

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2022 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WESTHAB, INC.		<b>D</b> Employer identification number 06-1064281
	Doing business as		<b>E</b> Telephone number (914) 345-2800
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8 BASHFORD STREET		<b>G</b> Gross receipts \$ 111,524,011.
	City or town, state or province, country, and ZIP or foreign postal code YONKERS, NY 10701		
	<b>F</b> Name and address of principal officer: RICHARD NIGHTINGALE 8 BASHFORD STREET, YONKERS, NY 10701		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<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>H(c)</b> Group exemption number
<b>J</b> Website: WWW.WESTHAB.ORG		<b>L</b> Year of formation: 1981 <b>M</b> State of legal domicile: NY	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE SAFE, AFFORDABLE HOUSING TO HOMELESS AND LOW-INCOME FAMILIES AND TO FURTHER THE PHYSICAL, SOCIAL, AND ECONOMIC STABILITY OF DISTRESSED NEIGHBORHOODS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	1,482
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 103,884,468.	Current Year 107,551,765.
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,563,745.	3,401,999.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,654.	136,996.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,947.	229,026.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,606,814.	111,319,786.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		40,313,454.	47,565,803.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 255,383.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		51,022,920.	62,196,937.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,336,374.	109,762,740.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	17,270,440.	1,557,046.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 114,731,576.	End of Year 322,845,331.
	<b>21</b> Total liabilities (Part X, line 26)	36,766,008.	243,322,717.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	77,965,568.	79,522,614.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL PINTABONE	MICHAEL PINTABONE	10/31/2023		P01275156
	Firm's name	WITHUMSMITH+BROWN, PC		Firm's EIN	22-2027092
	Firm's address	ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816		Phone no.	732-828-1614

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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  
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  
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 \$ 23,781,535. including grants of \$ ) (Revenue \$ 2,783,795. )  
HOUSING SERVICES AND OPERATIONS (SEE ATTACHED SCHEDULE O)

4b (Code: ) (Expenses \$ 76,548,235. including grants of \$ ) (Revenue \$ )  
SHELTER OPERATIONS (SEE ATTACHED SCHEDULE O)

4c (Code: ) (Expenses \$ 1,115,417. including grants of \$ ) (Revenue \$ )  
EMPLOYMENT SERVICES (SEE ATTACHED SCHEDULE O)

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O  
(Expenses \$ 561,107. including grants of \$ ) (Revenue \$ 618,204. )

4e Total program service expenses 102,006,294.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 21 numbered questions regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various IRS requirements regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 1,482		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</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 account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .		
	If "Yes," complete Form 6069.		

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records PATRICIA VITELLI 8 BASHFORD STREET YONKERS, NY 10701

914-345-2800

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) RICHARD NIGHTINGALE PRESIDENT & CEO	35.00 NONE			X				407,733.	NONE	45,315.
(2) JAMES COUGHLIN CHIEF OPERATING OFFICER	35.00 NONE			X				278,420.	NONE	43,454.
(3) ANDREW GERMANSKY SENIOR VP, REAL ESTATE	35.00 NONE			X				264,439.	NONE	42,476.
(4) PATRICIA VITELLI SNR VP, FINANCE AND ADMIN	35.00 NONE			X				248,491.	NONE	41,359.
(5) VALERIE C. SMITH VP, NYC SHELTER PROGRAMS	35.00 NONE				X			191,362.	NONE	22,895.
(6) JINJA CUEVAS VICE PRESIDENT, HR	35.00 NONE				X			177,161.	NONE	35,131.
(7) STEPHANIE VIOLA AVP, FINANCE	35.00 NONE				X			161,444.	NONE	35,266.
(8) STEVE MYRTHIL VICE PRESIDENT, IT	35.00 NONE				X			177,682.	NONE	12,438.
(9) JESSE JOHNSON ASST. VP, DATA & QUALITY ASSUR	35.00 NONE				X			146,437.	NONE	34,216.
(10) SAMANTHA VALENCIA ASST.VP, PROPERTY & ASSET MNGT	35.00 NONE				X			146,239.	NONE	19,737.
(11) TRACY RHETT ASST. VP YOUTH & EMPT SERVICES	35.00 NONE				X			142,767.	NONE	10,648.
(12) JACQUELINE MAURNO DIRECTOR OF RISK MANAGEMENT	35.00 NONE					X		128,847.	NONE	23,965.
(13) QIAN ZHAO MANAGER OF GRANT ACCOUNTING	35.00 NONE					X		117,015.	NONE	32,156.
(14) NICOLE MYLAN AVP, NYC SHELTER PROGRAMS	35.00 NONE					X		127,180.	NONE	18,403.

**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 dotted 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			
( 15) LATTYSHA RIVERA DIRECTOR OF HUMAN RESOURCES	35.00 NONE					X	115,589.	NONE	28,467.	
( 16) NICHOLAS ORLUK AVP, NYC HOUSING PROGRAM	35.00 NONE					X	123,383.	NONE	18,137.	
( 17) JESSE KRASNOW CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
( 18) ROBERT H. PETROCELLI, JR FIRST VICE CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
( 19) CESAR F. PEREIRA SECOND VICE CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
( 20) JEFFERSON C. BOYCE SECRETARY	2.00 NONE	X	X				NONE	NONE	NONE	
( 21) PAUL TUROVSKY TREASURER	2.00 NONE	X	X				NONE	NONE	NONE	
( 22) BETSY HILLS BUSH DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 23) JAMES FOY DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 24) AL GUTIERREZ DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 25) KEN HANAU DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b>							2,954,189.	NONE	464,063.	
<b>c Total from continuation sheets to Part VII, Section A</b>							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b>							2,954,189.	NONE	464,063.	

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 **▶** 16

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

**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

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



**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 dotted 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			
( 26 ) DANIELLA JACKSON DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 27 ) JONALIE KORENGOLD DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 28 ) DANIEL MAGIDSON DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 29 ) FREDERICK K. MEHLMAN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 30 ) SETH L. ROSEN DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 31 ) DONNA JAKUBOVITZ SPECTOR DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 32 ) RICHARD ST. PAUL ESQ DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 33 ) NICOLA STANDARD DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> 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
SEE SCHEDULE O		

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	221,854.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	103,533,130.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,796,781.				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 2,797,329.				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		107,551,765.				
	<b>Program Service Revenue</b>	<b>2a</b> TENANTS RENT PARTICIPATION	Business Code				
		531110	2,321,147.	2,321,147.			
<b>b</b> AFFORDABLE HOUSING MANAGEMENT FEES		531110	462,648.	462,648.			
<b>c</b> DEVELOPER FEES		531110	618,204.	618,204.			
<b>d</b> _____							
<b>e</b> _____							
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			3,401,999.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		267,831.			267,831.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		NONE				
	<b>5</b> Royalties . . . . .		NONE				
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	127,932.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	127,932.	NONE			
	<b>d</b> Net rental income or (loss) . . . . .		127,932.			127,932.	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		130,835.			
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		-130,835.			
	<b>d</b> Net gain or (loss) . . . . .		-130,835.			-130,835.	
<b>8a</b> Gross income from fundraising events (not including \$ 221,854. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		73,390.				
			73,390.				
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .			NONE		NONE		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
			NONE				
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
			NONE				
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>	<b>11a</b> INSURANCE REIMBURSEMENT	Business Code					
		900099	94,000.	94,000.			
	<b>b</b> MISCELLANEOUS	900099	7,094.	7,094.			
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		101,094.					
<b>12</b> <b>Total revenue.</b> See instructions . . . . .		111,319,786.	3,503,093.		264,928.		

**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 or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,685,108.	840,562.	1,844,546.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	36,014,535.	33,330,624.	2,519,811.	164,100.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	926,013.	841,582.	81,585.	2,846.
9 Other employee benefits . . . . .	4,978,653.	4,577,102.	382,525.	19,026.
10 Payroll taxes . . . . .	2,961,494.	2,668,127.	279,605.	13,762.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	154,250.	52,202.	102,048.	
c Accounting . . . . .	192,225.	70,166.	122,059.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	199,300.	23,018.	136,974.	39,308.
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	2,170,545.	1,798,204.	362,942.	9,399.
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	49,155,653.	48,710,306.	445,347.	
17 Travel . . . . .	235,242.	201,676.	33,537.	29.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	345,596.	214,369.	131,227.	
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,020,359.	973,713.	46,646.	
23 Insurance . . . . .	1,395,078.	1,320,801.	74,277.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>TENANT SERVICES</u>	6,680,598.	5,933,913.	746,685.	
b <u>OTHER EXPENSES</u>	370,741.	172,579.	191,249.	6,913.
c <u>BAD DEBT EXPENSE</u>	277,350.	277,350.		
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	109,762,740.	102,006,294.	7,501,063.	255,383.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X [X]

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and 29-31.

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,319,786.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,762,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,557,046.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,965,568.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	79,522,614.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .	X	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

**SCHEDULE A  
(Form 990)**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
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**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 12, 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 (Form 990).)
- 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)(vii).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (99.63%); 15 Public support percentage from 2021 Schedule A (99.59%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2021. 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.



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . .		
b	Excess from 2019 . . . .		
c	Excess from 2020 . . . .		
d	Excess from 2021 . . . .		
e	Excess from 2022 . . . .		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISC INCOME & PROGRAMS	33,981.	70,621.	158,496.	3,015.	7,094.	273,207.
INSURANCE REIMBURSEMENT	NONE	NONE	NONE	NONE	94,000.	94,000.
<b>TOTALS</b>	<b>33,981.</b>	<b>70,621.</b>	<b>158,496.</b>	<b>3,015.</b>	<b>101,094.</b>	<b>367,207.</b>

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization: WESTHAB, INC. Employer identification number: 06-1064281

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization <p style="text-align: center;">WESTHAB, INC.</p>	Employer identification number <p style="text-align: center;">06-1064281</p>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	INTERNAL TECHNOLOGY HARDWARE _____ _____ _____	\$ 2,797,329.	12/31/2022
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2022

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table for 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part 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" on Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

**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 make 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 program
  - 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" on 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:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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 Term endowment \_\_\_\_\_ %
- The percentages on 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 . . . . .		585,456.		585,456.
b Buildings . . . . .		17,065,918.	4,930,759.	12,135,159.
c Leasehold improvements . . . . .		5,800,416.	109,286.	5,691,130.
d Equipment . . . . .		5,683,743.	1,631,550.	4,052,193.
e Other . . . . .		2,360,841.	699,010.	1,661,831.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				<b>24,125,769.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATED COMPANIES	16,891,941.
(2) OTHER CURRENT ASSETS	828,604.
(3) OTHER ASSETS	1,001,705.
(4) RIGHT OF USE ASSETS	206,653,270.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	225,375,520.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO WDSS	856,210.
(3) SECURITY DEPOSITS	291,183.
(4) LEASE LIABILITY	207,621,095.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	208,768,488.

2. Liability for uncertain tax positions. 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 FASB 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.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

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.

SEE SUPPLEMENTAL PAGE

**Part XIII Supplemental Information (continued)**

FORM 990, SCHEDULE D, PART X, LINE 2

WESTHAB AND CERTAIN AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS ASSOCIATED WITH THESE ENTITIES.

CERTAIN OTHER AFFILIATES SUCH AS THE TAX CREDIT ENTITIES ARE PARTNERSHIPS TREATED AS PASS-THROUGH ENTITIES FOR FEDERAL AND STATE REPORTING PURPOSES. NO PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS BECAUSE ALL INCOME OR LOSS IS PASSED THROUGH TO THE PARTNERS.

THE COMPANY HAS NO UNRECOGNIZED INCOME TAX LIABILITIES AND HAD NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. FURTHERMORE, THERE ARE NO TAX RELATED INTEREST OR PENALTIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		GOLF OUTING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	295,244.		295,244.
	2	Less: Contributions	221,854.		221,854.
	3	Gross income (line 1 minus line 2)	73,390.		73,390.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	72,084.		72,084.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,306.		1,306.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" on 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))	
		Revenue	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a 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.** Provide the explanation 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 provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JINJA CUEVAS	177,161.	NONE	NONE	12,401.	22,730.	212,292.	NONE
(i) VICE PRESIDENT, HR	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) VALERIE C. SMITH	191,362.	NONE	NONE	13,395.	9,500.	214,257.	NONE
2 VP, NYC SHELTER PROGRAMS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) STEPHANIE VIOLA	161,444.	NONE	NONE	11,301.	23,965.	196,710.	NONE
(ii) AVP, FINANCE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ANDREW GERMANSKY	264,439.	NONE	NONE	18,511.	23,965.	306,915.	NONE
(i) SENIOR VP, REAL ESTATE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) STEVE MYRTHIL	177,682.	NONE	NONE	12,438.	NONE	190,120.	NONE
4 VICE PRESIDENT, IT	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) PATRICIA VITELLI	248,491.	NONE	NONE	17,394.	23,965.	289,850.	NONE
(ii) SR VP, FINANCE AND ADMIN	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 JAMES COUGHLIN	278,420.	NONE	NONE	19,489.	23,965.	321,874.	NONE
(i) CHIEF OPERATING OFFICER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) JESSE JOHNSON	146,437.	NONE	NONE	10,251.	23,965.	180,653.	NONE
6 ASST. VP, DATA & QUALITY ASSUR	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) RICHARD NIGHTINGALE	407,733.	NONE	NONE	21,350.	23,965.	453,048.	NONE
(ii) PRESIDENT & CEO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 TRACY RHETT	142,767.	NONE	NONE	9,994.	654.	153,415.	NONE
(i) ASST. VP YOUTH & EMPT SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) SAMANTHA VALENCIA	146,239.	NONE	NONE	10,237.	9,500.	165,976.	NONE
8 ASST.VP, PROPERTY & ASSET MNGT	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) JACQUELINE MAURNO	128,847.	NONE	NONE	NONE	23,965.	152,812.	NONE
(ii) DIRECTOR OF RISK MANAGEMENT	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9							
(i)							
(ii)							
10							
(i)							
(ii)							
11							
(i)							
(ii)							
12							
(i)							
(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART 1, LINE 4B

THE ORGANIZATION SPONSORS A 457 (F) RETIREMENT PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( SEE SUPP PAGE ) . . . . .		1.	2,797,329.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

FORM 990, SCHEDULE M, PART I - LINE 25(B)

AMOUNT REPORTED ON LINE 25, COLUMN (B) REPRESENTS THE NUMBER OF  
CONTRIBUTORS.

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
INTERNAL TECHNO	X	1	2,797,329.	FMV
TOTALS		1.	2,797,329.	



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

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

OMB No. 1545-0047

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

**2022**

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

**FORM 990, SCHEDULE O - SUPPLEMENTAL INFORMATION**

FORM 990, PART III, LINE 4A

HOUSING SERVICES AND OPERATIONS:

WESTHAB'S MISSION IS: BUILDING COMMUNITIES. CHANGING LIVES. WESTHAB BUILDS COMMUNITIES BY CREATING HIGH-QUALITY AFFORDABLE AND SUPPORTIVE HOUSING. WESTHAB CHANGES LIVES BY DELIVERING THE SERVICES AND SUPPORT THAT PEOPLE AND COMMUNITIES NEED TO THRIVE. THE SUM OF THESE EFFORTS IS COMPREHENSIVE COMMUNITY DEVELOPMENT IMPACT.

WESTHAB WAS FOUNDED IN 1981 TO ADDRESS THE AFFORDABLE HOUSING CRISIS IN WESTCHESTER COUNTY. SINCE THEN, IT HAS BECOME WESTCHESTER'S LARGEST PROVIDER OF HOUSING AND SERVICES FOR THE HOMELESS AND ITS LARGEST NONPROFIT DEVELOPER OF AFFORDABLE AND SUPPORTIVE HOUSING. WESTHAB HAS ALSO GROWN A SUBSTANTIAL PORTFOLIO IN NEW YORK CITY WHERE WE DELIVER ALL ASPECTS OF OUR MISSION -PERMANENT AFFORDABLE AND SUPPORTIVE HOUSING, TRANSITIONAL HOUSING, EMPLOYMENT SERVICES, AND YOUTH SERVICES.

SINCE WESTHAB'S FOUNDING, IT HAS BUILT 1,094 AFFORDABLE HOUSING UNITS, MOVED 9,851 HOUSEHOLDS FROM HOMELESSNESS INTO AFFORDABLE HOUSING, PLACED 9,628 PEOPLE INTO EMPLOYMENT, AND DELIVERED SERVICES TO OVER 10,000 HOMELESS AND AT-RISK YOUTH. WESTHAB CURRENTLY OPERATES 3,175 TRANSITIONAL, AFFORDABLE, AND SUPPORTIVE HOMES ACROSS WESTCHESTER AND NEW YORK CITY. IN 2022, WESTHAB PLACED 703 HOMELESS HOUSEHOLDS INTO PERMANENT HOUSING AND PLACED 1,533 JOB SEEKERS INTO EMPLOYMENT.

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

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2022**  
**Open to Public  
Inspection**

Name of the organization  
WESTHAB, INC.

Employer identification number  
06-1064281

WESTHAB CONTINUOUSLY EVOLVES OUR SERVICE MODELS TO DEVELOP NEW SOLUTIONS AND MEET PRESENTING COMMUNITY NEEDS. WE ADVOCATE FOR OUR TENANTS AND CLIENTS AND WORK TO EVOLVE SYSTEMS TO DELIVER THE BEST OUTCOMES FOR THE PEOPLE AND COMMUNITIES THAT WE PROUDLY SERVE.

FORM 990, PART III, LINE 4B

SHELTER OPERATIONS:

WESTHAB HAS DEVELOPED A UNIQUE CAPACITY TO DELIVER EFFECTIVE PROGRAMS DESIGNED TO HELP FAMILIES AND SINGLES EXPERIENCING HOMELESSNESS SECURE PERMANENT HOUSING AND GET BACK ON THEIR FEET. WESTHAB HAS ADAPTED THE HOUSING FIRST CONCEPT TO MEET LOCAL NEEDS, WORKING TO ENSURE THAT HOMELESSNESS IS A BRIEF AND ONE-TIME EXPERIENCE.

WESTHAB HELPED TO CREATE THE HOMELESS SYSTEM IN WESTCHESTER COUNTY, INNOVATING NEW SOLUTIONS LIKE THE EMERGENCY HOUSING APARTMENT PROGRAM AND CREATING FULL-SERVICE SHELTERS THAT PROVIDE INDIVIDUALIZED SERVICES TO MEET EACH CLIENT'S NEEDS. WESTHAB'S FAMILY SHELTERS MINIMIZE SCHOOL INTERRUPTIONS FOR STUDENTS AND PROVIDE COMPREHENSIVE OUT-OF-SCHOOL TIME PROGRAMS AND ON-SITE CHILDCARE SUPPORT.

OVER THE YEARS, WESTHAB, THROUGH ITS PARTNERSHIP WITH THE WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES, HAS SUCCESSFULLY REDUCED THE NEED FOR HOMELESS FACILITIES IN WESTCHESTER, CLOSING TWO SHELTERS AND SHIFTING

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

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

OMB No. 1545-0047

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.

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

OUR FOCUS TO DEVELOPING PERMANENT AFFORDABLE AND SUPPORTIVE HOUSING.

WESTHAB PARTICIPATES ACTIVELY IN THE WESTCHESTER CONTINUUM OF CARE FOR THE HOMELESS PARTNERSHIP, WHICH HAS DEVELOPED HUNDREDS OF UNITS OF PERMANENT SUPPORTIVE HOUSING FOR SPECIAL NEEDS POPULATIONS.

WESTHAB'S PORTFOLIO IN NEW YORK CITY HAS GROWN SUBSTANTIALLY IN RECENT YEARS. AT YEAR END 2022, WESTHAB OPERATED 14 TRANSITIONAL HOUSING PROGRAMS IN THE CITY SERVING NEARLY 2,000 HOUSEHOLDS. EACH PROGRAM IS CUSTOMIZED TO BEST MEET THE NEEDS OF ITS TENANTS, WHICH INCLUDE SINGLES, FAMILIES WITH CHILDREN, AND ADULT FAMILIES.

IN ADDITION TO DEVELOPING COMPREHENSIVE YOUTH SERVICES PROGRAMS IN ITS FAMILY SHELTERS TO MEET THE MYRIAD ACADEMIC, ENRICHMENT AND SOCIAL NEEDS OF YOUNG PEOPLE, WESTHAB NOW ALSO OPERATES 7 COMMUNITY-BASED YOUTH CENTERS IN YONKERS (1), THE BRONX (3) AND MANHATTAN (3) TO MEET THE NEEDS OF AT-RISK YOUNG PEOPLE IN DISTRESSED NEIGHBORHOODS.

FORM 990, PART III, LINE 4C

EMPLOYMENT SERVICES:

WESTHAB'S EMPLOYMENT SERVICES PROGRAMS FOCUS ON JOB READINESS TRAINING, JOB PLACEMENT AND JOB RETENTION. WE STARTED THIS SERVICE WITH HOMELESS RESIDENTS IN OUR SHELTERS, THEN EXPANDED TO SERVING THE LARGER COMMUNITY IN MOUNT VERNON AND YONKERS BY OPENING COMMUNITY RESOURCE CENTERS IN BOTH

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

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

**2022**

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

WESTHAB, INC.

Employer identification number

06-1064281

COMMUNITIES.

IN 2016 WE EXPANDED OUR MODEL TO WORK WITH RESIDENTS OF OUR NEW YORK CITY HOMELESS PROGRAMS. IN 2016 THROUGH A PARTNERSHIP WITH THE CITY OF NEW ROCHELLE WESTHAB OPENED THE FIRST JOB SOURCE REFERRAL CENTER IN DOWNTOWN NEW ROCHELLE, A ONE STOP SHOP FOR COMMUNITY MEMBERS TO RECEIVE JOB READINESS TRAINING, HARD SKILL TRAINING, EDUCATIONAL ASSISTANCE, JOB PLACEMENT ASSISTANCE AND JOB RETENTION SERVICES.

WESTHAB'S COMMUNITY RESOURCE CENTERS ENABLE SEVERAL THOUSAND RESIDENTS EACH YEAR TO ACCESS JOB-FINDING OPPORTUNITIES ON THE INTERNET, UPGRADE RESUMES, OBTAIN INTERVIEW CLOTHING, AND PRACTICE INTERVIEW TECHNIQUES.

FORM 990, PART III, LINE 4D

AFFORDABLE LOW INCOME HOUSING DEVELOPMENT:

WESTHAB ACQUIRES PROPERTY AND DEVELOPS HOUSING, USING DIFFERENT FINANCING SOURCES AVAILABLE INCLUDING STATE AND FEDERAL FUNDS, LOW INCOME HOUSING TAX CREDIT FINANCING, AND PRIVATE DEBT FINANCING. WESTHAB PURCHASES VACANT LAND OR UNOCCUPIED BUILDINGS IN WESTCHESTER AND NEW YORK CITY AND FORMULATES A RESIDENTIAL DEVELOPMENT THAT MEETS AN EXISTING NEED IN THE COMMUNITY. WESTHAB ESTABLISHES A DEVELOPMENT TEAM THAT INCLUDES ARCHITECTS, ENGINEERS, ATTORNEYS, CONSULTANTS, AND A GENERAL CONTRACTOR THAT SERVE TO DESIGN AND BUILD THE QUALITY, AFFORDABLE HOUSING DEVELOPMENT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

WESTHAB, INC.

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
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Employer identification number

06-1064281

IN 2022, WESTHAB OPENED THE DAYSPRING CAMPUS IN YONKERS - CONSISTING OF THE 63-UNIT AFFORDABLE AND SUPPORTIVE DAYSPRING COMMONS RESIDENCE AND THE GUT RENOVATION OF A FORMER CHURCH BUILDING INTO THE FULL-SERVICE DAYSPRING COMMUNITY CENTER. THE NEW DAYSPRING CAMPUS EPITOMIZES WESTHAB'S APPROACH TO COMMUNITY DEVELOPMENT.

IN 2022, WESTHAB, AS PART OF A JOINT VENTURE PARTNERSHIP, OPENED A 119-UNIT AFFORDABLE AND SUPPORTIVE DEVELOPMENT IN THE WEST FARMS NEIGHBORHOOD OF THE BRONX.

WESTHAB IS ALSO CURRENTLY IN CONSTRUCTION ON SUMMIT ON HUDSON (FORMERLY KNOWN AS HUDSON HILL), A NEW 113-UNIT AFFORDABLE AND SUPPORTIVE RESIDENCE IN YONKERS. SUMMIT ON HUDSON INCORPORATES STATE-OF-ART GREEN TECHNOLOGIES AND WON A NEW YORK STATE / NYSEDA BUILDINGS OF EXCELLENCE AWARD FOR SUSTAINABLE DESIGN. THE BUILDING BUILDS UPON WESTHAB'S REAL ESTATE DEVELOPMENT EXPERIENCE AND WILL PROVIDE EXTENSIVE TENANT AMENITIES AS WELL AS RESOURCES TO THE LARGER COMMUNITY, INCLUDING A COMMUNITY BROADBAND NETWORK AND A PUBLIC SUSTAINABILITY EXHIBIT. SUMMIT IS EXPECTED TO OPEN AT THE END OF 2023.

IN TOTAL, INCLUDING PROJECTS CURRENTLY IN CONSTRUCTION, WESTHAB HAS DEVELOPED OVER 1,000 HOUSING UNITS AT AN INVESTMENT IN EXCESS OF \$350,000,000.

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

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

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**2022**

▶ Attach to Form 990 or 990-EZ.

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Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

WESTHAB, INC.

06-1064281

FORM 990, PART VI, SECTION A, LINES 8A & 8B

MINUTES OF THE BOARD MEETINGS ARE WRITTEN AND ADOPTED BY THE BOARD AT  
SUBSEQUENT MEETINGS. ACTIONS OF THE EXECUTIVE COMMITTEE ARE WRITTEN AND  
RATIFIED BY THE FULL BOARD AT SUBSEQUENT MEETINGS. THE EXECUTIVE  
COMMITTEE, WHICH CONSISTS OF THE OFFICERS OF THE CORPORATION WHO ALSO  
SERVE ON THE BOARD OF DIRECTORS, HAS AUTHORITY TO ACT FOR THE BOARD  
BETWEEN BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S SENIOR VICE  
PRESIDENT-FINANCE AND ADMINISTRATION, CHIEF OPERATING OFFICER AND CHIEF  
EXECUTIVE OFFICER AND IS THEN DISTRIBUTED TO BOARD MEMBERS FOR REVIEW  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY REQUIRES ANNUAL DISCLOSURE OF CONFLICTS BY  
BOARD MEMBERS AND KEY EMPLOYEES. IN ADDITION, IF AND WHEN BUSINESS  
TRANSACTIONS INVOLVING INTERESTED PERSONS COME BEFORE THE BOARD, THE  
APPROPRIATE DIRECTORS RECUSE THEMSELVES AND LEAVE THE MEETING DURING ANY  
DISCUSSION OF THE BUSINESS IN QUESTION.

ROBERT PETROCELLI, 1ST VICE CHAIR, ACTS AS BROKER FOR SEVERAL OF

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

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

OMB No. 1545-0047

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

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**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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WESTHAB, INC.

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06-1064281

WESTHAB'S EMPLOYEE BENEFIT PROGRAMS AND EARNS A STANDARD INDUSTRY COMMISSION DIRECTLY FROM THE PROVIDER. THIS ENGAGEMENT PRECEDES MR. PETROCELLI'S TENURE ON THE BOARD AND IS DULY DISCLOSED AND HANDLED IN ACCORDANCE WITH WESTHAB'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

WESTHAB ENGAGED AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT A COMPENSATION ANALYSIS FOR THE CEO AND EACH MEMBER OF THE LEADERSHIP TEAM. ANNUALLY, THE CEO IS REQUESTED BY THE CHAIR OF THE BOARD TO PROVIDE THE COMPENSATION COMMITTEE WITH A RECOMMENDATION AND JUSTIFICATION FOR A COMPENSATION INCREASE, DECREASE OR A RECOMMENDATION TO REMAIN THE SAME. THE COMPENSATION COMMITTEE REVIEWS THE CEO'S RECOMMENDATION AND THE ANALYSIS FROM THE COMPENSATION CONSULTANT. THE CEO DETERMINES THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES BASED ON COMPARABILITY INFORMATION AND PERFORMANCE REVIEWS IN CONJUNCTION WITH THE ORGANIZATION'S HUMAN RESOURCE VICE PRESIDENT AND INPUT FROM THE COMPENSATION COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S ANNUAL REPORT IS DISTRIBUTED TO ALL FUNDERS AND DONORS AND IS AVAILABLE THROUGH OUR WEBSITE AND UPON REQUEST. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE DISTRIBUTED UPON REQUEST TO ALL FUNDERS AND DONORS AND ARE AVAILABLE UPON REQUEST TO MEMBERS OF THE

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

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

OMB No. 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2022**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

WESTHAB, INC.

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06-1064281

PUBLIC.



Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
--	---

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

"WESTHAB'S MISSION IS: BUILDING COMMUNITIES, CHANGING LIVES." WE PROVIDE SAFE, AFFORDABLE HOUSING TO ENABLE HOMELESS AND LOW-INCOME INDIVIDUALS AND FAMILIES TO BECOME SELF-SUFFICIENT, AND TO FURTHER THE PHYSICAL, SOCIAL AND ECONOMIC STABILITY OF DISTRESSED NEIGHBORHOODS BY DEVELOPING AFFORDABLE HOUSING, REVITALIZING COMMUNITIES, AND PROVIDING CRITICALLY NEEDED ADULT AND YOUTH SERVICES.

Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
--	---

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
-----	-----	-----	-----
AFFORDABLE LOW INCOME HOUSING DEVELOPMEN		561,107.	618,204.
TOTALS		561,107.	618,204.
	=====	=====	=====

Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
--	---

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LIBERTY ONE QUEENS LLC 88 PINE STREET NEW YORK, NY 10005	MAINTENANCE	2,449,545.
REGINA CATERERS INC 6409 11TH AVENUE BROOKLYN, NY 11219	CATERING SERVICES	2,919,876.
LIBERTY ONE BRONX LLC 88 PINE STREETD NEW YORK, NY 10005	MAINTENANACE	1,423,214.
NRP FOOD SOLUTIONS LLC 1588 WILLIAMSBRIDGE RD BRONX, NY 10461	CATERING SERVICES	939,044.
LIBERTY ONE BROOKLYN LLC 88 PINE STREET NEW YORK, NY 10005	MAINTENANCE	885,242.

Name of the organization <b>WESTHAB, INC.</b>	Employer identification number <b>06-1064281</b>
--	---

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	594,281.	1,151,156.
TOTALS	----- 594,281. =====	----- 1,151,156. =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WESTHAB, INC.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Attach to Form 990.

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

**2022**

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Employer identification number

06-1064281

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WCR INVESTOR REPLACEMENT LLC 8 BASHFORD STREET YONKERS, NY 10701	LI HOUSING	NY	-531,042.	10,386,497.	WESTHAB, INC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)	SEE SUPPLEMENTAL PAGE											
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)	SEE SUPPLEMENTAL PAGE								
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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.

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTHAB BRUCE KNOWLES, LP	D	333,628.	AMORTIZED COST
(2) WESTHAB COMMUNITY REVITALIZATION, LLC	D	4,486,818.	AMORTIZED COST
(3) CLINTON PLACE NEW HOUSING, LLC	D	500,000.	AMORTIZED COST
(4) SHILOH KRESS, LP	D	9,059,122.	AMORTIZED COST
(5) WESTHAB 22 HOUSING, LLC	D	1,029,115.	AMORTIZED COST
(6) LUDLOW COMMONS, LP	D	16,432,345.	AMORTIZED COST

Schedule R (Form 990) 2022

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		<b>1a</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s).		<b>1b</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s).		<b>1c</b>
<b>d</b> Loans or loan guarantees to or for related organization(s).		<b>1d</b>
<b>e</b> Loans or loan guarantees by related organization(s).		<b>1e</b>
<b>f</b> Dividends from related organization(s).		<b>1f</b>
<b>g</b> Sale of assets to related organization(s).		<b>1g</b>
<b>h</b> Purchase of assets from related organization(s).		<b>1h</b>
<b>i</b> Exchange of assets with related organization(s).		<b>1i</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).		<b>1j</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).		<b>1k</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).		<b>1l</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).		<b>1m</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		<b>1n</b>
<b>o</b> Sharing of paid employees with related organization(s).		<b>1o</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses.		<b>1p</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses.		<b>1q</b>
<b>r</b> Other transfer of cash or property to related organization(s).		<b>1r</b>
<b>s</b> Other transfer of cash or property from related organization(s).		<b>1s</b>

**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 related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOUVERNEUR PLACE APARTMENTS, LLC	D	620,473.	AMORTIZED COST
(2) DAYSRING COMMONS, LP	D	1,350,000.	AMORTIZED COST
(3) 76 LOCUST HILL, LP	D	150,000.	AMORTIZED COST
(4)			
(5)			
(6)			



**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
WESTHAB EAST 181 HDPC 8 BASHFORD STREET	36-4620291 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
SHILOH KRESS HDPC 8 BASHFORD STREET	26-3776636 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
4-12 GOUVERNEUR HDPC 8 BASHFORD STREET	27-3437725 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
WASHINGTONVILLE HOUSING ALLIANCE, INC 8 BASHFORD STREET	13-3028376 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
MAMARONECK SENIOR CITIZENS HDPC 8 BASHFORD STREET	13-3213293 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
DAYSRING COMMONS HDPC 8 BASHHFord ST	82-2204444 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
BAY HOUSE HDPC 8 BASHFORD ST	47-5248224 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
LUDLOW COMMONS HDPC 8 BASHFORD STREET	47-1200538 HOUSING	YONKERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
WESTHAB IN YONKERS, INC 8 BASHFORD ST	13-3521163 HOUSING	YONGERS, NY 10701 NY	501(C)(3)	7	WESTHAB, INC		X
WESTHAB IN NEW ROCHELLE 65 EXECUTIVE BLVD,	26-2916558 HOUSING	ELMSFORD, NY 10523 NY	501(C)(3)	7	WESTHAB, INC		X

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
76 LOCUST HILL HDFC 8 BASHFORD STREET	HOUSING	NY	501(C)(3)	7	WESTHAB, INC		X
138-50 QB HOUSING DEVELOPMENT FUND 8 BASHFORD STREET	HOUSING	NY	501(C)(3)		WESTHAB, INC		X
440 W 41 HDFC 8 BASHFORD STREET	HOUSING	NY	501(C)(3)	7	WESTHAB, INC		X
92-54 QB HDFC (REGO PARK) 8 BASHFORD STREET	HOUSING	NY	501(C)(3)	7	WESTHAB, INC		X
108 ST EDWARDS HDFC 8 BASHFORD STREET	HOUSING	NY	501(C)(3)	7	WESTHAB, INC		X
FIRST BAPTIST HDFC 8 BASHFORD STREET	HOUSING	NY	501(C)(3)	7	WESTHAB, INC		X

WESTHAB, INC.

06-1064281

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
WESTHAB BRUCE KNOWLES, LP 13-4	LI HOUSING	NY	WESTHAB, INC	RELATED	-20,133.	3,205,123.	X	NONE	X	99.9900
8 BASHFORD STREET YONKERS, NY										
CLINTON PLACE NEW HOUSING, LLC	LI HOUSING	NY	N/A	N/A	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										
WESTHAB COMMUNITY REVITALIZATI	LI HOUSING	NY	WESTHAB, INC.	RELATED	-53.	950,285.	X	NONE	X	0.0100
8 BASHFORD STREET YONKERS, NY										
ELM STREET ASSOCIATES, LP 11-3	LI HOUSING	NY	WESTHAB, INC	RELATED	-134,481.	503,010.	X	NONE	X	99.0000
8 BASHFORD STREET YONKERS, NY										
SHILOH KRESS, LP 35-2328054	LI HOUSING	NY	N/A	NONE	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										
WESTHAB 22 HOUSING, LLC 26-320	LI HOUSING	NY	N/A	NONE	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										
LUDLOW COMMONS LP 47-1200651	LI HOUSING	NY	N/A	NONE	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										
GOUVERNEUR PLACE APARTMENTS LL	LI HOUSING	NY	N/A	NONE	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										
726 OWP APARTMENTS, LLC 35-225	LI HOUSING	NY	N/A	NONE	NONE	NONE		NONE		NONE
8 BASHFORD STREET YONKERS, NY										

WESTHAB, INC.

06-1064281

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
WESTHAB AFFORDABLE HOUSING CORPORATION 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPA	NY	WESTHAB, INC.	C	NONE	126,608.	100.0000	X
WESTHAB ELM STREET, INC. 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPA	NY	WESTHAB, INC.	C	4.	-200,964.	100.0000	X
NEW HOUSING CORP. 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPA	NY	WESTHAB, INC.	C	NONE	591,955.	100.0000	X
60-64 ELLIOT HOUSING DEVELOPMENT FUND CO 8 BASHFORD STREET YONKERS, NY 10701	LI HOUSING	NY	WESTHAB, INC.	C	229,621.	791,936.	100.0000	X
SHILOH BUSINESS CORP 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPANY	NY	SHILOH KR HDFC	C	NONE	668,940.	100.0000	X
WESTHAB EAST 181 MM CORP 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPA	NY	WHAB E181 HDFC	C	NONE	705,563.	100.0000	X
WESTHAB GREENBURGH HOUSING, INC 8 BASHFORD STREET YONKERS, NY 10701	HOLDING COMPANY	NY	WESTHAB, INC	C	NONE	419,811.	100.0000	X
DAYSPRING COMMONS GP, LLC 8 BASHFORD STREET YONKERS, NY 10701	HOUSING	NY	WESTHAB, INC	C	NONE	310,306.	100.0000	X
22 TARRYTOWN ROAD HDPC 8 BASHFORD STREET YONKERS, NY 10701	HOUSING	NY	WESTHAB, INC	C	NONE	NONE	100.0000	X
LUDLOW COMMONS BUSINESS CORP 8 BASHFORD STREET YONKERS, NY 10701	HOUSING	NY	LUDLOW COMMONS	C	NONE	-425.	100.0000	X

WESTHAB, INC. 06-1064281

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

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MAMARONECK TOWERS BUSINESS CORP 8 BASHFORD STREET YONKERS, NY 10701	HOUSING	NY	MAMARONECK SCA	C	1.	1,294,234.	100.0000	X
GOUVERNEUR PLACE HOUSING CORP 8 BASHFORD STREET YONKERS, NY 10701	HOUSING	NY	4-12 GOUVERNEUR	C	NONE	379,466.	100.0000	X
OWP APARTMENTS CORP 8 BASHFORD STREET YONKERS, NY 10701	RESIDENTIAL R/E	NY	WASHINGTONVILLE	C	NONE	330,402.	100.0000	X
WASHINGTONVILLE FUEL CORP, INC 8 BASHFORD STREET YONKERS, NY 10701	FUEL COMPANY	NY	WASHINGTONVILLE	C	NONE	5,339.	100.0000	X
TREMONT WESTHAB, LLC 8 BASHFORD STREET YONKERS, NY 10701	LI HOUSING	NY	WESTHAB, INC	C	NONE	100.	100.0000	X
76 LOCUST HILL GP, LLC 8 BASHFORD STREET YONKERS, NY 10701	RENTAL R/E	NY	WESTHAB, INC	C	NONE	NONE	100.0000	X