

# Return of Organization Exempt From Income Tax

**2008**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> HOUSING WORKS, INC. Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 57 WILLOUGHBY STREET 2 FLOOR City or town, state or country, and ZIP + 4 BROOKLYN, NY 11201	<b>D Employer identification number</b> 13-3584089 <b>E Telephone number</b> (347) 473-7400
<b>F Name and address of principal officer:</b> CHARLES KING 57 WILLOUGHBY STREET BROOKLYN, NY 11201		<b>G Gross receipts \$</b> 8,646,666. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> WWW.HOUSINGWORKS.ORG <b>H(c) Group exemption number</b> ▶	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1990 <b>M State of legal domicile:</b> NY	

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE & EXPERTISE TO HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES & TO PROVIDE EXPERTISE IN THE DEVELOPMENT OF HOUSING FOR HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	159
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	465
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	NONE
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE
<b>Revenue</b>	<b>8</b>	Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,365,818.	2,181,775.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,144,028.	5,985,130.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		NONE
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,566.	479,761.
	<b>12</b>		7,686,412.	8,646,666.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,341,153.	5,008,847.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	<b>16b</b>	Total fundraising expenses, Part IX, column (D), line 25	664,735.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,684,353.	3,529,574.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,025,506.	8,538,421.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,339,094.	108,245.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	12,134,002.	13,339,793.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	4,452,293.	4,999,835.
			7,681,709.	8,339,958.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00741490
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011	EIN ▶ 36-6055558	Phone no. ▶ 212-599-0100	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

SEE STATEMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

Yes  No

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 4,115,566. including grants of \$ NONE) (Revenue \$ 3,379,215.)

SEE STATEMENT 2

**4b** (Code: \_\_\_\_\_) (Expenses \$ 1,870,712. including grants of \$ NONE) (Revenue \$ 1,536,007.)

SEE STATEMENT 3

**4c** (Code: \_\_\_\_\_) (Expenses \$ 748,285. including grants of \$ NONE) (Revenue \$ 614,403.)

CAPITAL PROJECTS, PLANNING & DEVELOPMENT - TO PROVIDE  
EXPERTISE IN THE DEVELOPMENT OF HOUSING OF HOMELESS  
INDIVIDUALS LIVING WITH AIDS OR HIV-RELATED ILLNESSES.

**4d** Other program services. (Describe in Schedule O.) SEE STATEMENT 4

(Expenses \$ 748,285. including grants of \$ NONE) (Revenue \$ 614,403.)

**4e** Total program service expenses ► \$ 7,482,848. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of Forms 1023/1024/990-T, website availability, governing documents, and organization contact information.







**Part VIII Statement of Revenue**

13-3584089

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	2,102,923.				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1f</b>	78,852.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			2,181,775.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> <u>MEDICAID REVENUE</u>		624200	4,088,945.	4,088,945.		
	<b>b</b> <u>GOVERNMENT CONTRACTS</u>		624200	1,667,811.	1,667,811.		
	<b>c</b> <u>PROGRAM SERVICE RENTAL ACTIVITIES</u>		624200	228,374.	228,374.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			5,985,130.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			NONE			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	<b>5</b> Royalties . . . . . ▶			NONE			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			NONE			
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			NONE			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			NONE			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			NONE			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			NONE				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>FORGIVENESS OF LOAN</u>		900099	250,000.			250,000.	
<b>b</b> <u>LEGAL SETTLEMENT (LEGAL FEES)</u>		900099	162,301.			162,301.	
<b>c</b> <u>MISCELLANEOUS</u>		900099	67,460.			67,460.	
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			479,761.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			8,646,666.	5,985,130.	NONE	479,761.	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	47,628.		47,628.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	3,926,753.	3,632,264.	107,290.	187,199.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	41,329.		2,611.	38,718.
10 Payroll taxes . . . . .	993,137.	968,130.	25,007.	
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	18,606.	9,282.	9,324.	
c Accounting . . . . .	166,120.	94,263.	12,066.	59,791.
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	480,681.	428,664.	32,603.	19,414.
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	1,045,618.	1,009,890.	8,942.	26,786.
17 Travel . . . . .	174,727.	168,434.	5,995.	298.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	22,007.		21,085.	922.
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	42,163.	1,978.	40,185.	
23 Insurance . . . . .	90,939.	82,477.	4,223.	4,239.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONTRACTED SERVICES</u> -----	206,238.	150,948.	46,421.	8,869.
b <u>GOVERNMENT AGENCY REFUND</u> ----	514,263.	507,990.	6,273.	
c <u>EVENT EXPENSE</u> -----	454,343.	143,501.	1,748.	309,094.
d <u>STAFF EXPENSES</u> -----	41,614.	25,068.	14,325.	2,221.
e <u>EQUIPMENT RENTAL &amp; MAINTENAN</u>	109,095.	107,210.	1,324.	561.
f All other expenses -----	163,160.	152,749.	3,788.	6,623.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	8,538,421.	7,482,848.	390,838.	664,735.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	69,093.	<b>2</b>	374,097.
	<b>3</b> Pledges and grants receivable, net . . . . .	288,219.	<b>3</b>	434,942.
	<b>4</b> Accounts receivable, net . . . . .	430,954.	<b>4</b>	441,715.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	157,992.	<b>9</b>	136,029.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 5,391,338.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 4,309,695.	1,404,285.	<b>10c</b> 1,081,643.
	<b>11</b> Investments - publicly traded securities . . . . .	460.	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	33,773.	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	9,749,226.	<b>15</b>	10,871,367.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,134,002.	<b>16</b>	13,339,793.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,455,278.	<b>17</b>	3,779,011.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	10,413.	<b>19</b>	49,791.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,983,571.	<b>23</b>	1,102,105.
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	3,031.	<b>25</b>	68,928.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	4,452,293.	<b>26</b>	4,999,835.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,572,777.	<b>27</b>	7,226,890.
	<b>28</b> Temporarily restricted net assets . . . . .	458,333.	<b>28</b>	458,333.
	<b>29</b> Permanently restricted net assets . . . . .	650,599.	<b>29</b>	654,735.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	7,681,709.	<b>33</b>	8,339,958.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	12,134,002.	<b>34</b>	13,339,793.

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		X



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 47.39%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 26.19%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	5,835,794.	118,310.	3,504,658.	21,991.	479,762.	9,960,515.
TOTALS	5,835,794.	118,310.	3,504,658.	21,991.	479,762.	9,960,515.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

HOUSING WORKS, INC.

Employer identification number

13-3584089

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



<b>Name of organization</b> HOUSING WORKS, INC.	<b>Employer identification number</b> 13-3584089
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GESSO FOUNDATION  PO BOX 1562  NEW YORK, NY 10013	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WACHOVIA FOUNDATION  12 EAST 49TH STREET  NEW YORK, NY 10017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EPSTEIN TEICHER PHILANTHROPIES  666 FIFTH AVENUE  NEW YORK, NY 10103	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ENTERPRISE COMMUNITY  10227 WINCOPIN CIRCLE, SUITE 500  COLUMBIA, MD 21044	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MACY'S FOUNDATION  7 W. 7TH ST  CINCINNATI, OH 48202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TIME INC.  PO BOX 8449  PRINCETON, NJ 08543	\$ 26,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> HOUSING WORKS, INC.	<b>Employer identification number</b> 13-3584089
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	HOUSING WORKS USED BOOK STORE, INC.  57 WILLOUGHBY STREET  BROOKLYN, NY 11201	\$ 407,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	HOUSING WORKS THRIFT SHOP, INC.  57 WILLOUGHBY STREET  BROOKLYN, NY 11201	\$ 1,643,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HOUSING WORKS FOOD SERVICES  57 WILLOUGHBY STREET  BROOKLYN, NY 11201	\$ 51,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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  
**2008**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(cy)(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 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>HOUSING WORKS, INC.</b>	Employer identification number <b>13-3584089</b>
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b>	Lobbying non-taxable amount				
<b>b</b>	Lobbying ceiling amount (150% line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots non-taxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

**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 REPORTED ON SCHEDULE C REPRESENT GENERAL SALARY AND ADMINISTRATIVE COSTS FOR THE ORGANIZATION'S ADVOCACY ENDEAVORS.

SINCE 1995, ADVOCACY INITIATIVES INCLUDE WEEKLY VISITS BY OUR HIV-POSITIVE CLIENTS TO NEW YORK STATE LEGISLATIVE OFFICES IN ALBANY.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

HOUSING WORKS, INC.

13-3584089

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No. 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	651,058.				
b Contributions . . . . .	4,136.				
c Investment earnings or losses . . . . .	-652.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	654,542.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 100.0000 %
  - b Permanent endowment ▶ NONE %
  - c Term endowment ▶ NONE %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                       | Yes                      | No                                  |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		179,536.	175,702.	3,834.
c Leasehold improvements . . . . .		2,512,269.	1,787,975.	724,294.
d Equipment . . . . .		2,699,533.	2,346,018.	353,515.
e Other . . . . .				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				1,081,643.





**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

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

SCHEDULE D, PART V, ENDOWMENT FUNDS

HOUSING WORKS, INC. HAS TWO ENDOWMENT FUNDS (SINCE 2006). THE FIRST FUND

WAS ESTABLISHED IN THE NAME OF KEITH CYLAR; THE SECOND FUND IS A GENERAL

ENDOWMENT FUND. THESE FUNDS ARE INTENDED TO SUPPORT THE MISSION OF

HOUSING WORKS, TO PROVIDE FUNDING TO COVER OPERATING COSTS AS WELL AS TO

COVER SPECIFIC PROGRAMS HOSTED BY THE ORGANIZATION.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

HOUSING WORKS, INC.

Employer identification number

13-3584089

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
CHARLES KING	(i)	180,809.	NONE	9,750.	NONE	12,933.	203,492.	101,746.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW COAMEY	(i)	143,246.	NONE	NONE	NONE	11,959.	155,205.	77,603.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINNEY SMITH	(i)	137,547.	NONE	6,500.	NONE	6,380.	150,427.	75,214.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCELO VENEGAS	(i)	167,943.	NONE	NONE	NONE	16,982.	184,925.	92,463.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIGUEL MENDEZ	(i)	130,201.	NONE	9,600.	NONE	17,582.	157,383.	78,692.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW BERNARDO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	141,622.	NONE	3,577.	NONE	5,506.	150,705.	75,353.
VATY POITEVIEN	(i)	141,237.	NONE	NONE	16,999.	NONE	158,236.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART II, COMPENSATION

THE NEW FORM 990 REQUIRES ORGANIZATION'S TO REPORT COMPENSATION PAID TO OFFICERS, DIRECTORS AND KEY EMPLOYEES ON A CALENDAR YEAR BASIS. HOUSING WORKS PRIOR YEAR FORM 990 REPORTED COMPENSATION BASED ON A FISCAL YEAR AND THEREFORE A PORTION OF THE COMPENSATION REPORTED TO ALL INDIVIDUALS IN SCHEDULE J ON THE 06/30/2008 FORM 990 (AS COMPENSATION PAID BY A RELATED ORGANIZATION) IS BEING REPORTED ON THE CURRENT YEAR 990 AS WELL. FOR PURPOSES OF SCHEDULE J, PART II, COLUMN (F), HOUSING WORKS IS REPORTING 50% OF EACH INDIVIDUAL'S CURRENT YEAR COMPENSATION.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

HOUSING WORKS, INC.

13-3584089

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES KING PRESIDENT/CEO	40.	X		X			190,559.	NONE	12,933.	
ANDREW COAMEY SVP/CFO	40.	X		X			143,246.	NONE	11,959.	
LINNEY SMITH SVP	40.	X		X			144,047.	NONE	6,380.	
MIGUEL MENDEZ SENIOR VICE PRESIDENT	40.	X		X			139,801.	NONE	17,582.	
MATTHEW BERNARDO SVP	40.	X					NONE	145,199.	5,506.	
DAVID COHEN MD CHAIRMAN	1.	X					NONE	NONE	NONE	
EARL WARD VICE CHAIRMAN	1.	X					NONE	NONE	NONE	
BERMADETTE AULESTIA SVP SUBSCRIBER MARKETING	1.	X					NONE	NONE	NONE	
PAMELA BRIER EXECUTIVE VP	1.	X					NONE	NONE	NONE	
BRYANT Y CHOU DIRECTOR	1.	X					NONE	NONE	NONE	
ELLA MAE CULLER DIRECTOR	1.	X					NONE	NONE	NONE	
RICHARD G DUDLEY JR MD DIRECTOR	1.	X					NONE	NONE	NONE	
JADA S FREDERICK DIRECTOR	1.	X					NONE	NONE	NONE	
DENISE GORDON DIRECTOR	1.	X					NONE	NONE	NONE	
BOBBIE GRAHAM DIRECTOR	1.	X					NONE	NONE	NONE	
LESLIE LOWE DIRECTOR	1.	X					NONE	NONE	NONE	
ARMANDO MORALES DIRECTOR	1.	X					NONE	NONE	NONE	
SARAH T MORROW DIRECTOR	1.	X					NONE	NONE	NONE	
KAREN NELSON MD DIRECTOR	1.	X					NONE	NONE	NONE	
ALISON RICHARDS DIRECTOR	1.	X					NONE	NONE	NONE	
GLENN RICHARDSON DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

HOUSING WORKS, INC.

Employer identification number

13-3584089

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4D

HOUSING ASSISTANCE: LOCATING AND LEASING OF HOUSING FOR HOMELESS

INDIVIDUALS LIVING WITH AIDS OR HIV-RELATED ILLNESSES AND WHO ARE

ELIGIBLE FOR PUBLIC ASSISTANCE.

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

PART IV, CHECKLIST OF REQUIRED SCHEDULES

LINE 12

HOUSING WORKS, INC. RECEIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS

THAT INCLUDE THE OPERATIONS OF ITS CONTROLLED AFFILIATES. SINCE THE

INSTRUCTIONS TO THE 2008 FORM 990 SPECIFICALLY REQUIRE ANY ORGANIZATION

THAT RECEIVES CONSOLIDATED OR COMBINED FINANCIAL STATEMENTS TO ANSWER

PART IV, LINE 12 "NO," THE ORGANIZATION IS COMPLYING. NEVERTHELESS, THE

ORGANIZATION BELIEVES IT IS IMPORTANT TO NOTE THAT ITS FINANCIAL

OPERATIONS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AND IS INCLUDING

THIS STATEMENT TO REMOVE ANY CONFUSION.

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

PART VI, SECTION A. GOVERNING BODY AND MANAGEMENT

LINE 10

THE ORGANIZATION'S FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED 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.

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

PART VI, SECTION B. POLICIES

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.

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

PART VI, SECTION B. POLICIES

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. IN RELEVANT PART, THE BOARD OF DIRECTORS DETERMINES THE CEO'S COMPENSATION ON A YEARLY BASIS. THE CEO AND PRESIDENT DETERMINES THE SENIOR VICE PRESIDENT'S 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.

Name of the organization

Employer identification number

HOUSING WORKS, INC.

13-3584089

PART VI, SECTION C. DISCLOSURE

LINE 19

THE TAXPAYER 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization**

HOUSING WORKS, INC.

**Employer identification number**

13-3584089

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
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**Part II Identification of Related Tax-Exempt Organizations**

(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
SEE SCHEDULE R-1					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(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?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
UBC INC. ----- 26-0720507 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	BOOK SALES	NY	N/A	C CORP.	4,336,930.	1,057,068.	100.0000
GOTHAM ASSETS ----- 04-3597769 320 WEST 13TH STREET NEW YORK, NY 10014	PROPERTY MGMT	NY	N/A	C CORP.	2,140,111.	2,017,176.	100.0000
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**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .	X	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	X	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	X	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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
HOUSING WORKS FOOD SERVICES, INC. ----- 13-3974056 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	FOOD SERVICE	NY	501(C)(3)	9	N/A
HOUSING WORKS HEALTH SERVICES III, INC. ----- 13-3826364 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMESLESS AI	NY	501(C)(3)	9	N/A
HOUSING HEALTH SERVICES II, INC. ----- 13-3818122 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMESLESS AI	NY	501(C)(3)	9	N/A
HOUSING WORKS HEALTH SERVICES, INC. ----- 13-3779481 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMESLESS AI	NY	501(C)(3)	9	N/A
HOUSING WORKS HDFC ----- 13-3775886 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
HOUSING WORKS EAST NEW YORK HDFC ----- 11-3264348 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
HOUSING WORKS HARLEM HDFC ----- 30-0055810 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
COMMUNITY ADVOCACY AND ADVISORY SERVICES ----- 90-0145759 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	ADVOCACY	NY	501(C)(3)	11	N/A
HOUSING WORKS BROOKLYN HDFC ----- 30-0055826 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
HOUSING WORKS PITKIN AVE HDFC ----- 30-0055831 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
HOUSING WORKS JEFFERSON AVE HDFC ----- 20-0799613 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
HOUSING WORKS LEXINGTON AVE HDFC ----- 20-0799665 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOUSING	NY	501(C)(3)	9	N/A
THE AIDS TREATMENT DATA NETWORK INC. ----- 11-2920549 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HEALTHCARE	NY	501(C)(3)	11	N/A
HOUSING WORKS THRIFT SHOP, INC. ----- 13-3676157 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	THRIFT SHOP	NY	501(C)(3)	11	N/A
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**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) HOUSING WORKS USED BOOK STORE INC.	N	530,341.
(8) GOTHAM ASSETS, INC.	N	1,231,648.
(9) HOUSING WORKS USED BOOK STORE, INC.	O	3,367,419.
(10) HOUSING WORKS USED BOOK STORE, INC.	P	543,927.
(11) GOTHAM ASSETS	O	595,696.
(12) GOTHAM ASSETS	P	99,862.
(13) HOUSING WORKS USED BOOK STORE, INC.	Q	67,956.
(14) GOTHAM ASSETS	L	279,149.
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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

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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.

FORM 990, PART III - PROGRAM SERVICES

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4A PROGRAM SERVICE

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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 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:

166 UNITS OF HOUSING FOR HOMELESS NEW YORKERS LIVING WITH HIV/AIDS

FOUR "ONE-STOP SHOP" ADULT DAY HEALTH CENTERS AND 90 CASE MANAGERS AND CARE COORDINATORS WHO PROVIDE HELP TO 2,500 CLIENTS ANNUALLY

COMPREHENSIVE SERVICES, INCLUDING PRIMARY CARE, DENTAL CARE, MENTAL HEALTH SERVICES, CASE MANAGEMENT, TRANSGENDER HEALTH SERVICES, JOB TRAINING, WELLNESS PROGRAMS AND MORE



FORM 990, PART III - PROGRAM SERVICES

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4B PROGRAM SERVICE

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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 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

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

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DESCRIPTION

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SEE SCHEDULE O

GRANTS

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EXPENSES

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REVENUE

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TOTALS

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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
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NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
GRANT THORNTON LLP 666 3RD AVENUE NEW YORK, NY 10017	AUDIT SERVICES	209,447.
BURCHMAN, TERRIO & QUIST, LLC 80 BROAD STREET NEW YORK, NY 10004	FINANCIAL SERVICES	1,398,912.
METCOMM NET LLC 131 MAIN STREET SUITE 270 HACKENSACK, NJ 07601	COMMUNICATION	168,089.
	TOTAL COMPENSATION	----- 1,776,448. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION

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INVESTMENT IN MSO-25% INTEREST

TOTALS

<b>1. General Information</b>									
a. For the fiscal year beginning (mm/dd/yyyy) <u>07/01 / 2 0 0 8</u> and ending (mm/dd/yyyy) <u>06/30/2009</u>									
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">c. Name of organization <u>HOUSING WORKS, INC.</u></td> </tr> <tr> <td style="width:60%; padding: 5px;">Number and street (or P.O. box if mail not delivered to street address) <u>57 WILLOUGHBY STREET</u></td> <td style="width:40%; padding: 5px;">Room/suite <u>2 FLO</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">City or town, state or country and zip + 4 <u>BROOKLYN, NY, 11201</u></td> </tr> </table>	c. Name of organization <u>HOUSING WORKS, INC.</u>		Number and street (or P.O. box if mail not delivered to street address) <u>57 WILLOUGHBY STREET</u>	Room/suite <u>2 FLO</u>	City or town, state or country and zip + 4 <u>BROOKLYN, NY, 11201</u>		d. Fed. employer ID no. (EIN) (##-####-####) <u>13-3584089</u>	e. NY State registration no. (###-###-###) <u>04-71-84</u>
c. Name of organization <u>HOUSING WORKS, INC.</u>									
Number and street (or P.O. box if mail not delivered to street address) <u>57 WILLOUGHBY STREET</u>	Room/suite <u>2 FLO</u>								
City or town, state or country and zip + 4 <u>BROOKLYN, NY, 11201</u>									
		f. Telephone number <u>(347) 473-7400</u>	g. Email						

<b>2. Certification - Two Signatures Required</b>				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">a. President or Authorized Officer</td> </tr> </table>	a. President or Authorized Officer	Signature _____	Printed Name _____	Title _____
a. President or Authorized Officer				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">b. Chief Financial Officer or Treasurer</td> </tr> </table>	b. Chief Financial Officer or Treasurer	Signature _____	Printed Name _____	Title _____
b. Chief Financial Officer or Treasurer				
			Date _____	

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <b>and</b> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . . .	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? . . . . .	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee . . . . .	\$ <u>25.</u>
b. EPTL filing fee . . . . .	\$ <u>250.</u>
c. <b>Total fee</b> . . . . .	\$ <u>275.</u>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for <b>required attachments.</b>
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## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
● Article 7-A	Calculate the Article 7-A filing fee using the table in <b>part a</b> below. The EPTL filing fee is \$0.
● EPTL	Calculate the EPTL filing fee using the table in <b>part b</b> below. The Article 7-A filing fee is \$0.
● Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <b>single</b> check or money order for the total fee.

### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

<b>For All Filers</b>		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

<b>Additional Article 7-A Document Attachment Requirement</b>
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)