	tructions.)			
l cer 5	tify th	nat the organization is not a private foundation b A church, convention of churches, or association			le box)	-			
6	A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7		A hospital or a cooperative hospital service org	janization Section 170(b)(1)(A)(III)					
8		A federal, state, or local government or govern	mental unit Section 170	O(b)(1)(A)(v)					
9		A medical research organization operated in co	onjunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's nam	ie, city,		
		and state ▶							
10		An organization operated for the benefit of a co (Also complete the Support Schedule in Part I		ed or operated by a gov	ernmental uni	t Section 170(b	v)(1)(A)(IV)		
11a	X	An organization that normally receives a substation 170(b)(1)(A)(vi) (Also complete the Support S		from a governmental u	init or from the	general public	Section		
11b		A community trust Section 170(b)(1)(A)(vi) (A	Iso complete the Suppo	ort Schedule in Part IV	-A)				
12		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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)							
13		An organization that is not controlled by any dis requirements of section 509(a)(3) Check the b				erwise meets th	e		
		Type I Type II	Type III-Functionally Int	tergrated Typ	e III-Other				
		Provide the following inform	ation about the suppor	rted organizations. (Se	ee page 7 of th	ne instructions)			
		(a)	(b)	(c)	(d)	(e)		
	ı	Name(s) of supported organization(s)	Employer	Type of	Is the si	upported	Amount of		
			identification	organization	organizati	on listed in	support		
			number (EIN)	(described in lines	the sup	porting			
				5 through 12	organiz	zation's			
		i		above or IRC	_	documents?			
				section)					
					Yes	No			
					<u> </u>		<u>.</u>		
					- · · - - · ·				
							.		
Total)					•			
	<u> </u>								
14	П	An organization organized and operated to test	for public safety Section	on 509(a)(4) (See page	7 of the instr	uctions)			
							orm 990 or 990-EZ) 2006		

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note	: You may use the worksheet in the instru	ctions for converting f	rom the accrual to the	cash method of accou	nting	
Caler	dar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants. See line 28)	536,577	425,198	409,386	554,985	1,926,146
16	Membership fees received					0
17	Gross receipts from admissions, merchandise					
•••	sold or services performed, or furnishing of					
	facilities in any activity that is related to the	•				
	organization's charitable, etc , purpose	115,630	122,887	121,287	138,969	498,773
18	Gross income from interest, dividends,		, , , , , , , , , , , , , , , , , , , ,			
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired	4,095	6,263	15,952	1,719	28,029
	by the organization after June 30, 1975	4,000	0,203	10,002		20,025
19	Net income from unrelated business					0
	activities not included in line 18					
20	Tax revenues levied for the organization's		Ì			
	benefit and either paid to it or expended on					0
	its behalf		·- ·-		<u></u>	<u> </u>
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of					
	services or facilities generally furnished to the		1			_
	public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from		†			_
	sale of capital assets	45.4.5.5	5.5.4 0.40	5.4.6.605	605 672	0
23	Total of lines 15 through 22	656,302				
24	Line 23 minus line 17	540,672				1,954,175
<u> 25</u>	Enter 1% of line 23	6,563				
26	Organizations described on lines 10 o				▶ <u>26a</u>	39,084
b	Prepare a list for your records to show the					
	governmental unit or publicly supported					
	amount shown in line 26a Do not file th	is list with your retur	n. Enter the total of all	these excess amounts	• <u>26b</u>	
С	Total support for section 509(a)(1) test	Enter line 24, column ((e)		▶ 26c	1,954,175
d	Add Amounts from column (e) for lines	18 <u>28,</u>	<u>029</u> 19			
		22	26b		▶ 26d	28,029
е	Public support (line 26c minus line 26d t	otal)			▶ 26e	1,926,146
f	Public support percentage (line 26e (n	umerator) divided by	line 26c (denominato	or))	▶ 26f	98.5657 <u>%</u>
27	Organizations described on line 12:	a For amounts incli	uded in lines 15, 16, ar	nd 17 that were receive	d from a "disqualified	
	person," prepare a list for your records to					son "
	Do not file this list with your return. Er					N/A
		2004)	(2003	3)	(2002)	
b	For any amount included in line 17 that v		h person (other than "o	disqualified persons"),	prepare a list for your r	ecords to
_	show the name of, and amount received	I for each year, that wa	is more than the large	r of (1) the amount on	line 25 for the year or (2) \$5,000
	(Include in the list organizations describe	ed in lines 5 through 1	1b, as well as individua	als) Do not file this lis	st with your return. Aft	er computing
	the difference between the amount rece					
	amounts) for each year:		· · · · · · · · · · · · · · · · · · ·	,	·	N/A
	•	2004)	(2003	<i>)</i>)	(2002)	
_	(====)	15	•	,	(=== :,	
C	Add Amounts from column (e) for lines				▶ 27c	
م	17	and line 27			▶ 27d	
d					▶ 27e	
e	Public support (line 27c total minus line		22 polymer (a)	▶ 27f	1276	
f	Total support for section 509(a)(2) test				▶ 27q	%
g	Public support percentage (line 27e (n				► 27g ► 27h	
<u>h</u>	Investment income percentage (line 1	8, column (e) (numera	ator) divided by line 2	/T (denominator))		
28	Unusual Grants: For an organization de	escribed in line 10, 11,	or 12 that received an	y unusual grants durin	g 2002 through 2005,	
	prepare a list for your records to show, f	or each year, the nam	e of the contributor, the	e date and amount of t	ne grant, and a brief	

Schedule A (Form 990 or 990-EZ) 2006 Tremont West Development Corp. 23-7029247

Part Y Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 11 Has the organization publicazed its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if this is no solicitation program, in a way that makes the policy fromin to all parts of the general community it serves? 12 Does the organization maintain the following 13 Records indicating the racial composition of the student body, faculty, and administrative staff? 14 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 15 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 15 Copies of all material used by the organization or on its behalf to solicit contributions? 16 You answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 17 Does the organization discriminate by race in any way with respect to 18 Students' rights or privileges? 18 Admissions policies? 29 Admissions policies? 20 Employment of faculty or administrative staff? 21 Scholarships or other financial assistance? 22 Europhyment of faculty or administrative staff? 23 Scholarships or other financial assistance? 24 Educational policies? 25 Use of facilities? 26 Other extracumcular activities? 27 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A	·	Yes	No
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement) 32 Does the organization maintain the following 33 Records indicating the racial composition of the student body, faculty, and administrative staff? 34 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 35 Points of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 36 Copies of all material used by the organization or on its behalf to solicit contributions? 37 If you answered "No" to any of the above, please explain (iff you need more space, attach a separate statement) 38 Does the organization discriminate by race in any way with respect to 39 Students' rights or privileges? 30 Admissions policies? 31 Use of facilities? 32 Athletic programs? 33 Athletic programs? 34 Other extracurncular activities? 35 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement) 39 Athletic programs? 30 Other extracurncular activities? 31 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement) 39 Athletic programs? 40 Other extracurncular activities? 41 Does the organization receive any financial aid or assistance from a governmental agency? 42 Does the organization receive any financial aid or assistance from a governmental agency?		other governing instrument, or in a resolution of its governing body?	29		
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basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? if you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 33 Does the organization discriminate by race in any way with respect to 33 Does the organization discriminate by race in any way with respect to 34 Does the organization discriminate by race in any way with respect to 35 Does the organization discriminate by race in any way with respect to 36 Does the organization discriminate by race in any way with respect to 37 Does the organization discriminate by race in any way with respect to 38 Does the organization discriminate by race in any way with respect to 39 Does the organization receive any financial and or assistance from a governmental agency? 30 Does the organization receive any financial aid or assistance from a governmental agency? 31 Does the organization receive any financial aid or assistance from a governmental agency? 31 Does the organization is night to such aid ever been revoked or suspended?	_		32a		
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	-	g			
	b	Has the organization's right to such aid ever been revoked or suspended?	34b		
Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	5	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation 35		of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

- C
- Mailings to members, legislators, or the public d
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body g
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	Χ	
	Χ	
	X X X	
-	X	
<u> </u>	X	
-	X	···
	X	
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Schedule A (Form 990 or 990-EZ) 2006

Pa				ansfers To and Transaction ee page 13 of the instruction	ns and Relationships With Noncharit	able	<u>-</u>	-30
51	Did the repo	rting organization direc	ctly or indire		with any other organization described in section			
а				noncharitable exempt organization			Yes	N
_	(i) Cash			The second secon	•	51a(i)		X
	(ii) Other	assets				a(ii)		Х
b	Other transa			all a stability of the stability of the		1		v
	• •	-		charitable exempt organization		b(i)		X
	• •			le exempt organization		b(ii)		X
	• •	l of facilities, equipmer	•	issets		b(iii)	 	X
		oursement arrangemer	ııs			b(iv)		X
		or loan guarantees	mamharahin	or fundraiging collectations		b(v)		X
_	• •		•	or fundraising solicitations their assets, or paid employees		b(vi)		X
٦	•				mn (b) should always show the fair market value o			$\Box \Delta$
đ	goods, other	assets, or services gi	iven by the r	eporting organization If the organization	zation received less than fair market value in any	or the		
	transaction		it, show in co	olumn (d) the value of the goods, o	ther assets, or services received			
	(a) Line no	(b) Amount involved	Name o	(c) f noncharitable exempt organization	(d) Description of transfers, transactions, and shan	ng arrange	ments	
	/-							
N	/A							
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52a	_			d with, or related to, one or more to				 ה. ה
b		nplete the following sci	-	than section 501(c)(3)) or in section	n 52/?	- [] Y	es X	.J N
		(a) lame of organization		(b) Type of organization	(c) Description of relationship			
	N/A			, ,				
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Other Notes and Loans Receivable

7/01/06 , and ending

2006

Name

(10)

Employer Identification Number

Tremont West Development Corp.

For calendar year 2006, or tax year beginning

23-7029247

Form 990, Part IV, Line 51a - Additiona	l Information
Name of borrower	Relationship to disqualified person
(1) Metro Lofts, LLC	
(2) Detroit Avenue LLC	
(3) Clover Avenue LLC	
(4) Valley View Tremont, Inc.	
(5)	
(6)	
(7)	
(8)	
(9)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	300,000	3/01/04	3/01/14	monthly payments \$2,372	5.000
(2)	255,000	8/17/04	8/17/14	Interest only Balloon	5.000
(3)	65 , 000	4/13/05	4/13/06	Quarterly interest only	6.000
(4)	370,000	9/27/06		\$15,417 at sale /per house	5.000
(5)					
(6)					
(7)					10.00
(8)					
(9)					<u></u>
(10)					

	Security provided by borrower	Purpose of loan
(1)	Real Property	Rehabilitation
(2)	Real Property	Rehabilitation
(3)	Real Property	Rehabilitation
(4)	Property and prjoect homes	construction of 24 houses
<u>(5)</u>		
(6)		
<u>(7)</u>		
(8)		
(9)		
(10)		

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
1)	269,212	254,040	
2)	255,000	248,378	
3)	76,440		
4)		370,000	· · · · · · · · · · · · · · · · · · ·
5)			
5)			
7)			
3)			
9)			
10)			
Totals	600,652	872,418	

Forms 990 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2006, or tax year beginning

7/01/06 , and ending

6/30/07 2006

Name

Employer Identification Number

Tremont West Development Corp.

23-7029247

Form	990,	Part	IV,	Line	64b -	Additional	Information
------	------	------	-----	------	-------	------------	-------------

	Name of lender	Relationship to disqualified person
(1)	City of Cleveland	
(2)	Village Capital Corporation	
(3)	Village Capital Corporation/LISC	
(4)	Village Capital Corporation	
(5)	National City Bank	
(6)	City of Cleveland	
(7)	Village Capital Corporation	
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	86,000	10/10/89	11/11/19	monthly payment \$717	6.000
(2)	255,000	8/17/04	8/17/14	Interest only	5.000
(3)	65,000	4/13/05	4/13/06	Quarterly interest only	6.000
(4)	300,000	3/01/04	3/01/14	\$2,273	5.000
(5)	88,931	4/13/05	4/13/12	Monthly payments of 835	7.590
(6)	56 , 000	7/01/05	7/01/21	Monthly I & P \$387	3.000
(7)	370,000	9/27/06		\$15417 per house sold	5.000
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	2460 Professor Avenue	Rehabilitation
(2)	Real Property/ Note receivable	Detroit Area Lofts Funding
(3)	Real Property / Note receivable	Clover Avenue Rehabilitation
(4)	Real Property / Note Receivable	Metro Lofts Apartment funding
(5)	Real Property	Rehabilitation 2460 Professor Street
<u>(6)</u>	Building, 2406 Professor Avenue	Rehabilitation of building
<u>(7)</u>	Mortgage receivable & Project prop.	construction 24 houses
(8)		
(9)		
(10)		

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	86,000	86,000
(2)	255,000	248,378
(3)	76,440	
(4)	269,212	254,040
(5)	81,089	81,548
(6)	56,000	56,000
(7)		370,000
(8)		
(9)		
(10)		
Totals	823,741	1,095,966

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Federal Statements

FYE: 6/30/2007

23-7029247

165 Tremont West Development Corp.

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

	Gain/ -Loss				0		
	Deprec		3,875 \$	2,025	5,900 \$		
	Cost & Expense	l 1	3,875 \$	2,025	5,900 \$		Officers
	Sale Price		‹		\$ 0		ion of Former
	Date Sold		\$ 11/01/93 6/30/07 \$	6/30/07	φ `	•	Compensat
	Date Acquired		11/01/93	7/28/97 6/30/07			art II. Line 25b
	Whom Sold						Statement 1 - Form 990. Part II. Line 25h - Compensation of Former Officers
Desc	How Rec'd	2 Computers & 2 printers	Purchase	icei ilom besc buy Purchase	Total		State
		2 Con	i de C	Joy Day			

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Fundraising	ه	989	266	\$ 1,252
Management & General	v	16,474	13,575	\$ 30,049
Program Services	S.	17,160	38,710	\$ 55,870
Name	Expenses	Colleen Gilson Compensation	Steve Bloom Compensation	Total

1

165 Tremont West Development Corp.

23-7029247

Federal Statements

FYE: 6/30/2007

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		otal enses	Program Service	Mgt & General	Fund- Raising
	\$	\$		\$	\$
Expenses					
Advertising		75		75	
Bank charges		148	28	120	
Computer expense		632		632	
Contributions		300		300	
Dues & Subscriptions		649		649	
Entertainment -		2,956		2,956	
Insurance		5,351		5,351	
Miscellaneous		5,443	100	•	
Program other	1	45,300	145,300	•	
Consulting		29,074	10,506		
Licenses and permits		205	,	205	
Taxes-property		2,896	2,303	593	
Total	\$ 1	93,029 \$	158,237	\$ 34,792	\$ 0

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description

Description						
	_	Beginning of Year	Accum Deprec	_	End of Year	Accum Deprec
Community Garden Held for Resale	\$	2,200 \$		\$	2,200	\$
neid for Resale		6,200			6,200	
Total	\$	8,400 \$) \$	8,400	\$ 0

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

2000							
		Beginning of Year		Accum Deprec		End of Year	Accum Deprec
Office equipment							
	\$	18,823	\$	15,815	\$	15,863 \$	12,258
Residence & land		107 276		r 0.51		107 076	0.750
Building improvements		107,276		5,851		107,276	9,752
Bulluling improvements	_	194,871	_	4,549		221,367	12,114
Total	\$_	320,970	\$_	26,215	\$_	344,506 \$	34,124

, 165 Tremont West Development Corp.

23-7029247

Federal Statements

10/16/2007 8:17 AM

FYE: 6/30/2007

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	ginning f Year	 End of Year
Deposits Long term receivable	\$ 300	\$ 300 10,000
Total	\$ 300	\$ 10,300

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	 Beginning of Year	 End of Year
Loan-other Accrued real estate tax Accrued interest expenses	\$ 15,960 3,125 4,234	\$ 15,960 1,862 4,234
Total	\$ 23,319	\$ 22,056

165 Tremont West Development Corp. 23-7029247 FYE: 6/30/2007	Federal S	Federal Statements		10/16/20	10/16/2007 8:51 AM
Statement 7 - Form 990, Part V-A		- List of Officers, Directors, Trustees, and Key Employees	Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Colleen Gilson 3485 W. 146th St. Cleveland OH 44111	Executive Di	40	34,320	0	0
Jon Boylan 2149 W. 7th St. Cleveland OH 44113	2nd Vice Pre	ſΩ	0	0	0
Tom COok 2246 W 5th street Cleveland OH 44113	Director	1	0	0	0
Scott Nagy 811 Brayton Ave. Cleveland OH 44113	1st Vice Pre	ഹ	0	0	0
Christine Krosel 1734 Brainard Ave. Cleveland OH 44113	Secretary	ഹ	0	0	0
Sammy Catania 2237 West 11th Stret Cleveland OH 44113	President	ഹ	0	0	0
Herb Crowther 1108 Kenilworth Ave Cleveland OH 44113	Director	0	0	0	0
David Mehring 2009 Corning Avenue Cleveland OH 44109	Director	0	0	0	0
Marcia Leslie 3156 W. 14th St. Cleveland OH 44109	Director	0	0	0	0
					7

165 Tremont West Development Corp. 23-7029247 FYE: 6/30/2007	Federal	Federal Statements		10/16/20	10/16/2007 8:51 AM
Statement 7 - Fc	orm 990, Part V-A - Lis Employee	Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key	, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Karen Gabriel Moss 2457 W. 11th St. Cleveland OH 44113	Director	0	0	0	0
Rebecca Riker 2603 Scranton Rd Cleveland OH 44113	Director	0	0	0	0
Megan Hundt 2472 West 5th Street Cleveland OH 44114	Director	0	0	0	0
Lynn Murray 2495 West 11th Street Cleveland OH 44113	Treasurer	rv	0	0	0
Phil Pavarini 850 Starkweather #3 Cleveland OH 44113	Director	0	0	0	0
Sandy Smith 1907 Holmden Avenue Cleveland OH 44113	Director	0	0	0	0
Jeffery Chiplis 839 Jefferson Avenue Cleveland OH 44113	Director	Н	0	0	0
					7

105 Tremont West Development Corp.
Federal Statements

10/16/2007 8:17 AM

FYE: 6/30/2007

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	These programs improve residential & commercial properties in the Tremont Area & attempt to retain business entities in the community
101	Spurred interest in the organization's neighborhood development activities & other projects

Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description

Executive director paid via W-2 wages

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2006

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return Identifying number Tremont West Development Corp. 23-7029247 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 108,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 430,000 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed 14 property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 13,809 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2006 17 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use year placed in (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property h 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L Residential rental 27 5 yrs S/L MM property 27 5 yrs MM S/I Nonresidential real MM 39 yrs S/L property MM S/L Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 <u>13,8</u>09 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs