

Audit · Tax · Advisory

Grant Thornton LLP 757 Third Avenue 9th Floor New York, NY 10017-2013

T 212.599.0100 F 212.370.4520 www.GrantThornton.com

INSTRUCTIONS FOR FILING
HOUSING WORKS, INC.
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2017

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
757 THIRD AVENUE, 4TH FLOOR
NEW YORK NY 10017-2013

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2018. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

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	2016 and e	nding 06	/30	20 1	7

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 0

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 13-3584089 HOUSING WORKS, TNC. Name and title of officer JOLANTA ILCZUK, CFO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 25201232. b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here ▶ Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize GRANT THORNTON LLP to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date $\triangleright 05/15/2018$ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date $\triangleright 05/15/2018$ ERO's signature ▶ **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 20**16**

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

	SECTION AND ADDRESS		inormation about 1	orm 550 and its manachons	is at www.iis.go	Wildingso.		inspection			
Α	For t	the 201	6 calendar year, or tax year beginning	07/01 ,201 6	3, and ending		06	7/30, 20 17			
В			C Name of organization			D Employer id	entifica	tion number			
_	Check if	applicable:	HOUSING WORKS, INC.			13-358	4089	9			
	Add cha	dress inge	Doing business as	3							
	_	ne change	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone n	umber				
	Initi	ial return	57 WILLOUGHBY STREET, 2ND	FL		(347) 47	(347) 473-7400				
		al return/	City or town, state or province, country, and ZIP			()					
	Ame	ninated ended	BROOKLYN, NY 11201			G Gross receip	ts \$	25,648,878.			
		lication		ARLES KING		H(a) Is this a gr					
_	pen	ding	57 WILLOUGHBY STREET BROOM			subordinate					
i i			WWW.HOUSINGWORKS.ORG	(IIISEITTIO.) 4947 (a)(1)	or 527						
ĸ				dian Other	1 V	H(c) Group exer					
	art I	_	ization: X Corporation Trust Associa mmary	tion Other	L Year of for	mation: 1990 M	State	of legal domicile: NY			
9.	-				OUTDE AGGT	OMANOR 6 DI	, D D	T.C.D.			
	1		describe the organization's mission or most					rise,			
JC.			LUDING EXPERTISE IN THE DEVE		G, TO HOME	LESS PERSOR	15				
Governance	_	No. of Acres	ING WITH AIDS OR HIV-RELATED								
ove	2		this box if the organization disconting				1 1				
		Numbe	er of voting members of the governing body (F	Part VI, line 1a)			3	16.			
es &	4	Numbe	er of independent voting members of the government	erning body (Part VI, line 1b) .			4	15.			
<u> </u>	5	Total n	number of individuals employed in calendar ye	ear 2016 (Part V, line 2a)			5	797.			
Activities &	6		number of volunteers (estimate if necessary)		*****		6	19.			
4	l la	Total u	inrelated business revenue from Part VIII, colu		7a	0.					
_	b	Net un	related business taxable income from Form 99	90-T, line 34	 		7b	0.			
						Prior Year		Current Year			
ē	8	Contrib	outions and grants (Part VIII, line 1h)			10,003,15		13,507,248.			
Revenue	9	Progra	m service revenue (Part VIII, line 2g)	12,331,54	13.	11,371,473.					
Sev.	10	Investr	ment income (Part VIII, column (A), lines 3, 4,	780	0. 0						
	11	Other i	revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		852,62	22.	322,511.			
	12		evenue - add lines 8 through 11 (must equal F			23,187,32	21.	25,201,232.			
	13	Grants	and similar amounts paid (Part IX, column (A)	, lines 1-3)			0.	0.			
	14	Benefit	s paid to or for members (Part IX, column (A),			0.					
S	15	Salarie	s, other compensation, employee benefits (Pa	rt IX, column (A), lines 5-10)		14,147,68	14,147,689. 14,324,58				
nse	16 a		sional fundraising fees (Part IX, column (A), lir		0.	0.					
Expenses	b	Total fu	undraising expenses (Part IX, column (D), line								
Ш	17		expenses (Part IX, column (A), lines 11a-11d,			9,337,11	4.	10,341,220.			
	18		xpenses. Add lines 13-17 (must equal Part IX			23,484,80		24,665,807.			
	19		ue less expenses. Subtract line 18 from line 12			-297,48	32.	535,425.			
or						ginning of Current	Year	End of Year			
lan	20 21 22	Total a	ssets (Part X, line 16)			27,464,30	6.	30,534,204.			
ASS	21		abilities (Part X, line 26)			7,601,48	_	10,149,531.			
Pet F	22		sets or fund balances. Subtract line 21 from lin	ne 20		19,862,82	_	20,384,673.			
Pa	rt II	Sig	nature Block								
Und	der per	nalties of	perjury, I declare that I have examined this return, omplete. Declaration of preparer (other than officer)	including accompanying schedu	iles and statements	s, and to the best o	f my kr	nowledge and belief, it is			
true	e, corre	ect, and c	omplete. Declaration of preparer (other than officer)	is based on all information of which	ch preparer has any	/ knowledge.					
			166 h 0 1			05/1	5/20	18			
Sig		 	ignature of officer			Date					
Here JOLANTA ILCZUK CFO											
			ype or print name and title								
		Print/Ty	ype preparer's name Prepare	er's signature	Date	Check	if P1	ΓΙΝ			
Paic		QI W	EN LIANG		05/15/20	_	"	P01270238			
	oarer	Firm's r	. CD This Supplies the		100/10/20	Firm's EIN ▶ 3					
	Only	1 411191				TIMES ENV P	~ ~ (,			

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2016)

X Yes

No

Form 990 (2016) Page 2

•	riefly describe the organization's mission:
	ATTACHMENT 1
	oid the organization undertake any significant program services during the year which were not listed on the
	rior Form 990 or 990-EZ? Yes X No
3	olid the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other ne total expenses, and revenue, if any, for each program service reported.
	Code:) (Expenses \$13,672,270 including grants of \$) (Revenue \$11,371,473) ATTACHMENT 2
	Code:) (Expenses \$ _{5,888,828} . including grants of \$) (Revenue \$) ATTACHMENT 3
	Code:) (Expenses \$
	IDS OR HIV-RELATED ILLNESSES.

Form 990 (2016) Page **3**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," and prophete Schedule D, Schedule B, Schedule of Contributors (see instructions)?	Part	V Checklist of Required Schedules			
complete Schedule A. 1 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) delection in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any denor advised funds or any similar funds or accounts for which denore have the right to provide advice on the distribution or investment of amounts in such funds of accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II. 8 Did the organization report an amount in Part X. line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negations or pagnization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VVII. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VVII. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VVII. 12 Did the organization report an amount for lander sasets in Part X, line 13 that is 5% or more of its total assets reported in Part				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?. 2 Is the organization required to complete Schedule C. Part I. 3 Section 501(c)(3) organization regogne in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 501	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer of If Vess, "complete Schedule C, Part I." 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Fes." complete Schedule C, Part II. 5 Is the organization as one of 101(c)(4). 501(c)(6). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yess," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Pass," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yess," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VII, VIII, X, or X as applicable. a Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V V. 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets re			1		
candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)(6) or 501(c)(6) or 501(c)(6). Some sasessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization receive an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation senices? If "Yes," complete Schedule D, Part IV. Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 102 If "Yes," organization report an amount for investments-order securities in Part X, line 102 If "Yes," organization report an amount for other lassets in Part X, line 1102 If "Yes," organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "res," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "res," complete Schedule D, Part II. 7 Did the organization that review or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, dobt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV. 10 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, dobt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part V. 10 Did the organization report an amount for livestments-other securities in Part X, line 10, Part V. 11 If the organization report an amount for livestments-other securities in Part X, line 10? If "Yes," organized schedule D, Part V. 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," organized Schedule D, Part VII. 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," organized Schedule D, Part X V. 13 Did the organization report an amount for investments-other securities in Part X, line 10. Part X,	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II, Is the organization a section 501c(14), 501c(16) for Sorganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization included in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II. Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, VIII, VII, X, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization r			3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$8.19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 2 Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part XIII. 3 Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part XIII. 4 Did the organization report an amount for investments-program related in Part X, line 10? If Yes," complete Schedule D, Part XII	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization oreport an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10 assets in temporarily restricted andowments, or quasi-endowments, or granization, hold assets in temporarily restricted andowments, or quasi-endowments? If "Yes," complete Schedule D, Part X in 10 assets in Part X, ine 10 assets in temporarily restricted andownents, or quasi-endowments? If "Yes," complete Schedule D, Part X in 10 assets in Part X, ine 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in 11 as			4	X	
Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization review or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization fand areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X X. Did the organization re	5				
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f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11e	Λ	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T	·	445	v	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	40-		111	Λ	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	ıza		120		v
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	h		ıza		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	·	12h	x	
14a Did the organization maintain an office, employees, or agents outside of the United States?	13			23	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		-		х	
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			174		
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	~				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14b	X	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- · · · · · · · · · · · · · · · · · · ·			
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18	Х	
	19				
			19		Х

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
	employees? If "Yes," complete Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	· · · · · · · · · · · · · · · · · · ·	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		21
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV.	200		Δ.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O.	38	Х	
	and the second s		000	(0010)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			_ X
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 797			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	X	
h	and services provided to the payor?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
v	II 165. Has it lifed a FOHH 140 to lebolt these payments: H. IYU, DIOVIUE all EXDIGITATION III SCHEULIE U	170		ı

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
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? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	ر د	
	on Division (Time decision Broqueste information about poincies net required by the internal revenue	- Cou	Yes	No
100	Did the ergenization have lead chanters branches or effiliates?	10a		x
	Did the organization have local chapters, branches, or affiliates?	1.00		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	- 21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	-
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		v
	with a taxable entity during the year?	16a		X
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	401-		
C4	organization's exempt status with respect to such arrangements?	16b		
	ion 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 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, 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 record	s: ▶		

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

Check if Schedule O contains a response 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other					
	hours for related organizations below dotted line)		Highest compensated employee Key employee Officer Institutional trustee		Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee		Former Highest compensated employee Key employee Kofficer		Highest compensated employee Key employee Officer		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)CHARLES KING	39.00														
PRESIDENT & CEO, BOARD MEMBER	1.00	Х		Х				349,061.	0.	22,015.					
(2)EARL WARD, ESQ.	1.00							0.10,001							
CHAIRMAN	1.00	Х		Х				0.	0.	0.					
(3)ERIC BARTLEY	1.00														
SECRETARY	0.	Х		Х				0.	0.	0.					
(4)RICHARD C. BILETTA	1.00														
TREASURER	0.	Х		Х				0.	0.	0.					
(5)DEBORAH BRAFF	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(6)MIGUEL BULERIN	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(7)DAVID COHEN, MD	1.00														
BOARD MEMBER	1.00	Х						0.	0.	0.					
(8)RICHARD G. DUDLEY JR., MD	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(9)PIERRE DULEYRIE	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(10)MARK GODFREY	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(11)DENISE GORDON	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(12)MICHAEL S. GORDON	1.00														
BOARD MEMBER	0.	Х						0.	0.	0.					
(13)RICHARD KAPLAN	1.00														
BOARD MEMBER	0.	Х						0.	0.	0					
(14)JOE PANNELL	1.00														
BOARD MEMBER (THRU 3/2017)	0.	X						0.	0.	0.					

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any	,		Pos heck		e than c		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		er and			r/tru Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) CRYSTAL PEREZ	1.00	-								
BOARD MEMBER	0.	X						0.	0.	0.
16) COLLEEN SIMMONS-BARNSWELL	1.00	-								
BOARD MEMBER	0.	X						0.	0.	0.
17) KAREN VALEN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
18) JOLANTA ILCZUK	25.00	-							100 040	<i>c c</i> 10
CHIEF FINANCIAL OFFICER	15.00	_		Х				0.	183,349.	6,619.
19) MATTHEW BERNARDO	39.00	-							051 514	04 505
CHIEF OPERATING OFFICER	1.00			Х				0.	271,714.	24,525.
20) MICHAEL CLARKE	18.00	-			3,7			106 005		12 556
SVP HEALTH HOME & ADHC 21) ANDREW COAMEY	22.00 39.00				X			196,205.	0.	13,556.
SVP HOUSING, DEV, FAC & CONST	1.00	-			X			195,646.	0.	23,495.
22) ANDREW GREENE	33.40	_						193,040.	0.	23,495.
SVP DEVELOPMENT AND MARKETING	5.60	-			X			194,242.	0.	24,432.
23) LINNEY SMITH	39.00	_						174,242.	0.	24,432.
SVP PREVENTION & SERVICES	1.00	-				X		196,396.	0.	15,490.
24) MIGUEL MENDEZ	40.00					21		100,300.	0.	13,170.
CHIEF TECHNOLOGY OFFICER	0.	1				X		175,214.	0.	35,904.
25) ARMEN MERJIAN	40.00							1,3,211.	0.	337301.
SENIOR STAFF ATTORNEY	0.	1				X		134,254.	0.	11,023.
1h Sub-total							_	349,061.	0.	22,015.
c Total from continuation sheets to Part VII, S	ection A		• •		• •			1,223,116.	659,569.	192,771.
d Total (add lines 1b and 1c)	_						•	1,572,177.		214,786.
2 Total number of individuals (including but not							o re	1	1	
	reportable compensation from the organization 15									
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rer	ortah	ole d	com	ner	satio	n ai	nd other compen	sation from the	
organization and related organizations gro										
individual										4 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
ATTACHMENT 4		

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 ► 17

5

Χ

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continue		ge (
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	n Est n amo	(F) imated ount of other pensation	ı
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)) fro orga and	om the inization related nizations	
26) DIANA BORIC VP COMMUNITY PARTNERSHIPS	6.00					Х		131,159.	0		4,62	.0
27) VATY POITEVIEN CHIEF MEDICAL OFFICER	9.00					Х		0.			33,10	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> > >					_
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu						-			•	3		Nc X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	3,"	complete Schedu		4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on i	fron	n any	un	related organization		5		X
Section B. Independent Contractors 1 Complete this table for your five highest com										of		_
compensation from the organization. Report of year.												
(A)								(B)		(C)		

(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 VIII	Statement of Revenue	

		Check if Schedule O contains a respor	ise or note to ar	y line in this Part VI	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
عَ ق	b	Membership dues	520 F6F				
iifts ar A	C .	Fundraising events 1c	530,567.				
B.S.	d	Related organizations 1d	1,237,621.				
ŝ	е	Government grants (contributions) 1e	5,116,132.				
but	f	All other contributions, gifts, grants,					
وَقِ		and similar amounts not included above . 1f	6,622,928.				
a So	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	Business Code	13,507,248.			
eun							
Şe	2a	MEDICAID REVENUE	624100	10,916,380.	10,916,380.		
9	b	RENTAL INCOME	624200	455,093.	455,093.		
Ž	С						
Š	d						
ran	е						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,371,473.			
	3	Investment income (including dividen					
		and other similar amounts)		0.			
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u> ▶	0.			
Ф	8a	Gross income from fundraising					
ž.		events (not including \$530,567.					
ě		of contributions reported on line 1c).					
<u>~</u>		See Part IV, line 18 a	0.				
Other Revenue	b	Less: direct expenses b	447,646.				
J	C	Net income or (loss) from fundraising events		-447,646.			-447,646.
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0.				
	b	Less: direct expenses b	0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	- 54	returns and allowances	0.				
	b	Less: cost of goods sold b	0.				
	C	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	HEALTH HOME REIMBURSEMENT	900099	409,766.			409,766.
	b	INTERCOMPANY REIMBURSEMENT	900099	148,581.			148,581.
	C	LEGAL SETTLEMENT	900099	120,913.			120,913.
	d	All other revenue	900099	90,897.			90,897.
	e	Total. Add lines 11a-11d		770,157.			20,037.
	12	Total revenue. See instructions.		25,201,232.	11,371,473.		322,511.
				2212011222.	±±10/±1110.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Form **990** (2016)

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 resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	2,031,041.	1,742,604.	246,515.	41,922.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	10,147,054.	8,741,006.	1,204,354.	201,694.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,301.	77,805.	40,940.	556.
9	Other employee benefits	1,170,752.	861,868.	274,971.	33,913.
10	Payroll taxes	856,439.	800,659.	25,933.	29,847.
11	Fees for services (non-employees):	0			
	Management	0.	FF F02		
	Legal	55,593.	55,593.	150 110	
	Accounting	170,118.	274 222	170,118.	
d	I Lobbying	271,990.	271,990.		
е	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,424,092.	1,947,114.	397,608.	79,370.
12	Advertising and promotion	0.			
13	Office expenses	715,584.	511,205.	168,447.	35,932.
14	Information technology	56,368.	56,368.		
15	Royalties	0.			
16	Occupancy	3,474,986.	3,020,848.	302,978.	151,160.
17	Travel	549,229.	441,961.	106,829.	439.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	193,269.	44,754.	141,663.	6,852.
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	316,904.	41,586.	275,318.	
23	Insurance	300,912.	253,264.	25,602.	22,046.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FAC. REPAIRS & MAINTENANCE	593,721.	581,490.	12,158.	73.
b	CLIENT STIPENDS	359,165.	347,499.	11,666.	
c	STAFF EXPENSE	234,922.	163,419.	63,683.	7,820.
	CLIENT PARTICIPATION	221,396.	145,937.	75,459.	
_	All other expenses	402,971.	213,868.	50,362.	138,741.
	Total functional expenses. Add lines 1 through 24e	24,665,807.	20,320,838.	3,594,604.	750,365.
		0.	1,221,0001	-,,	
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Part X Balance Sheet

ПС	ILA	Dalance Sheet					
		Check if Schedule O contains a response of	r note	to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	_	Cook you interest bearing			0.	1	· · · · · · · · · · · · · · · · · · ·
	1	Cash - non-interest-bearing			26,401.	2	0.
	2	Savings and temporary cash investments		1,999,881.		3,218,049.	
	3	Pledges and grants receivable, net			283,233.	3	1,356,159.
	4	Accounts receivable, net Loans and other receivables from current and		officers directors	403,433.	4	1,350,159.
	5						
		trustees, key employees, and highest co Complete Part II of Schedule L	-		0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B)	, and c	ontributing employers			
		and sponsoring organizations of section 501(c)(9) volu	intary e	mployees' beneficiary	0.	6	0.
ts	7	organizations (see instructions). Complete Part II of Sche	eaule L		0.		0.
Assets	7	Notes and loans receivable, net			0.	_	0.
Ä	8 9	Inventories for sale or use Prepaid expenses and deferred charges			0.	-	144,604.
	_	-	· · · · i		0.	9	144,004.
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,635,291.			
	h	Less: accumulated depreciation	-	9,085,302.	3,781,241.	100	1,549,989.
	11	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	0.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			21,373,550.		24,265,403.
	16	Total assets. Add lines 1 through 15 (must equal			27,464,306.		30,534,204.
	17	Accounts payable and accrued expenses			5,120,112.	_	7,419,364.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			92,601.	19	115,192.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen					
iab		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			1,967,366.	_	2,110,891.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			421,406.	25	504,084.
_	26	Total liabilities. Add lines 17 through 25			7,601,485.	26	10,149,531.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		here ► X and			
Fund Balances	27	Unrestricted net assets			18,510,086.	27	19,285,385.
Bal	28	Temporarily restricted net assets			695,220.	28	441,773.
pu	29	Permanently restricted net assets		<u></u> [657,515.	29	657,515.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check	there 🕨 🔛 and			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Ę	32	Retained earnings, endowment, accumulated inco				32	
Ne.	33	Total net assets or fund balances			19,862,821.	33	20,384,673.
_	34	Total liabilities and net assets/fund balances	<u> </u>		27,464,306.	34	30,534,204.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,2	01,2	232.
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,6	65,8	307.
3	Revenue less expenses. Subtract line 2 from line 1	3			35,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,8	62,8	321.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	13,5	573.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		20,3	84,6	573.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		•			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in		3,	
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	_	v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	díts.		3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization HOUSING WORKS, 13-3584089 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 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,561,269.	8,933,844.	6,048,477.	10,003,156.	13,507,248.	46,053,994.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,561,269.	8,933,844.	6,048,477.	10,003,156.	13,507,248.	46,053,994.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4.						46,053,994.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	7,561,269.	8,933,844.	6,048,477.	10,003,156.	13,507,248.	46,053,994.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	268,803.	1,018,356.	284,592.	1,141,536.	770,157.	3,483,444.
11	Total support. Add lines 7 through 10						49,537,438.
12	Gross receipts from related activities, etc. (s	see instructions)				12	49,965,060.
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup		•				00.07
14	Public support percentage for 2016 (li		•			14	92.97%
15	Public support percentage from 2015					15	91.92%
16a	331/3% support test - 2016. If the o						
h	this box and stop here. The organization						• • • -
D	331/3% support test - 2015. If the concept this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•					
174	10% or more, and if the organization	_					
	Part VI how the organization meets t			•		•	•
	organization			•	•		■ □
b	10%-facts-and-circumstances test - 2						and line
~	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						-
	supported organization						▶ □
18	Private foundation. If the organization		·				
	instructions						<u> </u>

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li			13, column (f)) _		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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				- 3
Part l	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	110		
ocom	51 D. Type Foupporting Organizations		Yes	No
	Did the Providence to other consequences of the consequences of th			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
C = =4!		2		
Section	on C. Type II Supporting Organizations		Vaa	N _a
			Yes	NO
1	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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	O110 _/ .	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
	And the Test Annual (A) and (A) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	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 Part VI identify			
	those supported organization(s) to which the organization was responsive: If res, therein a vincertary 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.	2a		
b	Did the activities described in (a) 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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
	•	(B) Current Year	
Section A - Adjusted Net Income		(A) Prior 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Costion D. Minimum Acost Amount		(A) Daisa V	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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 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 Distributable Amount. 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	y integra	ted Type III supporting	organization (see
instructions).			• •

Schedule A (Form 990 or 990-EZ) 2016

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

Sect	ion D - Distributions	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish ea	xempt purposes				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
_1	Distributable amount for 2016 from Section C, line 6					
	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
С	From 2013					
d	From 2014					
е	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if					

Schedule A (Form 990 or 990-EZ) 2016

Part V

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2014...

Excess from 2015...

Excess from 2016...

and 4c.

b

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.)

	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	E				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
DEBORTITION	2012	2013	2011	2013	2010	1011111
OTHER INCOME	268,803.	1,018,356.	284,592.	289,548.	90,897.	1,952,196.
ACCOUNTING CLEANUP ADJUSTMENT				470,806.		470,806.
HEALTH HOME REIMBURSEMENT				313,457.	409,766.	723,223.
INTERCOMPANY TRANSFER				67,725.		67,725.
INTERCOMPANY REIMBURSEMENTS					148,581.	148,581.
LEGAL SETTLEMENT					120,913.	120,913.
попат с	268,803.		284,592.	1,141,536.	770,157.	3,483,444.
TOTALS				±,±2±,330+	- / / V , 13 / -	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

HOUSING WORKS, INC.		12 2504000			
Organization type (check one):		13-3584089			
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 fou	ndation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion			
	501(c)(3) taxable private foundation				
, ,	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See			
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions and the contributions. Complete Parts I and II. See instructions tributions.				
Special Rules	inibations.				
X For an organization de regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)			
contributor, during the	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, 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					
-	n't covered by the General Rule and/or the Special Rules doesn't file Sche answer "No" on Part IV, line 2, of its Form 990; or check the box on line b	-			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization HOUSING WORKS, INC.

Employer identification number 13-3584089

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed	art I	Contributors (See instruction	ns). Use duplicate copies	s of Part I if additional space is need	ded.
--	-------	-------------------------------	---------------------------	---	------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	COMMUNITY CARE OF BROOKLYN 4802 10TH AVENUE BROOKLYN, NY 11219	\$649,433.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYS DOH CORNING TOWER, RM 459 ALBANY, NY 12237	\$1,021,734.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYC DEPT. OF HEALTH & MENTAL HYGIENE 42-09 28TH STREET CN11 LONG ISLAND, NY 11101	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)	(1)		/ D
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 U.S. DEPT. OF HEALTH & HUMAN SERVICES 1101 WOOTTON PARKWAY, SUITE 550	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 U.S. DEPT. OF HEALTH & HUMAN SERVICES 1101 WOOTTON PARKWAY, SUITE 550 ROCKVILLE, MD 20852 (b)	\$665,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 U.S. DEPT. OF HEALTH & HUMAN SERVICES 1101 WOOTTON PARKWAY, SUITE 550 ROCKVILLE, MD 20852 (b) Name, address, and ZIP + 4 U.S. DEPT. OF HOUSING & URBAN DEV. 26 FEDERAL PLAZA, RM. 3513	\$665,500.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization HOUSING WORKS, INC.

Employer identification number 13-3584089

Part I	Contributors (See instructions).	Use duplicate copies of F	Part I if additional space is ne	eded.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7	HOUSING WORKS THRIFT SHOP, INC. 57 WILLOUGHBY STREET, 2ND FL. BROOKLYN, NY 11201	\$934,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	HOUSING WORKS USED BOOK CAFE, INC. 57 WILLOUGHBY STREET, 2ND FL. BROOKLYN, NY 11201	\$303,045.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization HOUSING WORKS, INC.

Employer identification number

13-3584089

Part II	Noncash Property (See instructions). Use duplicate copies o	f Part II if additional space is ne	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	(* ***** **** ==, ** * *** * * * * * * *			9	
Name of o	organization HOUSING WORKS, INC.			Employer identification number	
				13-3584089	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any o ons completing Part I e year. (Enter this info	ne contributor. Coll, enter the total cormation once. Se	complete columns (a) through (e) and of exclusively religious, charitable, etc.	
(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, an	Transferee's name, address, and ZIP + 4 Relatio			
(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, an	d ZIP + 4	Relation	ship 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, an	d ZIP + 4	Relation	ship 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, an	d ZIP + 4	Relation	ship of transferor to transferee	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	tion under section 501 (n)): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	/ Tax) (see separate i	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
HOU	SING WORKS, INC.			13-3584	4089
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see i	instructions for definition
	of "political campaign activit	ies")		•	
2	Political campaign activity e	xpenditures (see instructions)		▶\$	
3		campaign activities (see instruction			
	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		expended by the filing organization			
2	Enter the amount of the filir	ng organization's funds contribute	d to other organizat	ions for section	
3	Total exempt function expe	enditures. Add lines 1 and 2. Er	nter here and on Fo	orm 1120-POL,	
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numles. For each organization listed, elerations received that were prond or a political action committee.	ber (EIN) of all section of the amount pain optly and directly de	on 527 political organiza d from the filing organiza elivered to a separate po	ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

13-3584089 Page **2**

P	art II-A	Complete if the org	janizati	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶				o an affiliated grou d share of excess I		irt IV each affiliated g litures).	roup member's
В	Check ▶	· 🔲 if the filing orga	nization	checked l	box A and "limited	control" provision	ons apply.	
		Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
		(The term "expendit	ures" m	eans amoui	nts paid or incurred	.)	organization's totals	group totals
I	b Total lob c Total lob	obying expenditures to in obying expenditures to in obying expenditures (ad cempt purpose expenditures)	nfluence d lines 1	a legislative a and 1b)	e body (direct lobby	ing)		
•	e Total ex	empt purpose expendit	ures (ad	d lines 1c ar	nd 1d)			
1	f Lobbying columns	g nontaxable amount.	Enter th	e amount	from the following	table in both		
	If the am	ount on line 1e, column (a) or (b) is	The lobbyir	ng nontaxable amount	is:		
		\$500,000	, , ,		amount on line 1e.			
	Over \$50	0,000 but not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,0	000,000 but not over \$1,5	00,000		lus 10% of the excess			
	Over \$1,	500,000 but not over \$17,	000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000.		
	Over \$17	7,000,000		\$1,000,000				
	g Grassro	ots nontaxable amount	(enter 2	5% of line 1f)			
ı	h Subtract	t line 1g from line 1a. If	zero or le	ess, enter -0				
i	i Subtract	t line 1f from line 1c. If a	zero or le	ss, enter -0-				
j	If there	is an amount other th	an zero	on either l	line 1h or line 1i,	did the organiza	tion file Form 4720	
	reporting	g section 4911 tax for t	his year?					Yes No
				4-Year Ave	raging Period Unde	r section 501(h)		
	(S	ome organizations tha			01(h) election do no te instructions for l	-		nns below.
			Lobi	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	
		ar year (or fiscal year peginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	a Lobbying	nontaxable amount						
		ceiling amount line 2a, column (e))						
_ (c Total lobb	bying expenditures						
_ (d Grassroo	ts nontaxable amount						
_		ts ceiling amount line 2d, column (e))						
1	f Grassroo	ts lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2016

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ filed	d For	m 576	8	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:		3.5			
a	Volunteers?	Х	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?		Х			
c d	Mailings to members, legislators, or the public?	Х				
e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				
i	Other activities?	Х				9,38
j	Total. Add lines 1c through 1i				88	39,38
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
$\overline{}$	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1	
	501(c)(6).					
					Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501				3	
га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					is
	answered "Yes."	· · · (.	٠, . ۵		, 0,	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou					
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?	-	ig	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pa	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d grou	ıp list); Part	II-A, line:	s 1 and
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
SEI	E PAGE 4					

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

HOUSING WORKS IS THE LARGEST GRASSROOTS AIDS ORGANIZATION IN THE U.S. AS SUCH, IT UNDERTAKES A PLATFORM OF ADVOCACY ON BEHALF OF THOSE SUFFERING FROM AIDS OR HIV. HOUSING WORKS STAFF DO GET INVOLVED IN ADVOCACY INITIATIVES AND THE EXPENSES OF \$889,383 REPRESENT GENERAL SALARY AND ADMINISTRATIVE COSTS FOR THE ORGANIZATION'S ADVOCACY ENDEAVORS.

HOUSING WORKS BELIEVES THAT PEOPLE LIVING WITH HIV/AIDS MUST LEAD THE FIGHT TO ERADICATE THE DISEASE, A FIGHT THAT INCLUDES ACCESS TO HEALTHCARE AND SUPPORTIVE SERVICES AND AN END TO AIDS STIGMA. ADVOCACY HIGHLIGHTS:

- ADVOCACY OFFICES IN NEW YORK CITY, ALBANY AND WASHINGTON, D. C., AND CLOSE COLLABORATIONS WITH AIDS GROUPS IN MISSISSIPPI, HAITI AND PUERTO RICO.
- MONTHLY VISITS BY OUR HIV-POSITIVE CLIENTS TO NEW YORK STATE LEGISLATIVE OFFICES IN ALBANY.
- GROUNDBREAKING IMPACT LITIGATION, INCLUDING A 2004 CASE FORCING NEW YORK CITY TO PROVIDE MEDICALLY APPROPRIATE HOUSING TO HOMELESS PEOPLE LIVING WITH HIV/AIDS.

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

IVAIIII	e of the organization	Employer identification number
JOH	USING WORKS, INC.	13-3584089
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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	in denote advised
5	· · · · · · · · · · · · · · · · · · ·	
•	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 for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated 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, inspect	ion, 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 con	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	S	oneon valient eacontoine during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of secti	on 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	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	The state of the s
	organization's accounting for conservation easements.	iai diatemente inat decembes ins
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10		royonya atatomant and balance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide the following amounts relating to these items:	> ¢
	(i) Revenue included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item.	
a	Revenue included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	<u></u>

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

Schedule D (Form 990) 2016

	t III Organizations Maintainir	na Collections of	Art Histo	rical Treasur	e or Ot	har Similar Assa	te (contin	Page Z
Par 3	Using the organization's acquisition							
3	collection items (check all that app		other records	s, check any of	tile lollov	virig triat are a sigi	illicarit use	01 113
а	Public exhibition	ıy).	d	Loan or excha	ngo progra	me		
a b	Scholarly research		e H					
C	Preservation for future gene	rations	e	Other				
4	Provide a description of the organ		e and evolair	how they fur	thar the or	aanization's exemn	t nurnoco i	in Part
4	XIII.	iizations collections	s and explain	i now they rul	iller the or	ganization's exemp	i puipose i	III Fait
5	During the year, did the organization	on colicit or receive	denations of	art historical tr	ancurae or	other cimilar		
5	assets to be sold to raise funds rath					_	Yes	No
Par	t IV Escrow and Custodial Ar		airieu as part	or the organiza	ILIOITS COILE	CHOTT	Tes	NO
rai	Complete if the organizat		e" on Form	000 Part IV I	no a or re	ported an amoun	t on Form	
	990, Part X, line 21.	ion answered Te	5 0111 01111	990, Fait IV, II	116 3, 01 16	porteu ari amoun	t OII I OIIII	
10	Is the organization an agent, truste	a austadian ar ath	or intermedia	ry for contribut	ione or othe	r accete not		
ıa							□ Vaa □	- No
	included on Form 990, Part X?	n Dort VIII and some	nlata tha falla	uring table.			Yes	No
D	If "Yes," explain the arrangement in	n Part XIII and com	piete the folio	wing table:		A		
	Dente den halana			-	_	Amount		
С.	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the exp	lanation has bee	en provided	on Part XIII		
Par		ion onovious d "Vo	o" o	000 Dort IV / I:	10			
	Complete if the organizat		1			T		
		(a) Current year	(b) Prior y	rear (c) Two	years back	(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	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	:		
а	Board designated or quasi-endown		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of t	he organizati	on that are held	d and admii	nistered for the		
	organization by:						Yes	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as required	on Schedule R	?		3b	
4	Describe in Part XIII the intended u		ation's endowi	ment funds.				
Par	t VI Land, Buildings, and Equ	ipment.		000 Dawt IV	: 11- C		4 V 1: 4	^
	Complete if the organiza Description of property			(b) Cost or other ba			1) Book value	<u>U. </u>
		(inves	stment)	(other)		reciation	, DOOK VAIUE	
1 a	Land							
b	Buildings			245,47	0.	92,336.	153	,134.
С	Leasehold improvements			2,942,62	2. 2,7	22,184.	220	,437.
d	Equipment			4,859,01	7. 4,3	08,234.	550	,782.
е	Other			2,588,18	2. 1,9	62,546.	625	,636.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part X	, column (B), lin	e 10c.)		1,549	,989.

Schedule D (Form 990) 2016			Page -
Part VII Investments - Other Securities. Complete if the organization answered	l "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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990,	, Part IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1) DUE FROM AFFILIATES			23,887,678
(2) SECURITY DEP. & OTHER ASSETS			375,681
(3) RESTRICTED CASH - DEBT SERVICE			2,044
(4)			
(5)			
(6)			
(8)			
(9)	ino 4E \		24 265 402
Part X Other Liabilities. Complete if the organization answered line 25.			24,265,403 n 990, Part X,
1. (a) Description of liability	(b) Book value	9	
(1) Federal income taxes			
(2) DEFERRED RENT PAYABLE	504,0	084.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	F04 0	194	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	504, C	he argonizations fire-raid to the fire	A namente the

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

Χ

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Schedule D (Form 990) 2016 Page **4**

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				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-			
b	Other (Describe in Part XIII.)	-			
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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu 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:				
а	Donated services and use of facilities				
b	Prior year adjustments	-			
С	Other losses	-			
d	Other (Describe in Part XIII.)	-			
е	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: Investment expenses not included on Form 990, Part VIII, line 7b. 4a				
a	investment expenses not included on Form 556, Fart VIII, line 75	-			
b	Other (Describe in Part XIII.)	4c			
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5			
	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	PAGE 5				

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION RECOGNIZES THE TAX EFFECTS FROM AN UNCERTAIN TAX

POSITION IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE

CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. AS OF JUNE 30,

2017 AND 2016, MANAGEMENT DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN

TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE WITHIN ITS

CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION, EXCEPT GOTHAM AND BCP, IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, THE ORGANIZATION MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HOU	SING WORKS, INC.				13-35840	39
Part	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	if the organization answer	ed "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistanc	e, and the selection criteri	a used to award the	Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow (a) Region	ving Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	1.	6.	PROGRAM SERVICES	ADVOCACY	416,747.
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a b	Sub-total Continuation Sheets to Part I	1.	6.			416,747.
c	Totals (add lines 3a and 3h)	1	· ·			416 747

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

Schedule F (Form 990) 2016

Part II	Grants and Other Assist Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient org he IRS, or for which the granted er total number of other organia	e or counsel has provi	ided a section 501(c)(3) e	quivalency lette	er		x-exempt		

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
<u>(</u> 10)							
<u>(</u> 11)							
<u>(</u> 12)							
<u>(</u> 13)							
(14)							
(15)							
(16)							
(17)							
(18)							

<u>Schedule F</u> (Form 990) 2016 Page **4**

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016 Page **5**

Part V Suppleme

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name	of the organization					Employer identification	on number
HOUS	SING WORKS, INC.					13-3584089	
Part	Fundraising Activities. Con	nplete if the orga	nization a	answered	l "Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not	required to comp	lete this p	oart.			
1	Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	ırants	
b							
C	Phone solicitations	g			ising events		
d	In-person solicitations	3			g		
	Did the organization have a written of	ur oral agreement w	ith any ind	dividual (ir	ocluding officers of	lirectors trustees	
Zu	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi	•				•	
	compensated at least \$5,000 by the		,	-,			
			(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity		or control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(or retained by)
	or entity (fundraiser)		contrib	outions?	from activity	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organiza	ition is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

:	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gros			
	3				
		(a) Event #1 BRAKING AIDS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	530,567.			530,567
3	Less: Contributions Gross income (line 1 minus				530,567
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	447,646.			447,646
0 1	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d) 10 from line 3, column (d)		447,646 -447,646
	Gaming. Complete if the orga	anization answered "Y			orted more
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
			Yes% No	Yes% No	
7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
En Is	nter the state(s) in which the organization licensed to conduct (tion conducts gaming ac gaming activities in each	tivities: of these states?		Yes No
				or the tax year?	Yes No
5 6 7 8 9 01 1 2 3 4 5 6 7 8 EIII -	11 11 12 22 33 44 55 15 15 15 15	line 2). Cash prizes Noncash prizes Rent/facility costs Tood and beverages Entertainment Other direct expenses Direct expense summary. Add lines Net income summary. Subtract line III Gaming. Complete if the org than \$15,000 on Form 990-E Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtract Enter the state(s) in which the organiza III the state organization licensed to conduct of "No," explain:	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Net income summary. Subtract line 10 from line 3, column (d) The Gaming. Complete if the organization answered "Y than \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Cash prizes Noncash prizes Volunteer labor Pess — % No No No No No Enter the state(s) in which the organization conducts gaming activities in each of "No," explain:	line 2)	line 2). Cash prizes Noncash prizes Noncash prizes Noncash prizes Rent/facility costs Thood and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Met income summary. Subtract line 10 from line 3, column (d) Mathematical interest in the organization answered "Yes" on Form 990, Part IV, line 19, or report than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming for other direct expenses Noncash prizes Noncash prizes Ves % Yes % Yes % No No No Poirect expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities: In the state (s) in which the organization conducts gaming activities:

b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2016 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	the state of the s
	amount of gaming revenue retained by the third party > \$
С	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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	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 G (Form 990 or 990-EZ) 2016

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

HOUSING WORKS, INC. Employer identification number 13-3584089

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Manus of the house of the Asian should all the constants of the constants of the constants.			
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	46		
_	explain	1b		
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?	2		
3	Indicate which, if any, of the following the filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4				
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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			3.7
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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			3.7
^	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016 Page 2

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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHARLES KING	(i)	349,061.	0.	0.	1,200.	20,815.	371,076.	0.
1PRESIDENT & CEO, BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
JOLANTA ILCZUK	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{CHIEF} FINANCIAL OFFICER	(ii)	183,349.	0.	0.	0.	6,619.	189,968.	0.
MATTHEW BERNARDO	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{CHIEF} OPERATING OFFICER	(ii)	271,714.	0.	0.	1,200.	23,325.	296,239.	0.
MICHAEL CLARKE	(i)	196,205.	0.	0.	1,200.	12,356.	209,761.	0.
4SVP HEALTH HOME & ADHC	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW COAMEY	(i)	195,646.	0.	0.	1,200.	22,295.	219,141.	0.
5 SVP HOUSING, DEV, FAC & CONST	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW GREENE	(i)	194,242.	0.	0.	1,200.	23,232.	218,674.	0.
6SVP DEVELOPMENT AND MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
LINNEY SMITH	(i)	196,396.	0.	0.	1,200.	14,290.	211,886.	0.
7SVP PREVENTION & SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
MIGUEL MENDEZ	(i)	175,214.	0.	0.	1,200.	34,704.	211,118.	0.
8CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
VATY POITEVIEN	(i)	0.	0.	0.	0.	0.	0.	0.
9CHIEF MEDICAL OFFICER	(ii)	204,506.	0.	0.	1,200.	31,907.	237,613.	0.
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							1.1.1/5 200) 2010

Schedule J (Form 990) 2016

Part | 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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 13-3584089

HOUSING WORKS, INC.

990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

THE ORGANIZATION'S FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING

FIRM IN CONJUNCTION WITH THE HOUSING WORKS FINANCIAL DEPARTMENT. A COPY

OF THE DRAFT FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR

THEIR REVIEW. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT

ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE

INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY ENFORCEMENT & MONITORING PROCESS

FORM 990, PART VI, SECTION B, LINE 12

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS

REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY

VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH HOUSING

WORKS. HOUSING WORKS MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST

POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS

DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED

IMMEDIATELY.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

HOUSING WORKS, INC. UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE

EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF

ITS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE GIVEN

THE MARKET IN WHICH THE ORGANIZATION OPERATES. THE BOARD OF DIRECTORS DETERMINES THE PRESIDENT AND CEO'S COMPENSATION ON A YEARLY BASIS. THE PRESIDENT AND CEO DETERMINES THE SENIOR VICE PRESIDENTS' COMPENSATION ON A YEARLY BASIS. COMPENSATION IS SET FOR THE RELEVANT INDIVIDUAL DURING THE EXECUTIVE SESSION OF ONE OF THE BOARD MEETINGS AND THE DECISION IS DOCUMENTED IN BOARD MINUTES. A FORMAL EVALUATION IS CONDUCTED EVERY 5 YEARS.

DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

NUMBER OF EMPLOYEES

FORM 990, PART I, LINE 5, AND PART V, LINE 2A

HOUSING WORKS, INC. ("HWI") IS THE PARENT ORGANIZATION OF A GROUP OF NOT-FOR-PROFIT AFFILIATED ORGANIZATIONS THAT SHARE HWI'S EXEMPT PURPOSE, ALL OF WHICH ARE REPORTED ON SCHEDULE R OF THE FORM 990. AS THE CENTRAL ORGANIZATION, HWI ISSUES W-2S FOR SOME OF ITS AFFILIATED ORGANIZATIONS. FORM 990, PART I, LINE 5 AND PART V, LINE 2A REPRESENT THE TOTAL NUMBER REPORTED ON FORM W-3 FILED BY HWI.

Name of the organization
HOUSING WORKS, INC.

Employer identification number

13-3584089

OTHER SALARIES AND WAGES

FORM 990, PART IX, LINE 7

ALL EMPLOYEES PROVIDING SERVICES TO HOUSING WORKS, INC. RECEIVE THEIR

FORM W-2 FROM EITHER HOUSING WORKS, INC. OR HOUSING WORKS HEALTH SERVICES

III, INC. THE AMOUNTS REPORTED ON FORM 990, PART IX, LINES 7 AND 9

INCLUDE AN ALLOCATION OF SALARY EXPENDITURES DIRECTLY INCURRED BY HOUSING

WORKS, INC. AS WELL AS AN ALLOCATION OF SALARY EXPENDITURES FROM HOUSING

WORKS HEALTH SERVICES III, INC.

FUNCTIONAL EXPENSES

FORM 990, PART IX

HOUSING WORKS, INC. IS COMPRISED OF A NUMBER OF SUBSIDIARY NOT-FOR-PROFIT AFFILIATED ORGANIZATIONS, ALL OF WHICH ARE REPORTED ON SCHEDULE R OF THE FORM 990. AS THE CENTRAL ORGANIZATION FOR ALL ACTIVITIES UNDERTAKEN BY THE HOUSING WORKS UNIVERSE OF AFFILIATES, HOUSING WORKS, INC. PROVIDES MANAGEMENT SERVICES FOR ALL AFFILIATES AND RECEIVED A REIMBURSEMENT AT COST FOR THOSE SERVICES. THE MANAGEMENT FEE HAS NOT BEEN REPORTED IN PART VIII AS REVENUE, BUT RATHER AS AN OFFSET TO THE EXPENSES BEING REIMBURSED. THIS PRESENTATION MIRRORS THE METHODOLOGY EMPLOYED IN THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

OTHER CHANGES IN NET ASSETS AND FUND BALANCES

FORM 990, PART XI, LINE 9

SUBSEQUENT ADJUSTMENT TO PRIOR YEAR FINANCIAL

STATEMENTS.....(\$13,573)

Name of the organization Employer identification number HOUSING WORKS, INC. 13-3584089

ATTACHMENT 1

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

HOUSING WORKS IS A VIBRANT, HEALING COMMUNITY OF PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS. OUR MISSION IS TO END THE DUAL CRISES OF HOMELESSNESS AND AIDS THROUGH RELENTLESS ADVOCACY, THE PROVISION OF LIFESAVING SERVICES, AND ENTREPRENEURIAL BUSINESSES THAT SUSTAIN OUR EFFORTS. OUR PRIMARY AIM IS TO PROVIDE ASSISTANCE AND EXPERTISE TO HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES AND TO PROVIDE EXPERTISE IN THE DEVELOPMENT OF HOUSING FOR HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CLINICAL SERVICES - HOUSING WORKS' PRIMARY EXEMPT MISSION IS TO
SUPPORT INDIVIDUALS WITH AIDS OR HIV-RELATED ILLNESSES. HOUSING
WORKS PROVIDES THESE SERVICES THROUGH ITS NETWORK OF HOUSING WORKS
ENTITIES. HOUSING WORKS OFFERS OUR CLIENTS MORE THAN JUST
CHECK-UPS: WE HAVE THE OPTION OF EITHER STAND-ALONE MEDICAL
SERVICES OR A HOLISTIC HEALTH CARE PROGRAM THAT ALSO INCLUDES
MEALS, COUNSELING, WELLNESS, AND OTHER SUPPORTIVE SERVICES FOR
PEOPLE LIVING WITH HIV/AIDS. HOUSING WORKS HEALTH CARE INTEGRATES
PRIMARY CARE, SOCIAL SERVICES, CASE MANAGEMENT, MENTAL HEALTH AND
COMPLEMENTARY THERAPIES INTO A COHERENT TREATMENT PLAN DESIGNED TO
ADDRESS MULTIPLE CHALLENGES, SUCH AS MENTAL ILLNESS, CHEMICAL
DEPENDENCY, HOMELESSNESS, INCARCERATION, AND DOMESTIC VIOLENCE.
HOUSING WORKS ACCEPTS MEDICAID, AND IS OPEN TO PEOPLE WITH
HIV/AIDS. CERTAIN PROGRAMS, INCLUDING OUR TRANSGENDER SERVICES AND

Name of the organization
HOUSING WORKS, INC.

Employer identification number
13-3584089

ATTACHMENT 2 (CONT'D)

DENTAL CLINIC ARE OPEN TO ALL NEW YORKERS, REGARDLESS OF HIV STATUS. OUR SERVICES, LOCATED AT FIVE LOCATIONS IN MANHATTAN AND BROOKLYN, INCLUDE:

PRIMARY CARE

MENTAL HEALTH SERVICES

A FULL-SERVICE DENTAL CLINIC

TRANSGENDER SERVICES

ADULT DAY HEALTH CARE

OUR AIDS SERVICES ADDRESS THE COMPLEX ISSUES FACING OUR CLIENTS.

SERVICES HIGHLIGHTS:

202 UNITS OF HOUSING FOR HOMELESS NEW YORKERS LIVING WITH
HIV/AIDS. FOUR "2 ONE-STOP SHOP" ADULT DAY HEALTH CENTERS AND 98
CASE MANAGERS AND CARE COORDINATORS WHO PROVIDE HELP TO 3,200
CLIENTS ANNUALLY. COMPREHENSIVE SERVICES, INCLUDING PRIMARY CARE,
DENTAL CARE, MENTAL HEALTH SERVICES, CASE MANAGEMENT, TRANSGENDER
HEALTH SERVICES, JOB TRAINING, WELLNESS PROGRAMS AND MORE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

HOUSING WORKS IS THE LARGEST GRASSROOTS AIDS ORGANIZATION IN THE U.S., AS WELL AS THE LARGEST MINORITY-CONTROLLED AIDS ORGANIZATION.

HOUSING WORKS ADVOCACY - WE BELIEVE THAT PEOPLE LIVING WITH

Name of the organization Employer identification number
HOUSING WORKS, INC. 13-3584089

ATTACHMENT 3 (CONT'D)

HIV/AIDS MUST LEAD THE FIGHT TO ERADICATE THE DISEASE, A FIGHT
THAT INCLUDES ACCESS TO HEALTHCARE AND SUPPORTIVE SERVICES AND AN
END TO AIDS STIGMA. ADVOCACY HIGHLIGHTS: ADVOCACY OFFICES IN NEW
YORK CITY, ALBANY AND WASHINGTON, D. C., AND CLOSE COLLABORATIONS
WITH AIDS GROUPS IN MISSISSIPPI, HAITI AND PUERTO RICO. SINCE
1995, WEEKLY VISITS BY OUR HIV-POSITIVE CLIENTS TO NEW YORK STATE
LEGISLATIVE OFFICES IN ALBANY. GROUNDBREAKING IMPACT LITIGATION,
INCLUDING A 2004 CASE FORCING NEW YORK CITY TO PROVIDE MEDICALLY
APPROPRIATE HOUSING TO HOMELESS PEOPLE LIVING WITH HIV/AIDS.

THE HOUSING WORKS ASYLUM PROJECT IS PROVIDING HOUSING, HEALTH

CARE, LEGAL SUPPORT, FINANCIAL SUPPORT, VOLUNTEER WORK, JOB

TRAINING, AND EMPLOYMENT TO LGBT ACTIVISTS FROM NIGERIA, UGANDA,

JAMAICA, AND OTHER NATIONS WHO SEEK SANCTUARY IN THE U.S. TO

ESCAPE IMPRISONMENT AND VIOLENCE FOR WHO THEY ARE AND WHO THEY

LOVE. THE PROJECT BEGAN WITH THE TWO INITIAL INDIVIDUALS FROM

NIGERIA, BUT HAS SINCE BLOSSOMED INTO A PROGRAM PROVIDING SUPPORT

FOR NEARLY TWO DOZEN ASYLEE APPLICANTS.

ATTACHMENT 4

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BURCHMAN TERRIO QUIST LLC, BTQ FINANCIAL FINANCIAL MGMT 444,335.

80 BROAD STREET, FLOOR 15

NEW YORK, NY 10004

FARRAGUT BUILDERS CONSTRUCTION 328,697.

4706 FARRAGUT ROAD

Name of the organization
HOUSING WORKS, INC.

Employer identification number

13-3584089
ATTACHMENT 4 (CONT'D)

990.	PART VII-	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BROOKLYN, NY 11203		
GRANT THORNTON, LLP 757 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2013	AUDIT SERVICES	230,594.
GREEN KEY TEMP, LLC 475 PARK AVENUE NEW YORK, NY 10016	RECRUITING	222,832.
FAMILIAR STUDIO 15 WEST 26TH STREET, 6TH FLOOR NEW YORK, NY 10010	DESIGN/DEVELOPMENT	129,829.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

rm 990.
its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

Name of the organization
HOUSING WORKS, INC.

Employer identification number
13-3584089

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

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	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) HOUSING WORKS FOOD SERVICES, INC.	13-3974056							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	FOOD SERVICES	NY	501(C)(3)	10	HWI	X	
(2) HOUSING WORKS HEALTH SERVICES III,	INC. 13-3826364							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOMELESS AID	NY	501(C)(3)	10	HWI	X	
(3) HOUSING WORKS SERVICES II, INC.	13-3818122							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOMELESS AID	NY	501(C)(3)	7	HWI	X	
(4) HOUSING WORKS SERVICES, INC.	13-3779481							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOMELESS AID	NY	501(C)(3)	10	HWI	X	
(5) HOUSING WORKS HDFC	13-3775886							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	X	
(6) HOUSING WORKS EAST NEW YORK HDFC	11-3264348							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	X	
(7) HOUSING WORKS HARLEM HDFC	30-0055829							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	HWI	X	

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

Open to Public

Inspection

SCHEDULE R (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.

► Attach to Form 990.

<u>С</u> Ор

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

HOUSING WORKS, INC.

Employer identification number 13-3584089

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) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
							Yes	No
(1) HOUSING WORKS BROOKLYN HDFC	30-0055826							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	12, TYPE I	HWI	X	İ
(2) HOUSING WORKS PITKIN AVE HDFC	30-0055831							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	10	HWI	X	l
(3) HOUSING WORKS JEFFERSON AVE HDFC	61-1432867							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	X	l
(4) HOUSING WORKS LEXINGTON AVE HDFC	20-0799665							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	X	l
(5) THE AIDS TREATMENT DATA NETWORK INC.	11-2920549							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HEALTHCARE	NY	501(C)(3)	7	HWI	Х	l
(6) HOUSING WORKS THRIFT SHOP, INC.	13-3676157							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	THRIFT SHOP	NY	501(C)(3)	12, TYPE I	HWI	X	İ
(7) HOUSING WORKS USED BOOK CAFE, INC	26-0720507							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	USED BOOKS	NY	501(C)(3)	10	HWI	X	İ

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Schedule R (Form 990) 2016

(6)

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
HOUSING WORKS, INC.

Employer identification number
13-3584089

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) (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		12(b)(13) rolled
							Yes	No
(1) LIFE FORCE: WOMEN FIGHTING AIDS, IN	11-3060772							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HEALTHCARE	NY	501(C)(3)	7	HWI	X	İ
(2) POSITIVE HEALTH PROJECT	13-3845305							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HEALTHCARE	NY	501(C)(3)	7	HWI	Х	l
(3) HOUSING WORKS HULL HDFC	20-4753869							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	Х	l
(4) HIV LAW PROJECT, INC.	13-3730564							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	LEGAL SERVICE	NY	501(C)(3)	7	HWI	Х	l
(5) HOUSING WORKS LYMAN PROSPECT	46-4555144							
57 WILLOUGHBY STREET, 2 FLOOR	BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	7	HWI	Х	ł
(6) INTERCAMBIOS PUERTO RICO, INC.	66-0731885							
CALLE ROUND F-26 URB MONTE BRI	FAJARDO, PR 00738	HOMELESS AID	PR	501(C)(3)	7	HWI	Х	
(7)								

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Page 2

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)	entity income (related, unrelated, excluded from tax under		(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) BRONX CLAREMONT PARKWAY G.P.,													
57 WILLOUGHBY STREET, 2 FLOOR	HOUSING	NY	HWI	RENTAL INCOME	327,862.	1,035,647.		х	0.			100.0000	
(2)	_												
(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)		(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) GOTHAM ASSETS 04-3	597769								1
57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201		PROPERTY MGMT	NY	HWI	C CORP.	1,094.	481,771.		х
(2)									1
(3)									
									1
(4)									
									1
(5)									
									1
(6)									
1.7									
(7)									
<u>\'</u>									1
		I.							

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HOUSING WORKS, INC. Schedule R (Form 990) 2016

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_ 1a		Х
b	Gift, grant, or capital contribution to related organization(s)	. 1b		X
С	Gift, grant, or capital contribution from related organization(s)	_ 1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s).	_ 1f		
a	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s).	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)		_	X
,	20000 01 1001111000, 04011111111, 01 011101 000010 10 1010100 01901112011011(0), 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ī	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1 m		-
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1	_
	Sharing of paid employees with related organization(s)		+	_
·	Onating of paid employees with related organization(s)	.	11	
n	Reimbursement paid to related organization(s) for expenses	10	Х	
	Reimbursement paid by related organization(s) for expenses			
ч	Relitibul Selfietic Paid by Telated Organization(S) for expenses	. '4	- 21	
_	Other transfer of each or preparity to related expenientian(a)	4		X
r	Other transfer of cash or property to related organization(s)	1r	_	X
<u>s</u>	Other transfer of cash or property from related organization(s).	. 1s		_ A
	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 the		us.	
	(a) (b) (c) Name of related organization Transaction Amount involved Meth	(d) od of de	termini	na

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOUSING WORKS THRIFT SHOP, INC.	С	934,576.	COST
<u>(2)</u>	HOUSING WORKS USED BOOK CAFE, INC.	С	303,045.	COST
<u>(3)</u>	HOUSING WORKS FOOD SERVICES, INC.	М	941,718.	COST
<u>(4)</u>	HOUSING WORKS THRIFT SHOP, INC.	Q	2,252,793.	COST
<u>(5)</u>	HOUSING WORKS USED BOOK CAFE, INC.	Q	326,292.	COST
<u>(6)</u>	HOUSING WORKS FOOD SERVICES CORP	Q	495,016.	COST

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Schedule R (Form 990) 2016

Page 3

Schedule R (Form 990) 2016

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more	elated organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a	
	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)			[1c	
d	Loans or loan guarantees to or for related organization(s)			[1d	
е	Loans or loan guarantees by related organization(s)			[1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)			[1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s)			[11	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			[1n	
0	Sharing of paid employees with related organization(s)			[10	
р	Reimbursement paid to related organization(s) for expenses				1р	
q					1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thres	holds	
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amoun		-
		75- ()				
(1)	HOUSING WORKS SERVICES I, INC.	Q	1,093,542.	COST		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOUSING WORKS SERVICES I, INC.	Q	1,093,542.	COST
(2)	HOUSING WORKS SERVICES II, INC.	Q	1,370,965.	COST
<u>(3)</u>	HOUSING WORKS HEALTH SERVICES III, INC.	Q	351,704.	COST
<u>(4)</u>				
<u>(5)</u>				
(6)				

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Schedule R (Form 990) 2016

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.

(b) (c) Primary activity Legal domicile (state or foreig country)		country) unrelated, excluded		ction (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?			(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)					Yes	No	, , ,	Yes	No	1
											_	
	Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country)	country) unrelated, excluded from tax under	country) unrelated, excluded 501 from tax under organic	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 part from tax under organizations? (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 partner? from tax under organizations? (Form 1065)

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Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART V, LINE 2

HOUSING WORKS IS A HEALING COMMUNITY OF PEOPLE LIVING WITH AND AFFECTED

BY HIV/AIDS. ITS MISSION IS TO END THE DUAL CRISES OF HOMELESSNESS AND

AIDS THROUGH RELENTLESS ADVOCACY, THE PROVISION OF LIFESAVING SERVICES,

AND ENTREPRENEURIAL BUSINESSES THAT SUSTAIN ITS EFFORTS. ALL

ORGANIZATIONS IN THE HOUSING WORKS UNIVERSE CONTRIBUTE TO THIS MISSION BY

SHARING RESOURCES, FACILITIES, AND PERSONNEL AS NEEDED. HOUSING WORKS

RECEIVES DIRECT SUPPORT FROM SOME OF ITS SUBSIDIARIES, REPORTED AS

ENTREPRENEURIAL CONTRIBUTIONS ON ITS FINANCIAL STATEMENTS. THIS SUPPORT

IS REPORTED IN PART V, LINE 2. IN ADDITION, AS THE CENTRAL ORGANIZATION

FOR ALL ACTIVITIES UNDERTAKEN BY THE HOUSING WORKS UNIVERSE OF

AFFILIATES, HOUSING WORKS, INC. PROVIDES MANAGEMENT SERVICES OF 5,944,671

FOR ALL AFFILIATES AND RECEIVED A REIMBURSEMENT AT COST FOR THOSE

SERVICES.