

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C NEW DESTINY HOUSING CORPORATION
 12 W 37TH ST., 7TH FL
 NEW YORK, NY 10018-7384

D Employer Identification Number
 13-3778489

E Telephone number
 646-472-0262

G Gross receipts \$ 2,407,314.

F Name and address of principal officer: TUCKER, HADRIAN A.
 SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) Yes No

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.NEWDESTINYHOUSING.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1994 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>NEW DESTINY HOUSING CREATES LONG-TERM SECURITY AND STABILITY FOR LOW-INCOME FAMILIES AND INDIVIDUALS AT RISK OF DOMESTIC VIOLENCE AND HOMELESSNESS BY PROVIDING HOUSING AND SERVICES.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)..... 3 22		
	4	Number of independent voting members of the governing body (Part VI, line 1b)..... 4 21		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 23		
	6	Total number of volunteers (estimate if necessary)..... 6 0		
	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 34..... 7b 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g).....	755,029.	972,274.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,090,220.	1,227,892.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	4,158.	4,506.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,994,350.	2,361,794.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	975,856.	805,350.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,423.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	893,285.	740,147.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,869,141.	1,545,497.
	19	Revenue less expenses. Subtract line 18 from line 12.....	125,209.	816,297.
Net Assets or Fund Balances	20	Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26).....	6,667,536.	7,485,670.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	834,917.	836,754.
			5,832,619.	6,648,916.

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: *Hadrian A. Tucker* Date: 5/14/2014

HADRIAN A. TUCKER CHAIRPERSON

Paid Preparer Use Only

Print/Type preparer's name: STUART KOCH Preparer's signature: STUART KOCH Date: _____ Check if self-employed PTIN: P01231447

Firm's name: KOCH GROUP & CO., LLP Firm's EIN: 13-4195975

Firm's address: 333 SEVENTH AVENUE, FLOOR 8 NEW YORK, NY 10001-5118 Phone no. (212) 631-0700

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 to any question in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 716,898. including grants of \$) (Revenue \$ 1,227,592.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 568,692. including grants of \$) (Revenue \$ 300.)

SEE SCHEDULE O

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 1,285,590.

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> (see instructions)?	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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 (see instructions).</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
20 a 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?		

Part IV Checklist of Required Schedules (continued)

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

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 10		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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. 2 a 23		
2 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)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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
6 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).			
7 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	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 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.			
13 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. 13 b		
13 c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in 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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 22 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7 a	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? 7 a		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body? 8 a	X	
8 b	Each committee with authority to act on behalf of the governing body? 8 b	X	
9	Is there any officer, director or 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. 9		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? 10 a		X
10 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? 10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O 12 c	X	
13	Did the organization have a written whistleblower policy? 13	X	
14	Did the organization have a written document retention and destruction policy? 14	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?		
15 a	The organization's CEO, Executive Director, or top management official. 15 a	X	
15 b	Other officers of key employees of the organization. SEE SCHEDULE O 15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
16 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ CAROL CORDEN 12 W 37TH ST., 7TH FL NEW YORK NY 10018-7384 646-472-0262

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

Check if Schedule O contains a response to any question in this Part VII.

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

1 a 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARRO, PAULA M. CHAIRPERSON	0.5 0	X		X				0.	0.	0.
(2) ADDONIZIO, LANE DIRECTOR	0.5 0	X						0.	0.	0.
(3) ALBERT, JOHN P. DIRECTOR	0.5 0	X						0.	0.	0.
(4) CALOS, ELAINE DIRECTOR	0.5 0	X						0.	0.	0.
(5) CEREZOLA, THERESA A. SECRETARY	0.5 0	X		X				0.	0.	0.
(6) DOOBIN, NATHALIE R. DIRECTOR	0.5 0	X						0.	0.	0.
(7) FLECK, SUSAN L DIRECTOR	0.5 0	X						0.	0.	0.
(8) FRAGA, LILY A. DIRECTOR	0.5 0	X						0.	0.	0.
(9) FUREY, KATHLEEN M. DIRECTOR	0.5 0	X						0.	0.	0.
(10) GALLIGAN, ERIN DIRECTOR	0.5 0	X						0.	0.	0.
(11) MCANDREWS, MARJORIE A. DIRECTOR	0.5 0	X						0.	0.	0.
(12) MCSWEEN, DACHELL DIRECTOR	0.5 0	X						0.	0.	0.
(13) NEWMAN, MARTIN D. DIRECTOR	0.5 0	X						0.	0.	0.
(14) PICCIANO, GLORIA DIRECTOR	0.5 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) THOMPSON, JENNIFER A. TREASURER	0.5 0	X		X			0.	0.	0.
(16) TUCKER, HADRIAN A. CHAIRPERSON	0.5 0	X		X			0.	0.	0.
(17) PLEASANT, KRISHANA DIRECTOR	0.5 0	X					0.	0.	0.
(18) SALMASI, NICOLE DIRECTOR	0.5 0	X					0.	0.	0.
(19) CORDEN, CAROL EXECUTIVE DIREC	35 0	X		X			89,376.	0.	4,500.
(20) DOYNOW, GINA 2NDVICECHAIR	0.5 0	X		X			0.	0.	0.
(21) WEISSMAN, DAVID DIRECTOR	0.5 0	X					0.	0.	0.
(22) ZUMBANO, BRIAN DIRECTOR	0.5 0	X					0.	0.	0.
(23)									
(24)									
(25)									
1 b Sub-total							89,376.	0.	4,500.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							89,376.	0.	4,500.

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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>	4	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>	5	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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 342,851.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 629,423.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		972,274.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a DEVELOPMENT FEE	531390	670,000.	670,000.		
	b HOUSING SERVICES	531120	557,592.	557,592.		
	c SOCIAL SERVICES	624100	300.	300.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,227,892.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		4,506.		4,506.	
	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 \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 202,642.				
		b Less: direct expenses	b 45,520.			
c Net income or (loss) from fundraising events			157,122.			
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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		2,361,794.	1,227,892.	0.	4,506.	

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 to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,876.	74,829.	10,862.	8,185.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	588,500.	469,138.	68,117.	51,245.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	122,974.	98,022.	14,228.	10,724.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	5,911.	5,911.		
c Accounting	18,025.	5,385.	12,640.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	1,481.	1,481.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,728.	2,174.	316.	238.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	39,584.	39,584.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,305.	113,372.	532.	401.
23 Insurance	38,208.	36,464.	994.	750.
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 RENT	117,721.	93,835.	13,620.	10,266.
b MANAGEMENT AND SUPPORTIVE SERV	88,422.	83,698.	2,693.	2,031.
c BUILDING & OFFICE MAINTENANCE	58,654.	57,636.	580.	438.
d UTILITIES	38,824.	37,596.	700.	528.
e All other expenses...SEE SCH O	216,284.	166,465.	10,202.	39,617.
25 Total functional expenses. Add lines 1 through 24e	1,545,497.	1,285,590.	135,484.	124,423.
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 to any question in this Part X.

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	755,114.	1	837,684.
	2	Savings and temporary cash investments	862,753.	2	1,123,199.
	3	Pledges and grants receivable, net	196,268.	3	188,875.
	4	Accounts receivable, net	34,144.	4	21,430.
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,461.	9	35,580.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,156,682.		
	b	Less: accumulated depreciation	10b 1,215,783.	10c	2,940,899.
	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		13	
	14	Intangible assets	8,642.	14	8,093.
	15	Other assets. See Part IV, line 11	1,753,219.	15	2,329,910.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,667,536.	16	7,485,670.	
LIABILITIES	17	Accounts payable and accrued expenses	343,420.	17	371,891.
	18	Grants payable		18	
	19	Deferred revenue		19	1,159.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	415,525.	23	409,175.
	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	75,972.	25	54,529.
	26	Total liabilities. Add lines 17 through 25	834,917.	26	836,754.
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	2,962,972.	27	3,860,840.
	28	Temporarily restricted net assets	2,869,647.	28	2,788,076.
	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.	5,832,619.	33	6,648,916.	
34	Total liabilities and net assets/fund balances.	6,667,536.	34	7,485,670.	

BAA

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,361,794.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,545,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	816,297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,832,619.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,648,916.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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
3 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		

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the 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 – 2011. 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 – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<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 9 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	909,341.	730,792.	751,053.	740,917.	972,274.	4,104,377.
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.	464,769.	518,032.	622,034.	1,090,220.	1,227,892.	3,922,947.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	1,374,110.	1,248,824.	1,373,087.	1,831,137.	2,200,166.	8,027,324.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						8,027,324.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	1,374,110.	1,248,824.	1,373,087.	1,831,137.	2,200,166.	8,027,324.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	19,901.	6,313.	9,178.	4,158.	4,506.	44,056.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	19,901.	6,313.	9,178.	4,158.	4,506.	44,056.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	797,723.	401,284.	504,322.	159,055.	157,122.	2,019,506.
13 Total support. (Add lns 9, 10c, 11, and 12.)	2,191,734.	1,656,421.	1,886,587.	1,994,350.	2,361,794.	10,090,886.

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 2012 (line 8, column (f) divided by line 13, column (f)).	15	79.55 %
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	76.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	0.44 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	0.83 %

19a 33-1/3% support tests – 2012. 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 – 2011. 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 III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
FUND RAISING	\$ 157,122.	\$ 144,943.	\$ 504,322.	\$ 113,784.	\$ 122,934.
DEVELOPMENT				250,000.	670,872.
NON-CASH CONTRIBUTION		14,112.		37,500.	
MISCELLANEOUS					3,917.
TOTAL	<u>\$ 157,122.</u>	<u>\$ 159,055.</u>	<u>\$ 504,322.</u>	<u>\$ 401,284.</u>	<u>\$ 797,723.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Not open to
public inspection

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

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

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,039,192.
(2) ESCROWS	10,827.
(3) FEE RECEIVABLE	581,501.
(4) OPERATING RESERVES	449,246.
(5) PRE-DEVELOPMENT COST	140,636.
(6) REPLACEMENT RESERVES	36,547.
(7) TENANT SECURITY DEPOSITS	26,885.
(8) UTILITY DEPOSIT	45,076.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	2,329,910.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN PAYABLE TO AFFILIATES	28,202.
(3) SECURITY DEPOSITS	26,327.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	54,529.

2. FIN 48 (ASC 740) Footnote. 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. SEE PART XIII

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

1	Total revenue, gains, and other support per audited financial statements.....		1	3,366,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments.....	2a		
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.) .. SEE PART XIII.....	2d	1,005,142.	
	e Add lines 2a through 2d.....		2e	1,005,142.
3	Subtract line 2e from line 1.....		3	2,361,794.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	2,361,794.

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

1	Total expenses and losses per audited financial statements.....		1	3,281,795.
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.) .. SEE PART XIII.....	2d	1,736,298.	
	e Add lines 2a through 2d.....		2e	1,736,298.
3	Subtract line 2e from line 1.....		3	1,545,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	1,545,497.

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ADJUST.-CONSOLID. FINANCIAL STATEMENTS.....	\$	812,453.
NET ASSETS RELEASED FROM RESTRICTIONS.....		<u>192,689.</u>
TOTAL	\$	<u><u>1,005,142.</u></u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ADJUST.-CONSOLID. FINANCIAL STATEMENTS.....	\$	1,736,298.
TOTAL	\$	<u><u>1,736,298.</u></u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL BENEFIT (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
	1	Gross receipts.....	202,642.		202,642.
	2	Less: Charitable contributions.....			
	3	Gross income (line 1 minus line 2).....	202,642.		202,642.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....	27,500.		27,500.
	8	Entertainment.....			
	9	Other direct expenses.....	18,020.		18,020.
	10	Direct expense summary. Add lines 4 through 9 in column (d)..... ▶			45,520.
11	Net income summary. Combine line 3, column (d), and line 10..... ▶			157,122.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(add column (a) through column (c))			
	1	Gross revenue.....			
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d)..... ▶			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7..... ▶			

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

a Is the organization licensed to operate 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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

NEW DESTINY CREATES LONG-TERM SECURITY AND STABILITY FOR LOW-INCOME FAMILIES AND INDIVIDUALS AT RISK OF DOMESTIC VIOLENCE AND HOMELESSNESS. IT IS THE ONLY NEW YORK CITY NONPROFIT FOCUSED EXCLUSIVELY ON THE HOUSING NEEDS OF DOMESTIC VIOLENCE SURVIVORS. DURING FY13, NEW DESTINY PURSUED ITS MISSION THROUGH THE FOLLOWING ACTIVITIES:

1. THE DEVELOPMENT AND MANAGEMENT OF AFFORDABLE, SERVICE-ENRICHED HOUSING FOR LOW-INCOME DOMESTIC VIOLENCE SURVIVORS AND OTHERS AT RISK OF HOMELESSNESS. NEW DESTINY HAS DEVELOPED 14 PROJECTS SERVING OVER 400 HOUSEHOLDS. IT CONTROLS AND MANAGES 9 OF THESE PROJECTS. NEW DESTINY EXPECTS TO COMPLETE A 23-UNIT PROJECT IN 2013.

2. THE OPERATION OF A CITYWIDE PROGRAM THAT ASSISTS DOMESTIC VIOLENCE SURVIVORS TO FIND AND RETAIN SAFE, STABLE HOUSING. HOUSINGLINK PROVIDES INFORMATION AND COUNSELING ON HOUSING ISSUES THROUGH TRAINING, A TELEPHONE HELPLINE, AND A COMPREHENSIVE WEBSITE. IN FY 2013 HOUSINGLINK RESPONDED TO 1773 REQUESTS FOR HOUSING HELP, TRAINED 595 INDIVIDUALS AT 23 WORKSHOPS, AND SERVED OVER 70,000 UNIQUE VISITORS TO THE WEBSITE.

3. THE PROVISION OF DIRECT SERVICES, SUPPORT, AND REFERRALS TO TENANTS OF NEW DESTINY'S PERMANENT HOUSING WITH THE GOAL OF PROMOTING TENANT STABILITY, SAFETY AND ECONOMIC INDEPENDENCE. NEW DESTINY PROVIDES DOMESTIC VIOLENCE COUNSELING, CASE MANAGEMENT, EVICTION PREVENTION SERVICES, FINANCIAL LITERACY AND BUDGETING WORKSHOPS, JOB READINESS AND JOB TRAINING REFERRALS, AND MENTAL HEALTH REFERRALS TO 128 HOUSEHOLDS RESIDING IN ITS PERMANENT HOUSING.

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

4. THE EDUCATION OF THE PUBLIC ABOUT THE PERMANENT HOUSING NEEDS OF DOMESTIC VIOLENCE SURVIVORS. NEW DESTINY COLLECTS AND ANALYZES DATA ABOUT WHERE RESIDENTS GO WHEN THEY LEAVE SHELTERS, WHICH SERVES AS THE BASIS FOR TESTIMONY AND POLICY BRIEFS. IT IS ALSO ACTIVELY INVOLVED IN A NUMBER OF COALITIONS AND UMBRELLA ORGANIZATIONS THAT ADVOCATE ON BEHALF OF HOMELESS FAMILIES.

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

HOUSING DEVELOPMENT & MANAGEMENT CODES 531120 531390

NEW DESTINY CONTROLS AND MANAGES NINE RESIDENTIAL PROJECTS IN FOUR BOROUGHES OF NEW YORK CITY. TWO OF THESE PROJECTS PROVIDE TEMPORARY SHELTER TO DOMESTIC VIOLENCE SURVIVORS AT CONFIDENTIAL LOCATIONS-PRELUDE IN STATEN ISLAND AND LILY HOUSE IN THE BRONX. THE REMAINING SEVEN PROJECTS OFFER AFFORDABLE RENTALS TO LOW-INCOME SURVIVORS AND OTHER HOUSEHOLDS AT RISK OF HOMELESSNESS-BRIDGE TOWERS, BRIDGE COMMUNITY, 281 BAINBRIDGE STREET, AND 919 PARK PLACE IN BROOKLYN; 307 E. 54TH STREET IN MANHATTAN; AND 2299 ANDREWS AVENUE AND 1070 ANDERSON AVENUE IN THE BRONX.

NEW DESTINY IS CURRENTLY DEVELOPING A NEW 23-UNIT AFFORDABLE RENTAL PROJECT IN BROOKLYN (287-293 BAINBRIDGE STREET) THAT BEGAN CONSTRUCTION IN JUNE 2012. THE COMPLETED PROJECT WILL BE CONTROLLED AND MANAGED BY NEW DESTINY.

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

PROGRAM & SOCIAL SERVICES CODES 624100

IN FISCAL YEAR 2013 NEW DESTINY OPERATED HOUSINGLINK, A CITYWIDE PROGRAM TO HELP LOW-INCOME DOMESTIC VIOLENCE SURVIVORS OBTAIN SAFE, PERMANENT HOUSING.

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

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

HOUSINGLINK PROVIDES ACCURATE AND UP-TO-DATE INFORMATION ABOUT AVAILABLE HOUSING AND RENTAL SUBSIDIES AND INDIVIDUAL TECHNICAL ASSISTANCE AND COUNSELING THROUGH TRAINING WORKSHOPS, A HOUSING HELPLINE, AND AN ON-LINE RESOURCE CENTER. IN FY 2013, HOUSINGLINK ANSWERED 1773 REQUESTS FOR INFORMATION, TRAINED 595 INDIVIDUALS AT 23 WORKSHOPS, AND SERVED OVER 70,000 UNIQUE VISITORS TO THE WEBSITE.

NEW DESTINY ALSO PROVIDES DIRECT SERVICES AND REFERRALS TO TENANTS OF ITS PERMANENT HOUSING WITH THE GOAL OF PROMOTING TENANT STABILITY AND INDEPENDENCE THROUGH ITS FAMILY SUPPORT PROGRAM. ON-SITE TENANT SUPPORT COORDINATORS PROVIDE A WIDE RANGE OF SERVICES INCLUDING CASE MANAGEMENT, EVICTION PREVENTION, DOMESTIC VIOLENCE COUNSELING, SAFETY PLANNING, JOB READINESS SUPPORT AND JOB TRAINING REFERRAL, MENTAL HEALTH REFERRALS, AND FINANCIAL LITERACY AND BUDGETING ASSISTANCE. PROGRAMMING FOR CHILDREN AND YOUTH IS ALSO OFFERED WHERE APPROPRIATE. IN FY 2013, 128 HOUSEHOLDS RECEIVED SERVICES THROUGH THE FAMILY SUPPORT PROGRAM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

ON ANNUAL BASIS, THE BOARD OF DIRECTORS ARE REQUIRED TO APPROVE THE FEDERAL FORM 990 BEFORE IT IS FILED, BUT AFTER IT IS REVIEWED WITH THE OUTSIDE INDEPENDENT AUDITOR/ACCOUNTANT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

NEW DESTINY HOUSING CORPORATION (NEW DESTINY) AND ALL PERSONS EITHER ELECTED OR APPOINTED TO A NEW DESTINY OFFICE (INCLUDING, BUT NOT LIMITED TO, ANY BOARD OFFICERS, DIRECTORS AND COMMITTEE MEMBERS) SHALL CONSCIENTIOUSLY AVOID ANY SITUATIONS AND ACTIVITIES WHERE THEIR PERSONAL INTERESTS 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.

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

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 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.

THE CONFLICT OF INTEREST POLICY (POLICY) AS ENUMERATED HEREIN APPLIES TO ANY BOARD OFFICER, DIRECTOR OR COMMITTEE MEMBER OF NEW DESTINY AS WELL AS ANY IMMEDIATE FAMILY MEMBER THEREOF.

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.

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

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST. ALSO, THE ORGANIZATION TIMELY FILES ITS ANNUAL REPORT (NYS CHAR 500) WITH THE NEW YORK STATE ATTORNEY GENERAL'S (NYSOAG) OFFICE. THE NYSOAG POSTS THE ANNUAL REPORT TOGETHER WITH THE ORGANIZATION'S FEDERAL FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS ON THE

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

CHARITIES BUREAU WEBSITE.

NEW DESTINY HOUSING CORPORATION

13-3778489

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BUILDING REPAIRS	32,618.	32,618.		
CONSULTING FEES	23,980.	19,114.	2,774.	2,092.
EQUIP. REPAIR AND MAINTENANCE	11,466.	9,195.	1,295.	976.
GRANT WRITER	32,250.			32,250.
MEMBERSHIP AND SUBSCRIPTION	3,675.	2,930.	425.	320.
MISCELLANEOUS	4,450.	3,633.	466.	351.
PAYROLL SERVICES	9,586.	7,641.	1,109.	836.
POSTAGE AND SHIPPING	6,723.	5,383.	764.	576.
PRINTING AND PUBLICATIONS	5,373.	4,473.	697.	203.
SERVICE CONTRACT	8,935.	8,935.		
SUPPLIES	17,869.	16,171.	969.	729.
TELEPHONE	11,169.	9,253.	1,092.	824.
TENANT ACTIVITIES	12,928.	12,928.		
TRAINING & STAFF DEVELOPMENT	4,080.	3,252.	472.	356.
WATER AND SEWER	31,182.	30,939.	139.	104.
TOTAL	\$ 216,284.	\$ 166,465.	\$ 10,202.	\$ 39,617.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW DESTINY HOUSING CORPORATION

Related Organizations and Unrelated Partnerships

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

Employer identification number

13-3778489

OMB No. 1545-0047

2012

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to 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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018 05-05335640	LOW INC. HOUSING	NY	501(C)(3)	9-SCHEDULE A	N/A		X
(2) CITYWIDE SUPPORTIVE HOUSING INC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018 13-3875562	LOW INC. HOUSING	NY	501(C)(3)	9-SCHEDULE A	N/A		X
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ANDREWS AVE ASSO 12 W 37TH ST, 7 NEW YORK, NY 100 75-3221119	REAL ESTATE	NY	N/A	RELATED	0.	0.		X	N/A		X	
(2) 1070 ANDERSON AV 12 W 37TH ST, 7 NEW YORK, NY 100 27-1908397	REAL ESTATE	NY	N/A	RELATED	0.	0.		X	N/A		X	
(3) 291 BAINBRIDGE L 12 W 37TH ST, 7 NEW YORK, NY 100 45-3688745	REAL ESTATE	NY	N/A	RELATED	0.	0.		X	N/A		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to 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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) 1070 ANDERSON HOUSING DEV. FUN 12 W 37TH ST, 7TH FL NEW YORK, NY 10018 61-1559082	REAL ESTATE	NY	N/A	C CORP	0.	0.	100.00		X
(2) CITYWIDE ANDREWS ASSOCIATES IN 12 W 37TH ST, 7TH FL NEW YORK, NY 10018 75-3221117	REAL ESTATE	NY	CITYWIDE S	C CORP	-87.	172,240.	100.00	X	
(3) 1070 ANDERSON AVENUE GP CORP. 12 W 37TH ST, 7TH FL NEW YORK, NY 10018 27-1905248	REAL ESTATE	NY	N/A	C CORP	0.	0.	100.00		X

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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.			
(1)	CITYWIDE SUPPORTIVE HDFC	D	78,066.FMV	
(2)	CITYWIDE SUPPORTIVE HOUSING INC	D	31,290.FMV	
(3)	CITYWIDE SUPPORTIVE HOUSING INC	L	240,000.FMV	
(4)	ANDREWS AVE ASSOCIATES LP	D	453,995.FMV	
(5)	ANDREWS AVE ASSOCIATES LP	L	34,881.FMV	
(6)	1070 ANDERSON AVENUE LIMITED PARTNERSHIP	D	615,920.FMV	

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

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

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

ANDREWS AVE ASSOCIATES LP 75-3221119 12 W 37TH ST., 7TH FL NEW YORK, NY 10018

1070 ANDERSON AVENUE LIMITED PARTNERSHIP 27-1908397 12 W 37TH ST., 7TH FL NEW YORK, NY 10018

291 BAINBRIDGE LIMITED PARTNERSHIP 45-3688745 12 W 37TH ST., 7TH FL NEW YORK, NY 10018

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
291 BAINBRIDGE GP CORP. 12 W 37TH ST, 7TH FL NEW YORK, NY 10018 45-3688626	REAL ESTATE	NY	291 BAINBR	C CORP	0.	0.	100.00		X
291 BAINBRIDGE HDFC 12 W 37TH ST, 7TH FL NEW YORK, NY 10018 45-4670737	REAL ESTATE	NY	N/A	C CORP	0.	0.	100.00		X

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
1070 ANDERSON AVENUE LIMITED PARTNERSHIP.....	L	400,000.	FMV
291 BAINBRIDGE LIMITED PARTNERSHIP.....	D	420,089.	FMV
291 BAINBRIDGE LIMITED PARTNERSHIP.....	L	270,000.	FMV

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NEW DESTINY HOUSING CORPORATION	13-3778489
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	12 W 37TH ST., 7TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10018-7384	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ CAROL CORDEN

Telephone No. ▶ 646-472-0262 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 12, and ending 6/30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. NEW DESTINY HOUSING CORPORATION	Employer identification number (EIN) or 13-3778489
	Number, street, and room or suite number. If a P.O. box, see instructions. KOCH GROUP & CO., LLP 333 SEVENTH AVENUE, FLOOR 8	Social security number (SSN)
File by the extended due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001-5118	

Enter the Return code for the return that this application is for (file a separate application for each return). 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of ▶ CAROL CORDEN
 Telephone No. ▶ 646-472-0262 FAX No. ▶ _____
 • If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 14.
 5 For calendar year _____, or other tax year beginning 7/01, 20 12, and ending 6/30, 20 13.
 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
 7 State in detail why you need the extension. . . ALL INFORMATION IS NOT AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ **CHAIRPERSON** Date ▶ _____
BAA FIFZ0502L 01/21/13 Form 8868 (Rev 1-2013)