

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NEW DESTINY HOUSING CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12 WEST 37TH STREET, 7TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018-7384 F Name and address of principal officer: CAROL L. CORDEN SAME AS C ABOVE	D Employer identification number 13-3778489 E Telephone number 646-472-0262 G Gross receipts \$ 4,875,737. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.NEWDESTINYHOUSING.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1994 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: NEW DESTINY PROVIDES PERMANENT HOUSING AND SERVICES FOR HOMELESS DOMESTIC VIOLENCE SURVIVORS AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,331,397.
9		Program service revenue (Part VIII, line 2g)	817,958.	3,509,022.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,372.	927.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214,538.	9,038.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,367,265.	4,838,111.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,408,300.	1,730,114.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,859.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	666,633.	861,483.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,074,933.	2,593,853.
	19	Revenue less expenses. Subtract line 18 from line 12	292,332.	2,244,258.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,119,374.	End of Year 11,032,067.
	21	Total liabilities (Part X, line 26)	445,093.	369,615.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,674,281.	10,662,452.

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 CAROL L. CORDEN, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/27/20	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			Phone no. 914-381-8900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NEW DESTINY CREATES LONG-TERM SECURITY AND STABILITY FOR LOW-INCOME FAMILIES AND INDIVIDUALS AT RISK OF DOMESTIC VIOLENCE AND HOMELESSNESS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,390,423. including grants of \$ 2,256.) (Revenue \$ 160,999.) IN FY 2019, NEW DESTINY OPERATED TWO DIRECT SERVICE PROGRAMS THE FAMILY SUPPORT PROGRAM, HOUSINGLINK, AND ONE INFORMATION/TECHNICAL ASSISTANCE PROGRAM THE ONLINE HOUSING RESOURCE CENTER.

THE FAMILY SUPPORT PROGRAM PROVIDES VOLUNTARY ON-SITE SERVICES AT NEW DESTINY'S PERMANENT HOUSING TO PROMOTE HOUSING RETENTION, PREVENT THE RECURRENCE OF VIOLENCE, AND IMPROVE THE WELL-BEING AND ECONOMIC HEALTH OF TENANTS. ON-SITE SERVICES INCLUDE SAFETY PLANNING, BENEFITS MANAGEMENT AND COUNSELING, FINANCIAL COUNSELING, AND JOB READINESS. LEGAL, HEALTH, AND JOB TRAINING SERVICES ARE PROVIDED THROUGH LINKAGE AGREEMENTS WITH LOCAL AND CITYWIDE PARTNERS.

4b (Code:) (Expenses \$ 600,391. including grants of \$) (Revenue \$ 3,348,023.) NEW DESTINY DEVELOPS AND OPERATES HOUSING FOR DOMESTIC VIOLENCE SURVIVORS AND OTHER LOW-INCOME HOUSEHOLDS. IN FY 2019, NEW DESTINY COMPLETED A PRESERVATION PROJECT, MADE SUBSTANTIAL PROGRESS ON A NEWLY CONSTRUCTED 41-UNIT BUILDING, AND BEGAN CONSTRUCTION OF 62-UNIT PROJECT. THE CURRENT PORTFOLIO CONSISTS OF 8 AFFORDABLE RENTAL PROJECTS CONTAINING 231 UNITS, AT LEAST HALF OF WHICH ARE ALLOCATED TO HOMELESS DOMESTIC VIOLENCE SURVIVORS, LOCATED IN THE BRONX, MANHATTAN AND BROOKLYN. NEW DESTINY ALSO OWNS TWO SHELTERS THAT IT LEASES TO A SOCIAL SERVICE OPERATOR. DURING FY 2019, NEW DESTINY ALSO PARTNERED WITH PRIVATE DEVELOPERS ON PROJECTS IN BROOKLYN AND QUEENS THAT WILL GENERATE 146 AFFORDABLE APARTMENTS FOR HOUSEHOLDS HEADED BY SURVIVORS COMING DIRECTLY FROM HOMELESS SHELTERS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,990,814.

Part IV Checklist of Required Schedules

	Yes	No
1 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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		18
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
CAROL CORDEN - 6464720262
12 WEST 37TH STREET, 7TH FLOOR, NEW YORK, NY 10018-7384

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES E. MCLEAN JR CHAIR	0.50	X		X				0.	0.	0.
(2) JESSIE GABRIEL VICE CHAIR	0.50 0.50	X		X				0.	0.	0.
(3) DAVID WEISSMAN VICE CHAIR THRU JAN. 2019	0.50 0.50	X		X				0.	0.	0.
(4) KRISHANA PLEASANT 2ND VICE CHAIR	0.50	X		X				0.	0.	0.
(5) PAULA M. SARRO SECRETARY	0.50 0.50	X		X				0.	0.	0.
(6) GINA DOYNOW ASST. SECRETARY	0.50	X		X				0.	0.	0.
(7) THERESA A. CERZOLA ASST. SECRETARY THRU JAN. 2019	0.50	X		X				0.	0.	0.
(8) RACHEL E. MILLER TREASURER	0.50	X		X				0.	0.	0.
(9) LANE ADDONIZIO DIRECTOR	0.50	X						0.	0.	0.
(10) ELAINE CALOS DIRECTOR	0.50	X						0.	0.	0.
(11) JO ELLEN COOPER DIRECTOR	0.50	X						0.	0.	0.
(12) SUSAN L. FLECK DIRECTOR	0.50 0.50	X						0.	0.	0.
(13) MATTHEW PRAVDA DIRECTOR	0.50	X						0.	0.	0.
(14) ERIN GALLIGAN DIRECTOR	0.50	X						0.	0.	0.
(15) MARJORIE A. MCANDREWS DIRECTOR	0.50	X						0.	0.	0.
(16) HADRIAN A. TUCKER DIRECTOR	0.50 0.50	X						0.	0.	0.
(17) JASON VAZQUEZ DIRECTOR	0.50	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA ACERO DIRECTOR	0.50	X						0.	0.	0.
(19) NICOLE FIRMENT DIRECTOR	0.50	X						0.	0.	0.
(20) NORA LEVINSON DIRECTOR	0.50	X						0.	0.	0.
(21) NICOLE SALMASI DIRECTOR THRU DEC. 2018	0.50	X						0.	0.	0.
(22) LELA WINGARD HUGHES DIRECTOR THRU JAN. 2019	0.50	X						0.	0.	0.
(23) JOSEPH KAZINDUKA DIRECTOR OF FINANCE & ADMIN.	35.00			X				62,377.	0.	4,243.
(24) CAROL L. CORDEN EXECUTIVE DIRECTOR	35.00 0.50			X				116,035.	0.	5,802.
1b Sub-total								178,412.	0.	10,045.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								178,412.	0.	10,045.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	240,019.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	398,969.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	680,136.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,319,124.				
Program Service Revenue	2 a DEVELOPER FEE INCOME	Business Code 531110	2,779,629.	2,779,629.			
	b PROPERTY MANAGEMENT	531310	488,258.	488,258.			
	c TENANT SOCIAL SERVICES	624100	169,125.	169,125.			
	d RENTAL INCOME	531110	72,010.	72,010.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		3,509,022.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		927.			927.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a 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)						
	8 a Gross income from fundraising events (not including \$ 240,019. of contributions reported on line 1c). See Part IV, line 18	a	36,400.				
		b Less: direct expenses	b	37,626.			
c Net income or (loss) from fundraising events			-1,226.			-1,226.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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						
Miscellaneous Revenue		Business Code					
11 a REIMBURSEMENTS	900099	10,264.			10,264.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		10,264.					
12 Total revenue. See instructions		4,838,111.	3,509,022.	0.	9,965.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,256.	2,256.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	242,961.	184,074.	34,107.	24,780.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,246,145.	944,114.	174,935.	127,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,757.	23,302.	4,318.	3,137.
9 Other employee benefits	93,812.	71,075.	13,169.	9,568.
10 Payroll taxes	116,439.	88,217.	16,346.	11,876.
11 Fees for services (non-employees):				
a Management	33,913.	25,693.	4,761.	3,459.
b Legal	994.	861.	77.	56.
c Accounting	12,990.	11,246.	1,010.	734.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	196,432.	152,847.	25,244.	18,341.
12 Advertising and promotion	2,678.	2,031.	375.	272.
13 Office expenses	78,863.	60,671.	6,209.	11,983.
14 Information technology	115,840.	76,877.	26,895.	12,068.
15 Royalties				
16 Occupancy	192,894.	146,143.	27,078.	19,673.
17 Travel	885.	885.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,826.	6,450.	797.	579.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,016.	4,123.	420.	473.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	104,465.	104,465.		
b TENANT ACTIVITIES	80,615.	61,076.	11,317.	8,222.
c MISCELLANEOUS	17,427.	17,427.		
d EQUIPMENT REPAIRS & MAI	10,645.	6,981.	2,122.	1,542.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,593,853.	1,990,814.	349,180.	253,859.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,939,357.	1	2,438,318.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	360,030.	3	290,770.
	4 Accounts receivable, net	13,641.	4	2,846,154.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,516.	9	11,574.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 242,757.		
	b Less: accumulated depreciation	10b 171,301.	77,867.	10c 71,456.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,731,593.	13	4,858,996.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,958,370.	15	514,799.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,119,374.	16	11,032,067.	
Liabilities	17 Accounts payable and accrued expenses	50,741.	17	44,924.
	18 Grants payable		18	
	19 Deferred revenue		19	32,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,787.	21	5,787.
	22 Loans and other 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	300,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	88,565.	25	286,404.
	26 Total liabilities. Add lines 17 through 25	445,093.	26	369,615.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,593,669.	27	10,588,047.
	28 Temporarily restricted net assets	80,612.	28	74,405.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	5,674,281.	33	10,662,452.	
34 Total liabilities and net assets/fund balances	6,119,374.	34	11,032,067.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,838,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,593,853.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,244,258.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,674,281.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,750,413.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,662,452.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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		

Form 990 (2018)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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		<input type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	712,639.	858,941.	1,084,269.	1,331,397.	1,319,124.	5,306,370.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,061,602.	612,184.	1,303,774.	817,958.	3,509,022.	7,304,540.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,774,241.	1,471,125.	2,388,043.	2,149,355.	4,828,146.	12,610,910.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	30,500.	42,143.	49,975.	66,548.		189,166.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					280,553.	280,553.
c Add lines 7a and 7b	30,500.	42,143.	49,975.	66,548.	280,553.	299,470.
8 Public support. (Subtract line 7c from line 6.)						961,620.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1,774,241.	1,471,125.	2,388,043.	2,149,355.	4,828,146.	12,610,910.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,937.	2,788.	3,541.	3,372.	927.	15,565.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,937.	2,788.	3,541.	3,372.	927.	15,565.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	194,142.	205,764.	209,003.	214,538.		823,447.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			53,150.		10,264.	63,414.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,973,320.	1,679,677.	2,653,737.	2,367,265.	4,839,337.	13,513,336.

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	71.16 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	85.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.12 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	5.70 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 53,150.

REIMBURSEMENTS

2018 AMOUNT: \$ 10,264.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization NEW DESTINY HOUSING CORPORATION Employer identification number 13-3778489

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		91,211.	69,558.	21,653.
c Leasehold improvements		64,528.	26,749.	37,779.
d Equipment		87,018.	74,994.	12,024.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,456.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOAN RECEIVABLE - RELATED		
(2) PARTIES	4,858,996.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	4,858,996.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	161,354.
(3) PREPAID RENT	5,050.
(4) RECOVERABLE GRANT	120,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	286,404.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,835,140.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,004,211.	
e	Add lines 2a through 2d	2e		3,004,211.
3	Subtract line 2e from line 1		3	1,830,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,007,182.	
c	Add lines 4a and 4b	4c		3,007,182.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,838,111.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,246,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,297,723.	
e	Add lines 2a through 2d	2e		5,297,723.
3	Subtract line 2e from line 1		3	1,948,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	645,058.	
c	Add lines 4a and 4b	4c		645,058.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,593,853.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION COLLECTS AND MAINTAINS TENANT SECURITY DEPOSITS IN ALIGNMENT WITH THE FOLLOWING PROCEDURE. RESIDENTS PROVIDE THE BUILDING MANAGEMENT OFFICER WITH A SECURITY DEPOSIT UPON MOVING INTO THE HOUSING UNIT. THESE FUNDS ARE DEPOSITED INTO A SEPARATE ACCOUNT AND HELD BY THE ORGANIZATION TO ADDRESS FUTURE EXPENSES THAT MAY BE INCURRED FOR REPAIRS AND/OR DAMAGES TO THE HOUSING UNITS AFTER THE TENANT VACATES THE PREMISES. THE REMAINING SECURITY DEPOSIT FUNDS ARE DISBURSED BACK TO THE TENANT BY THE ORGANIZATION WHEN ALL NECESSARY REPAIRS HAVE BEEN COMPLETED TO PREPARE THE UNIT FOR AN INCOMING TENANT.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

NEW DESTINY AND ITS NOT-FOR-PROFIT AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OR 501(C)(4) OF THE IRC, AS WELL AS STATE AND LOCAL INCOME TAXES.

THE COMPANIES RECOGNIZE THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE COMPANIES HAVE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE COMPANIES ARE NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTED TO RELATED ENTITY PER CONSOLIDATED FINANCIAL STATEMENTS	3,004,211.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS	3,007,182.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTED TO RELATED ENTITY PER CONSOLIDATED FINANCIAL STATEMENTS	5,291,223.
WRITE-OFF OF UNCOLLECTIBLE PLEDGE	6,500.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,297,723.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS	645,058.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	276,419.		276,419.
	2	Less: Contributions	240,019.		240,019.
	3	Gross income (line 1 minus line 2)	36,400.		36,400.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	29,636.		29,636.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,990.		7,990.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,226.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER LOW-INCOME FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HOUSINGLINK PROVIDES TRAINING ABOUT PERMANENT HOUSING TO DOMESTIC

VIOLENCE SURVIVORS AND THEIR ADVOCATES. IT ALSO REFERS APPLICANTS TO

VACANT UNITS IN AFFORDABLE HOUSING OWNED BY PARTNERS, PROVIDES

SHORT-TERM FINANCIAL ASSISTANCE, AND WRAP AROUND SERVICES TO PLACED

CLIENTS FOR UP TO TWO YEARS.

THE HOUSING RESOURCE CENTER OFFERS COMPREHENSIVE, ACCURATE INFORMATION

ABOUT HOUSING RESOURCES AND HOW TO OBTAIN THEM FOR LOW-INCOME DOMESTIC

VIOLENCE SURVIVORS. IN FY 2019, OVER 160,000 UNIQUE VISITORS USED THE

CENTER.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION USES AN OUTSIDE MANAGEMENT COMPANY, PAYCHEX, A

PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE TWO

OFFICERS LISTED IN PART VII, JOSEPH KAZINDUKA AND CAROL L. COREDEN ARE PAID

THROUGH THE PEO. THEIR CALENDAR YEAR 2018 COMPENSATION IS REPORTED IN PART

VII, SECTION A. THE ORGANIZATION PAID \$33,913 IN FEES TO PAYCHEX DURING

FY19.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
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INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

NEW DESTINY HOUSING CORPORATION (NEW DESTINY) AND ALL PERSONS EITHER ELECTED OR APPOINTED TO A NEW DESTINY OFFICE (INCLUDES, BUT NOT LIMITED TO, ANY BOARD OFFICERS, DIRECTORS AND COMMITTEE MEMBERS) SHALL CONSCIENTIOUSLY AVOID ANY SITUATIONS AND ACTIVITIES WHERE THEIR PERSONAL INTEREST COULD CONFLICT, OR APPEAR TO CONFLICT, WITH THE INTERESTS OF NEW DESTINY. A CONFLICT OF INTEREST IS ANY OPPORTUNITY FOR PERSONAL GAIN IN DEALING WITH OR ON BEHALF OF NEW DESTINY APART FROM NOMINAL REIMBURSEMENT OF EXPENSES ACCORDING TO NEW DESTINY POLICY.

IN THE EVENT THAT ANY OFFICER, DIRECTOR OR COMMITTEE MEMBER OF NEW DESTINY SHALL HAVE ANY DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION WHICH PROPOSES TO WORK WITH OR TRANSACT ANY BUSINESS WITH NEW DESTINY, SUCH PERSON SHALL GIVE OR NOTICE OF SUCH INTEREST OR RELATIONSHIP TO THE BOARD AND SHALL THEREAFTER REFRAIN FROM DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH SHE OR HE HAS AN INTEREST OR OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON NEW DESTINY TO AFFECT A DECISION WHETHER TO PARTICIPATE IN SUCH TRANSACTION.

NEW DESTINY WILL DISCLOSE THE POLICY TO CANDIDATES FOR THE BOARD AND WILL OBTAIN RE-AFFIRMATION OF THE POLICY FROM EXISTING MEMBERS OF THE BOARD OR COMMITTEES ANNUALLY.

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

FAILURE TO COMPLY WITH THE POLICY MAY BE GROUNDS FOR REMOVAL FROM THE BOARD AND/OR COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 12 W 37TH STREET, 7TH FLOOR, NEW YORK, NY 10018-7384 OR BY CALLING THE ORGANIZATION DIRECTLY AT 646-472-0262.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF UNCOLLECTIBLE PLEDGE -6,500.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, LINE 1:

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
---	--

ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION

168(H)(6)(F) ELECTION TO BE TREATED AS A TAXABLE ENTITY

THE TAXPAYER IS A TAX-EXEMPT CONTROLLED ENTITY AND HEREBY ELECTS PURSUANT TO IRC SEC. 168(H)(6)(F)(II) TO BE TREATED AS A TAXABLE ENTITY FOR PURPOSES OF IRC SECS. 168(H)(5) AND (6). ACCORDINGLY, ANY GAIN ITS PARENT DERIVES FROM ANY DISPOSITION OF THE TAXPAYER'S INTERESTS IN JAMAICA OWNER LLC (AND ANY DIVIDEND OR INTEREST RECEIVED OR ACCRUED BY ITS PARENT FROM THE TAXPAYER) WILL BE TREATED BY ITS PARENT AS UNRELATED BUSINESS INCOME FOR PURPOSES OF IRC SEC. 511.

THE OWNER OF 100% OF THE INTEREST IN THE 153 JAMAICA HOUSING DEVELOPMENT FUND CORPORATION IS NEW DESTINY HOUSING CORPORATION (13-3778489), A FEDERALLY TAX-EXEMPT ORGANIZATION.

ANY SUCH ELECTION SHALL BE IRREVOCABLE AND SHALL BIND ALL TAX-EXEMPT ENTITIES HOLDING INTERESTS IN SUCH TAX-EXEMPT ENTITY. FOR PURPOSES OF SUBCLAUSE (II), THERE SHALL ONLY BE TAKEN INTO ACCOUNT DIVIDENDS WHICH ARE PROPERLY ALLOCABLE TO INCOME OF THE TAX-EXEMPT CONTROLLED ENTITY WHICH WAS NOT SUBJECT TO TAX UNDER THIS CHAPTER.

FORM 990, PART XI, LINE 8:

THE ORGANIZATION IS REPORTING A PRIOR PERIOD ADJUSTMENT OF \$2,750,413 IN FY19. THE ADJUSTMENT IS RELATED TO A LOAN RECEIVABLE THAT WAS INCORRECTLY RECORDED ON THE FINANCIAL STATEMENTS OF A RELATED ENTITY, CITYWIDE SUPPORTING HOUSING DEVELOPMENT FUND CORPORATION. HOWEVER, THE LOAN RECEIVABLE WAS INCORRECTLY RECORDED AS IT BELONGS TO NEW DESTINY HOUSING CORPORATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **NEW DESTINY HOUSING CORPORATION** Employer identification number **13-3778489**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CITYWIDE SUPPORTIVE HDFC - 05-0535640 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	NEW DESTINY HOUSING CORPORATION	X	
CITYWIDE SUPPORTIVE HOUSING INC - 13-3875562 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	NEW DESTINY HOUSING CORPORATION	X	
902 JENNINGS STREET HDFC - 47-4159659 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(4)	N/A	NEW DESTINY HOUSING CORPORATION	X	
BRIDGE COMMUNITY HDFC - 46-5550486 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	NEW DESTINY HOUSING CORPORATION	X	

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANDREWS AVENUE ASSOCIATES LP - 75-3221119, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	CITYWIDE ANDREWS ASSOCIATES INC.	RELATED	0.	0.		X	N/A		X	.00%
1070 ANDERSON AVENUE LIMITED PARTNERSHIP - 27-1908397, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	1070 ANDERSEN AVENUE GP CORP	RELATED	0.	0.		X	N/A		X	.00%
291 BAINBRIDGE LIMITED PARTNERSHIP - 45-3688745, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	291 BAINBRIDGE GP CORP	RELATED	0.	0.		X	N/A		X	.00%
2017 MORRIS AVENUE OWNER LLC - 46-4261444, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	2017 MORRIS AVENUE CORP	RELATED	0.	0.		X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1070 ANDERSON HOUSING DEV. FUND CORP - 61-1559082, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	NEW DESTINY HOUSING CORPORATION	C CORP	0.	0.	100%	X	
CITYWIDE ANDREWS ASSOCIATES INC. - 75-3221117, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	CITYWIDE SUPPORTIVE HDFC	C CORP	0.	0.	.00%		X
1070 ANDERSON AVENUE GP CORP. - 27-1905248 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	1070 ANDERSON HDFC	C CORP	0.	0.	.00%		X
291 BAINBRIDGE GP CORP - 45-3688626 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	291 BAINBRIDGE HDFC	C CORP	0.	0.	.00%		X
291 BAINBRIDGE HDFC - 45-4670737 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	NEW DESTINY HOUSING CORPORATION	C CORP	0.	0.	100%	X	

Part IV Continuation of 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
2017 MORRIS AVENUE CORP - 46-4327045 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	2017 MORRIS HDFC	C CORP	0.	0.	.00%		X
2017 MORRIS HDFC - 46-4250550 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	NEW DESTINY HOUSING CORPORATION	C CORP	0.	0.	100%	X	
BRIDGE COMMUNITY ASSOCIATES MM, INC - 81-3591576, 12 W 37TH ST., 7TH FL, NEW YORK, NY 10018	REAL ESTATE	NY	CITYWIDE SUPPORTIVE HDFC	C CORP	0.	0.	.00%		X
902 JENNINGS STREET MM, INC - 38-4029033 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	902 JENNINGS STREET HDFC	C CORP	0.	0.	.00%		X
BRYANT AVENUE MM, INC - 36-4907635 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	BRYANT AVENUE HDFC	C CORP	0.	0.	.00%		X
RAVEN HALL HDFC - 83-2147585 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	REAL ESTATE	NY	NEW DESTINY HOUSING CORPORATION	C CORP	0.	0.	100%	X	

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CITYWIDE SUPPORTIVE HDFC	P	82,995.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

ANDREWS AVENUE ASSOCIATES LP

DIRECT CONTROLLING ENTITY: CITYWIDE ANDREWS ASSOCIATES INC.

NAME OF RELATED ORGANIZATION:

BRIDGE COMMUNITY ASSOCIATES LLC

DIRECT CONTROLLING ENTITY: BRIDGE COMMUNITY ASSOCIATES MM INC.

NAME OF RELATED ORGANIZATION:

902 JENNINGS STREET OWNER LLC

DIRECT CONTROLLING ENTITY: 902 JENNINGS STREET MANAGING MEMBER I