

Return of Organization Exempt From Income Tax

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

2009

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 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (HOUSING WORKS, INC.), address (57 WILLOUGHBY STREET, BROOKLYN, NY 11201), EIN (13-3584089), and principal officer (CHARLES KING).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for total revenue (9,674,121), total expenses (1,601,576), and total assets (16,093,788).

Part II Signature Block

Signature block containing a declaration of accuracy and a line for the officer's signature and date.

Preparer information section including the preparer's name (GRANT THORNTON LLP), address, EIN (36-6055558), and phone number (212-599-0100).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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 \$ 4,045,423. including grants of \$ 0.) (Revenue \$ 169,242.)

ATTACHMENT 4

4b (Code: _____) (Expenses \$ 1,838,829. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 5

4c (Code: _____) (Expenses \$ 735,532. including grants of \$ 0.) (Revenue \$ 0.)

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.) ATTACHMENT 6

(Expenses \$ 735,531. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses ▶ 7,355,315.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	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>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	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	
35	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
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, foreign accounts, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11, 11A, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANDREW COAMEY 57 WILLOUGHBY STREET BROOKLYN, NY 11201 347-473-7400

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
DAVID COHEN MD CHAIRMAN	1.00	X		X			0.	0.	0.	
EARL WARD, ESQ. VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
BRYANT Y CHOU BOARD MEMBER	1.00	X					0.	0.	0.	
ELLA MAE CULLER BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD G DUDLEY JR MD BOARD MEMBER	1.00	X					0.	0.	0.	
DENISE GORDON BOARD MEMBER	1.00	X					0.	0.	0.	
ARMANDO MORALES SECRETARY	1.00	X		X			0.	0.	0.	
KAREN NELSON MD BOARD MEMBER	1.00	X					0.	0.	0.	
ALISON RICHARDS BOARD MEMBER	1.00	X					0.	0.	0.	
GLENN RICHARDSON BOARD MEMBER	1.00	X					0.	0.	0.	
BEVERLY SUTTON-CURRY BOARD MEMBER	1.00	X					0.	0.	0.	
LYDIA LEEDS TREASURER	1.00	X		X			0.	0.	0.	
KRISTA DUNBAR BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES KING PRESIDENT/CEO	1.00	X		X			204,816.	0.	14,648.	
BYRON JAMES BOARD MEMBER	1.00	X					0.	0.	0.	
LEROY ROSE JR. BOARD MEMBER	1.00	X					0.	0.	0.	

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

(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			
SHERMAN BENJAMIN BOARD MEMBER	1.00	X						0.	0.	0.
MARYSE CHOVEL BOARD MEMBER	1.00	X						0.	0.	0.
MIGUEL MENDEZ SENIOR VICE PRESIDENT	40.00			X				148,021.	0.	19,968.
MATTHEW BERNARDO SVP	40.00			X				155,593.	0.	7,427.
LINNEY SMITH SVP	40.00			X				147,628.	0.	7,423.
ANDREW COAMEY SVP/CFO	40.00			X				153,178.	0.	13,537.
MARIA GBUR SENIOR VP (AS OF FEBRUARY 2010)	40.00			X				0.	0.	0.
MICHAEL CLARKE VICE PRESIDENT OF COBRA SVCS	40.00					X		113,275.	0.	6,223.
MARCELO VENEGAS PIZARRO, MD SENIOR VICE PRESIDENT	40.00					X		143,449.	0.	18,688.
VATY POITEVIEN MEDICAL DIRECTOR	40.00					X		154,308.	0.	18,974.
ARMEN MERJIAN SENIOR STAFF ATTORNEY	40.00					X		112,922.	0.	6,295.
HALLIE WILLIAMS DIRECTOR OF DENTAL SERVICES	40.00					X		120,525.	0.	18,023.
1b Total								1,453,715.	0.	131,206.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

13-3584089

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,408,997.				
	e Government grants (contributions) . .	1e	5,992,898.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,093,392.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			9,495,287.			
Program Service Revenue	2a PROGRAM SERVICE RENTAL ACTIVITIES	Business Code	624200	169,242.	169,242.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			169,242.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,248.			2,248.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties	(i) Real (ii) Personal					
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				0.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events				0.		
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS		900099	7,344.			7,344.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			7,344.				
12 Total Revenue. See instructions			9,674,121.	169,242.	0.	9,592.	

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	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	869,022.	805,528.	18,101.	45,393.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,522,491.	3,265,122.	73,371.	183,998.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	67,847.		4,033.	63,814.
10 Payroll taxes	1,182,554.	1,165,042.	17,512.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	2,746.	1,076.	1,670.	
c Accounting	124,101.	42,252.	2,709.	79,140.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion				
13 Office expenses	11,065.		8,694.	2,371.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	911,572.	859,990.	24,722.	26,860.
17 Travel	257,280.	252,316.	2,611.	2,353.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	8,157.	1,131.	6,297.	729.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	23,444.	2,545.	20,899.	
23 Insurance	96,018.	89,592.	2,935.	3,491.
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 CONTRACTED SERVICES -----	538,908.	519,057.	13,292.	6,559.
b EVENT EXPENSE -----	130,399.	126,788.	1,531.	2,080.
c EQUIPMENT RENTAL & MAINTENAN -----	121,783.	117,039.	3,762.	982.
d STAFF EXPENSE -----	37,254.	29,711.	4,268.	3,275.
e CLIENT PARTICIPATION -----	9,455.		8,110.	1,345.
f All other expenses -----	158,449.	78,126.	7,292.	73,031.
25 Total functional expenses. Add lines 1 through 24f	8,072,545.	7,355,315.	221,809.	495,421.
26 Joint Costs. 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	374,097.	2	328,650.
	3 Pledges and grants receivable, net	434,942.	3	661,115.
	4 Accounts receivable, net	441,715.	4	519,738.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	136,029.	9	343,058.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,272,605.		
	b Less: accumulated depreciation	10b 5,193,118.	1,081,643.	10c 1,079,487.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,871,367.	15	13,161,740.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,339,793.	16	16,093,788.	
Liabilities	17 Accounts payable and accrued expenses	3,779,011.	17	4,496,071.
	18 Grants payable		18	
	19 Deferred revenue	49,791.	19	93,083.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,102,105.	23	1,548,047.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	68,928.	25	15,053.
	26 Total liabilities. Add lines 17 through 25	4,999,835.	26	6,152,254.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,226,890.	27	8,731,934.
	28 Temporarily restricted net assets	458,333.	28	552,085.
	29 Permanently restricted net assets	654,735.	29	657,515.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,339,958.	33	9,941,534.	
34 Total liabilities and net assets/fund balances	13,339,793.	34	16,093,788.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 90.51%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 47.39%; 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

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: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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; 13 Total support.

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 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2009. 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.

b 33 1/3% support tests - 2008. 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.

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

THE HOUSING WORKS CURRENT YEAR FORM 990 HAS RE-CHARACTERIZED THE MANNER IN WHICH IT REPORTS ITS REVENUE FOR PURPOSES OF SCHEDULE A. THE ORGANIZATION'S PRINCIPAL SOURCE OF REVENUES ARE FROM GOVERNMENT GRANTS AND CONTRACTS, INCLUDING MEDICAID. THIS REVENUE HAS BEEN PROPERLY CATEGORIZED ON PART VIII, LINE 1(D) AS THE PRIMARY BENEFICIARY OF THE GOVERNMENT FUNDS IS THE GENERAL PUBLIC (HOUSING WORKS' CHARITABLE CLASS).

HOUSING WORKS HAS MODIFIED ITS 2005 THROUGH 2008 COLUMNS ON SCHEDULE A TO REFLECT THIS REVENUE AS GRANTS RECEIVED ON LINE 1, RATHER THAN GROSS RECEIPTS FROM RELATED ACTIVITIES ON LINE 12. MAKING THIS CHANGE RESULTS IN A MORE ACCURATE PUBLIC SUPPORT PERCENTAGE ON LINE 14.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	118,310.	3,504,658.	21,991.	479,761.	7,344.	4,132,064.
TOTALS	<u>118,310.</u>	<u>3,504,658.</u>	<u>21,991.</u>	<u>479,761.</u>	<u>7,344.</u>	<u>4,132,064.</u>

Schedule of Contributors

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

2009

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 an organization 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 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOUSING WORKS, INC.

Employer identification number
13-3584089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 62,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,918,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 4,074,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 233,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,112,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HOUSING WORKS, INC.

Employer identification number
13-3584089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 9,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HOUSING WORKS, INC.

Employer identification number
13-3584089

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 14,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	_____	\$ 56,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	_____	\$ 27,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Department of the Treasury
Internal Revenue Service

- 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(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (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 HOUSING WORKS, INC.	Employer identification number 13-3584089
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If these 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 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 (see instructions)

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 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.

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

ADVOCACY HIGHLIGHTS:

- ADVOCACY OFFICES IN NEW YORK CITY, ALBANY AND WASHINGTON, D. C., AND CLOSE COLLABORATIONS WITH AIDS GROUPS IN MISSISSIPPI, HAITI AND PUERTO RICO.

- 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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization HOUSING WORKS, INC.

Employer identification number 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: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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

Schedule D (Form 990) 2009

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
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.

Table with 5 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (9,674,121). Line 2: Total expenses (8,072,545). Line 3: Excess or (deficit) for the year (1,601,576). Lines 4-9: Adjustments. Line 10: Excess or (deficit) per audited statements (1,601,576).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (9,674,121). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (9,674,121). Line 4: Amounts included on Form 990 but not on line 1. Line 5: Total revenue (9,674,121).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (8,072,545). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (8,072,545). Line 4: Amounts included on Form 990 but not on line 1. Line 5: Total expenses (8,072,545).

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

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.

INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS CODIFICATION ("ASC") 740 "INCOME TAXES," THAT REQUIRES A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE AN IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS, AS MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE D, PARTS XI, XII, XIII

HOUSING WORKS, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ALL OF ITS TAX-EXEMPT SUBSIDIARIES. THE RECONCILIATION IN PART XI OF SCHEDULE D RECONCILES BACK TO HOUSING WORKS FINANCIAL INFORMATION AS PRESENTED IN THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS (INCLUSIVE OF ALL SUBSIDIARIES).

HOUSING WORKS' CHANGE IN NET ASSETS FOR THE YEAR IS \$1,601,576.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**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 any of the boxes on 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, with respect to the filing organization or a related organization:

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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) Retirement and other 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				
MIGUEL MENDEZ	(i)	148,021.	0.	0.	1,200.	18,768.	167,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW BERNARDO	(i)	155,593.	0.	0.	1,200.	6,227.	163,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES KING	(i)	204,816.	0.	0.	1,200.	13,448.	219,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LINNEY SMITH	(i)	147,628.	0.	0.	1,200.	6,223.	155,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW COAMEY	(i)	153,178.	0.	0.	0.	13,537.	166,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARCELO VENEGAS PIZARRO,	(i)	143,449.	0.	0.	0.	18,688.	162,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VATY POITEVIEN	(i)	154,308.	0.	0.	0.	18,974.	173,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOUSING WORKS, INC.

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

13-3584089

ATTACHMENT 2

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.

FUNCTIONAL EXPENSES

FORM 990, PART XI

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

PART VI, SECTION B. POLICIES

LINE 11

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

Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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ATTACHMENT 2 (CONT'D)

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.

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.

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 HOUSING WORKS, INC.	Employer identification number 13-3584089
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ATTACHMENT 2 (CONT'D)

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.

FORM 990, SCHEDULE R, PART V, LINE 2

HOUSING WORKS IS A HEALING COMMUNITY OF PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS. ITS MISSION IS TO END THE DUAL CRISES OF HOMELESSNESS AND AIDS THROUGH RELENTLESS ADVOCACY, THE PROVISION OF LIFESAVING SERVICES, AND ENTREPRENEURIAL BUSINESSES THAT SUSTAIN ITS EFFORTS. ALL ORGANIZATIONS IN THE HOUSING WORKS UNIVERSE CONTRIBUTE TO THIS MISSION BY SHARING RESOURCES, FACILITIES, AND PERSONNEL AS NEEDED. FOR PURPOSES OF ITS SCHEDULE R DISCLOSURE, HOUSING WORKS IS REPORTING \$847,839 IN CONTRACTED SERVICES IT RECEIVES FROM GOTHAM ASSETS (A TAXABLE AFFILIATE) AND HOUSING WORKS FOOD SERVICES, INC. (A TAX-EXEMPT AFFILIATE).

GOTHAM ASSETS PROVIDES PROPERTY MANAGEMENT SERVICES TO ALL OF THE HOUSING WORKS INC. TAX EXEMPT SUBSIDIARIES, WHILE HOUSING WORKS FOOD SERVICES PROVIDES MEALS AND SUBSISTENCE TO THE HIV/AIDS COMMUNITY SERVICED BY HOUSING WORKS.

HOUSING WORKS RECEIVES DIRECT SUPPORT FROM SOME OF ITS SUBSIDIARIES, REPORTED AS ENTREPRENEURIAL CONTRIBUTIONS ON ITS FINANCIAL STATEMENTS.

Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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ATTACHMENT 2 (CONT'D)

THIS SUPPORT IS REPORTED IN PART V, LINE 2.

FORM 990, PART VII

MEDICAL DIRECTOR, MARIA GBUR, M.D., COMMENCED SERVICE WITH HOUSING WORKS, INC. IN FEBRUARY OF 2010; ACCORDINGLY, SHE RECEIVED NO COMPENSATION IN CALENDAR YEAR 2009 AND HAS NO COMPENSATION REPORTED ON PART VII OF THE FORM 990.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HOUSING WORKS IS A VIBRANT, HEALING COMMUNITY OF PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS. OUR MISSION IS TO END THE DUAL CRISES OF HOMELESSNESS AND AIDS THROUGH RELENTLESS ADVOCACY, THE PROVISION OF LIFESAVING SERVICES, AND ENTREPRENEURIAL BUSINESSES THAT SUSTAIN OUR EFFORTS.

OUR PRIMARY AIM IS TO PROVIDE ASSISTANCE AND EXPERTISE TO HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES AND TO PROVIDE EXPERTISE IN THE DEVELOPMENT OF HOUSING FOR HOMELESS PERSONS LIVING WITH AIDS OR HIV-RELATED ILLNESSES.

ATTACHMENT 44A PROGRAM SERVICE

CLINICAL SERVICES - HOUSING WORKS' PRIMARY EXEMPT MISSION IS TO SUPPORT INDIVIDUALS WITH AIDS OR HIV-RELATED ILLNESSES. HOUSING

Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

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

Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

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

ATTACHMENT 54B PROGRAM SERVICE

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

Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

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

ATTACHMENT 6

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE SCHEDULE O	0.	735,531.	0.
TOTALS	<u>0.</u>	<u>735,531.</u>	<u>0.</u>

ATTACHMENT 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization HOUSING WORKS, INC.	Employer identification number 13-3584089
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ATTACHMENT 7 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BURCHMAN TERRIO QUIST LLC, BTQ FINANCIAL 80 BROAD STREET, FLOOR 15 NEW YORK, NY 10004	FINANCIAL SERVICES	1,251,215.
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017	AUDIT SERVICES	202,837.
ZOE ANNABEL LTD 1158 2ND AVENUE NEW YORK, NY 10001	PROPERTY MANAGEMENT	157,309.
TOTAL COMPENSATION		<u>1,611,361.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

HOUSING WORKS, INC.

Employer identification number

13-3584089

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

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOUSING WORKS FOOD SERVICES, INC. 13-3974056 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	FOOD SERVICES	NY	501 (C) (3)	9	N/A
HOUSING WORKS HEALTH SERVICES III, INC. 13-3826364 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMELESS AID	NY	501 (C) (3)	9	N/A
HOUSING HEALTH SERVICES II, INC. 13-3818122 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMELESS AID	NY	501 (C) (3)	9	N/A
HOUSING WORKS HEALTH SERVICES, INC. 13-3779481 57 WILLOUGHBY STREET, 2 FLOOR BROOKLYN, NY 11201	HOMESLESS AID	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

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
BRONX CLAREMONT PARKWAY G.P., 57 WILLOUGHBY STREET	HOUSING	NY	N/A	RENTAL INCOM	17,555.	1,826,722.		X	0.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GOTHAM ASSETS 320 WEST 13TH STREET NEW YORK, NY 10014 04-3597769	PROPERTY MGMT	NY	N/A	C CORP.	1,866,961.	1,644,934.	100.0000

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r 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	(b) Transaction type (a-r)	(c) Amount involved
(1) GOTHAM ASSETS	L	847,839.
(2) HOUSING WORKS USED BOOK STORE CAFE	C	233,533.
(3) HOUSING WORKS THRIFT SHOP	C	2,112,908.
(4) HOUSING WORKS FOOD SERVICES CORPORATION	C	62,536.
(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
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
HOUSING WORKS USED BOOK CAFE, INC 26-0720507 57 WILLOUGHBY STREET BROOKLYN, NY 11201	USED BOOKS	NY	501 (C) (3)	9	N/A

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)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
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