

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> 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 \$ <u>3,955,962.</u>
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F Name and address of principal officer: <u>CORDEN, CAROL L.</u> <u>SAME AS C ABOVE</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527
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J Website: ▶ WWW.NEWDESTINYHOUSING.ORG

K Form of organization: <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	L Year of formation: <u>1994</u>	M State of legal domicile: <u>NY</u>
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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.

2	Check this box <input checked="" 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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	40
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.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	858,941.	1,084,269.
9	Program service revenue (Part VIII, line 2g)	612,184.	1,303,774.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,788.	642,227.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,764.	262,153.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,679,677.	3,292,423.

		Prior Year	Current Year
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)	1,184,228.	1,360,277.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>241,133.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	577,770.	787,297.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,761,998.	2,147,574.
19	Revenue less expenses. Subtract line 18 from line 12	-82,321.	1,144,849.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,034,522.	5,568,746.
21	Total liabilities (Part X, line 26)	1,223,643.	191,868.
22	Net assets or fund balances. Subtract line 21 from line 20	4,810,879.	5,376,878.

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 <u>CORDEN, CAROL L.</u>	Date EXECUTIVE DIR.
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Paid Preparer Use Only	Print/Type preparer's name JOAN FOX-BANNERMAN	Preparer's signature JOAN FOX-BANNERMAN	Date	Check <input type="checkbox"/> if self-employed	PTIN P01285821
	Firm's name ▶ <u>BERDON LLP</u> Firm's address ▶ <u>360 MADISON AVE</u> <u>NEW YORK, NY 10017</u>				Firm's EIN ▶ <u>13-0485070</u> Phone no. <u>2128320400</u>

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

Part III Statement of Program Service Accomplishments

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

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 No

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

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

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

4 Describe the 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 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 \$ 1,116,813. including grants of \$) (Revenue \$ 137,034.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 575,489. including grants of \$) (Revenue \$ 1,166,740.)

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 1,692,302.

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 other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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 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' to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring 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 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a 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		
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 c	Enter the amount of reserves on hand		
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 or note to any line in this Part VI. X

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. 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 a	19		
b	Enter the number of voting members included in line 1a, above, who are independent.		
1 b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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?	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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
12 c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
15 a		X	
b	Other officers or key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15 b		X	
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?		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line 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			
(1) SARRO, PAULA M. SECRETARY	0.5 0.5	X		X			0.	0.	0.
(2) ADDONIZIO, LANE DIRECTOR	0.5 0	X					0.	0.	0.
(3) BACCHUS, SIMON A. DIRECTOR	0.5 0	X					0.	0.	0.
(4) CALOS, ELAINE DIRECTOR	0.5 0	X					0.	0.	0.
(5) CEREZOLA, THERESA A. ASST. SECRETARY	0.5 0	X		X			0.	0.	0.
(6) COOPER, JO ELLEN DIRECTOR	0.5 0	X					0.	0.	0.
(7) FLECK, SUSAN L DIRECTOR	0.5 0.5	X					0.	0.	0.
(8) MILLER, RACHEL E. TREASURER	0.5 0	X		X			0.	0.	0.
(9) PRAVDA, MATTHEW 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) WHITE, DACHELL DIRECTOR	0.5 0	X					0.	0.	0.
(13) NEWMAN, MARTIN D. DIRECTOR	0.5 0	X					0.	0.	0.
(14) MCLEAN, CHARLES E., JR. 2ND VICE CHAIR	0.5 0	X		X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) TUCKER, HADRIAN A. DIRECTOR	0.5 0.5	X						0.	0.	0.
(16) PLEASANT, KRISHANA DIRECTOR	0.5 0	X						0.	0.	0.
(17) SALMASI, NICOLE DIRECTOR	0.5 0	X						0.	0.	0.
(18) DOYNOW, GINA CHAIRPERSON	0.5 0	X		X				0.	0.	0.
(19) WEISSMAN, DAVID VICE CHAIR	0.5 0.5	X		X				0.	0.	0.
(20) CORDEN, CAROL L. EXECUTIVE DIR.	35 1			X				100,000.	0.	5,000.
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								100,000.	0.	5,000.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,000.	0.	5,000.

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 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns..... 1 a					
	b Membership dues..... 1 b					
	c Fundraising events..... 1 c					
	d Related organizations..... 1 d					
	e Government grants (contributions) ... 1 e	597,321.				
	f All other contributions, gifts, grants, and similar amounts not included above ... 1 f	486,948.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f..... ▶	1,084,269.				
Program Service Revenue	Business Code					
	2 a DEVELOPER FEE INCOME	531390	652,453.	652,453.		
	b HOUSING SERVICES	531110	514,287.	514,287.		
	c SOCIAL SERVICES	624100	137,034.	137,034.		
	d -----					
	e -----					
	f All other program service revenue...					
g Total. Add lines 2a-2f..... ▶		1,303,774.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)..... ▶		3,541.		3,541.	
	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	1,270,000.			
		b Less: cost or other basis and sales expenses	631,314.			
		c Gain or (loss).....	638,686.			
	d Net gain or (loss)..... ▶		638,686.		638,686.	
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a	241,228.			
b Less: direct expenses.....		32,225.				
c Net income or (loss) from fundraising events..... ▶			209,003.			
9 a Gross income from gaming activities. See Part IV, line 19.....	a					
	b Less: direct expenses.....					
	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.....					
	c Net income or (loss) from sales of inventory..... ▶					
Miscellaneous Revenue		Business Code				
11 a OTHER INTERCOMPANY INCOME	531390	53,150.	53,150.			
b -----						
c -----						
d All other revenue.....						
e Total. Add lines 11a-11d..... ▶		53,150.				
12 Total revenue. See instructions..... ▶		3,292,423.	1,356,924.	0.	642,227.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	100,000.	77,657.	10,509.	11,834.
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.	1,077,239.	836,542.	113,212.	127,485.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	183,038.	141,983.	19,311.	21,744.
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	24,758.	19,812.	2,326.	2,620.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	142,977.	110,907.	15,084.	16,986.
17 Travel.	5,342.	4,144.	564.	634.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	5,406.	5,406.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	27,291.	26,477.	383.	431.
23 Insurance.	16,003.	14,323.	790.	890.
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 CONSULTING FEES	138,143.	107,157.	14,574.	16,412.
b TENANT ACTIVITIES	115,485.	89,582.	12,184.	13,719.
c MANAGEMENT AND SUPPORTIVE SERV	87,552.	69,396.	8,540.	9,616.
d BUILDING & OFFICE MAINTENANCE	57,638.	55,344.	1,079.	1,215.
e All other expenses.	166,702.	133,572.	15,583.	17,547.
25 Total functional expenses. Add lines 1 through 24e.	2,147,574.	1,692,302.	214,139.	241,133.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1	Cash – non-interest-bearing	1,464,358.	1 2,002,469.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net	207,314.	3 258,136.
	4	Accounts receivable, net	23,129.	4 10,571.
	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	42,411.	9 37,593.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	239,496.	
	10b	Less: accumulated depreciation	159,875.	10c 79,621.
	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	6,446.	14
	15	Other assets. See Part IV, line 11	3,555,879.	15 3,180,356.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,034,522.	16 5,568,746.	
Liabilities	17	Accounts payable and accrued expenses	668,327.	17 121,343.
	18	Grants payable	50,000.	18 65,000.
	19	Deferred revenue		19
	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	386,941.	23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	118,375.	25 5,525.
	26	Total liabilities. Add lines 17 through 25	1,223,643.	26 191,868.
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	4,236,287.	27 5,185,312.
	28	Temporarily restricted net assets	574,592.	28 191,566.
	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	4,810,879.	33 5,376,878.	
34	Total liabilities and net assets/fund balances	6,034,522.	34 5,568,746.	

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Form 990 (2016)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,292,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,147,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,144,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,810,879.
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) SEE SCHEDULE O	9	-578,850.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,376,878.

Part XII Financial Statements and Reporting

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

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

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Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
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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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2015. 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—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	972,274.	1,050,680.	712,639.	858,941.	1,293,272.	4,887,806.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,227,892.	1,134,483.	1,061,602.	612,184.	1,303,774.	5,339,935.
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.	2,200,166.	2,185,163.	1,774,241.	1,471,125.	2,597,046.	10,227,741.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	34,000.	49,640.	30,500.	42,143.	49,975.	206,258.
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.	34,000.	49,640.	30,500.	42,143.	49,975.	206,258.
8 Public support. (Subtract line 7c from line 6.)						10,021,483.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	2,200,166.	2,185,163.	1,774,241.	1,471,125.	2,597,046.	10,227,741.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,506.	14,174.	4,937.	2,788.	642,227.	668,632.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	4,506.	14,174.	4,937.	2,788.	642,227.	668,632.
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 VI.) SEE PART VI.	157,122.	194,270.	194,142.	205,764.	53,150.	804,448.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,361,794.	2,393,607.	1,973,320.	1,679,677.	3,292,423.	11,700,821.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	85.65 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	90.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	5.71 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17.	18	0.29 %

- 19a 33-1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. *Complete line 2 below.*

b The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
OTHER INCOME	\$ 53,150.	\$ 205,764.	\$ 194,142.	\$ 194,270.	\$ 157,122.
TOTAL	\$ 53,150.	\$ 205,764.	\$ 194,142.	\$ 194,270.	\$ 157,122.

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

OMB No. 1545-0047

2016

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
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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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Not open to public inspection

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____
- (ii) Assets included in Form 990, Part X..... ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____
- b Assets included in Form 990, Part X..... ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		155,739.	89,382.	66,357.
c Leasehold improvements				
d Equipment		83,757.	70,493.	13,264.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,621.

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Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,781,587.
(2) ESCROWS	
(3) FEES RECEIVABLE -AFFILIATES	593,832.
(4) OPERATING RESERVES	462,779.
(5) PRE-DEVELOPMENT COST	288,086.
(6) REPLACEMENT RESERVES	7,472.
(7) TENANT SECURITY DEPOSITS	6,600.
(8) UTILITY DEPOSIT	40,000.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	3,180,356.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN PAYABLE TO AFFILIATES	1,025.
(3) SECURITY DEPOSITS	4,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	5,525.

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

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

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

1	Total revenue, gains, and other support per audited financial statements.....		1	5,185,382.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	2,531,645.	
	e Add lines 2a through 2d.....	2 e		2,531,645.
3	Subtract line 2e from line 1.....		3	2,653,737.
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.....	4 a		
	b Other (Describe in Part XIII.) SEE PART XIII.....	4 b	638,686.	
	c Add lines 4a and 4b.....	4 c		638,686.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	3,292,423.

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

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

1	Total expenses and losses per audited financial statements.....		1	5,650,232.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	3,523,503.	
	e Add lines 2a through 2d.....	2 e		3,523,503.
3	Subtract line 2e from line 1.....		3	2,126,729.
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.....	4 a		
	b Other (Describe in Part XIII.) SEE PART XIII.....	4 b	20,845.	
	c Add lines 4a and 4b.....	4 c		20,845.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	2,147,574.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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

OTHER AFFILIATES OF NEW DESTINY ARE TREATED AS PARTNERSHIPS AND AS CORPORATIONS FOR INCOME TAX PURPOSES. PARTNERSHIP TAXABLE INCOME OR LOSS PASSES THROUGH TO , AND IS REPORTABLE BY, THE PARTNERS, INDIVIDUALLY. THE CORPORATIONS EITHER HAVE HAD ZERO TAXABLE INCOME OR HAVE BEEN CARRYING LOSSES THAT ARE AVAILABLE FOR FUTURE NETTING

BAA

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

AGAINST TAXABLE INCOME. THESE LOSSES ARE CARRIED FORWARD FOR A PERIOD OF TIME, AS DEFINED BY THE IRS, AND THEN EXPIRE IF UNUSED. LOSSES CARRIED FORWARD SHOULD BE COMPUTED AS ASSETS USING THE APPLICABLE TAX RATE AND REPORTED ON THE CONSOLIDATING STATEMENTS OF FINANCIAL POSITION, SUBJECT TO VALUATION ALLOWANCE. IN THE CASE OF THE CORPORATIONS, IT IS MORE LIKELY THAN NOT THAT THE RESPECTIVE ASSET WILL NEVER BE REALIZED AS THE POSSIBILITY OF NET INCOME OR GAIN IS UNLIKELY. THEREFORE, NO ASSET HAS BEEN RECOGNIZED IN THIS FINANCIAL REPORT, AS THE VALUATION ALLOWANCE WOULD EQUAL 100% OF THE ASSET VALUE.

MANAGEMENT HAS DETERMINED THAT THE COMPANY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE COMPANY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES IN THE UNITED STATES FOR YEARS BEFORE 2014.

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

ADJUST.-CONSOLID. FINANCIAL STATEMENTS	\$	2,469,154.
NET ASSETS TRANSFERRED TO HDFC		62,491.
TOTAL	\$	<u>2,531,645.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

CAPITAL GAIN- DISPOSITION OF ASSETS.....	\$	638,686.
TOTAL	\$	<u>638,686.</u>

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

ADJUST.-CONSOLID. FINANCIAL STATEMENTS	\$	3,493,557.
DEPRECIATION PER BOOKS.....		29,946.
TOTAL	\$	<u>3,523,503.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DEPRECIATION PER FED 990 TAX RETURN.....	\$	20,845.
TOTAL	\$	<u>20,845.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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))
REVENUE	1	Gross receipts	241,228.		241,228.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	241,228.		241,228.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	32,225.		32,225.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			32,225.
	11	Net income summary. Subtract line 10 from line 3, column (d)			209,003.

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue			
	2	Cash prizes			
DIRECT EXPENSES	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13 a	%
b	An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III.
- 4 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If 'Yes', did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6 a Did the organization have any tax-exempt bonds outstanding during the year?
- b If 'Yes' to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c If 'Yes,' on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' on line 6b, explain in Part III.

	Yes	No
3		
4 a		
4 b		
5		
6 a		
6 b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	BUILDING (BRIDGE COMMUNITY)	10/28/16	985,988	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)
	BUILDING IMPROVEMENTS (BRIDGE COMMUNITY)	10/28/16	1,160	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)
	BUILDING IMPROVEMENTS (BRIDGE COMMUNITY)	10/28/16	3,577	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)
	BUILDING IMPROVEMENTS (BRIDGE COMMUNITY)	10/28/16	708	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)
	BUILDING IMPROVEMENTS (BRIDGE COMMUNITY)	10/28/16	43,984	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)
	BUILDING IMPROVEMENTS (BRIDGE COMMUNITY)	10/28/16	12,239	NEGOTIATED FMV/BV	05-0535640	CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018	501C (3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

	Yes	No
2 a	X	
2 b		X
2 c		X
2 d		X

SEE PART III

Schedule N (Form 990 or 990-EZ) (2016)

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E - NAME AND EXPLANATION FOR INVOLVEMENT IN SUCCESSOR

CITYWIDE SUPPORTIVE HOUSING DEVELOPMENT FUND COMPANY (HEREINAFTER CITYWIDE HDFC), THE PURCHASER/ACQUIRER IS A 100% CONTROLLED 501(C) (3) TAX EXEMPT NON-PROFIT ORGANIZATION. ALL OF THE VOTING BOARD MEMBERS, OFFICERS AND THE EXECUTIVE DIRECTOR, OF CITYWIDE HDFC ARE ALSO BOARD MEMBERS AND /OR OFFICERS AND THE EXECUTIVE DIRECTOR OF THE CONTROLLING PARENT, NEW DESTINY HOUSING CORPORATION. THE EXECUTIVE DIRECTOR RECEIVES COMPENSATION FROM NEW DESTINY HOUSING CORP. WHICH IS REPORTED ON PAGE 7 PART VII OF THE FED 990 TAX RETURN.

PART III - ADDITIONAL INFORMATION

EFFECTIVE OCTOBER 28, 2016, THE ORGANIZATION, AS PARENT/GRANTOR/DONOR IS REPORTING THE CAPITAL CONTRIBUTION, SALE AND THE TRANSFER OF PROJECT NET ASSETS OF THE RESIDENTIAL AFFORDABLE HOUSING PROJECT (BRIDGE COMMUNITY) TO CITYWIDE SUPPORTIVE HOUSING DEVELOPMENT FUND CORPORATION, (CITYWIDE HDFC) A RELATED CONTROLLED NYS 501(C) (3) NOT-FOR PROFIT CORPORATION, THE GRANTEE/DONEE. THE ORGANIZATION SOLD , CONTRIBUTED AND TRANSFERRED THE RESIDENTIAL BUILDING. THE BUILDING WAS REPORTED AT ITS ADJUSTED BASIS FOR TAX PURPOSES WHICH IS ALSO ITS NET DEPRECIABLE BOOK VALUE, REDUCED BY PROJECT LIABILITIES ASSUMED BY CITYWIDE HDFC AMOUNTING TO \$1,270,000. THE GAIN OF \$638,686 ON THE SALE OF THE BRIDGE COMMUNITY PROJECT TO CITIWIDE HDFC IS REPORTED FOR TAX PURPOSES ON LINE 7C, FED 990 PAGE 9 PART VIII, WHEREAS THE GAIN WAS DEFERRED AND ELIMINATED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

FED 990 PART VIII LINE 7 SALE OF PROPERTY

EFFECTIVE OCTOBER 28, 2016, THE ORGANIZATION, AS PARENT/GRANTOR/DONOR IS REPORTING THE CAPITAL CONTRIBUTION, SALE AND TRANSFER OF PROJECT NET ASSETS OF RESIDENTIAL AFFORDABLE HOUSING PROJECT (BRIDGE COMMUNITY) TO CITYWIDE SUPPORTIVE HOUSING DEVELOPMENT FUND CORPORATION (CITYWIDE HDFC,) A RELATED CONTROLLED NYS 501(C) (3) NOT-FOR PROFIT CORPORATION, THE PURCHASER/GRANTEE/DONEE. THE ORGANIZATION TRANSFERRED THE AFFORDABLE HOUSING RESIDENTIAL BUILDING. THE BUILDING WAS CONTRIBUTED AT ITS ADJUSTED BASIS FOR TAX PURPOSE WHICH WAS ALSO ITS NET DEPRECIABLE BOOK VALUE, REDUCED BY PROJECT LIABILITIES ASSUMED BY CITYWIDE HDFC, AMOUNTING TO \$1,270,000.

IN OCTOBER 2016, CITYWIDE HDFC ACQUIRED BRIDGE COMMUNITY FROM ITS CONTROLLING PARENT ORGANIZATION, NEW DESTINY HOUSING CORPORATION (HEREINAFTER ND). ON OCTOBER 28, 2016, CITYWIDE HDFC SOLD BRIDGE COMMUNITY, 281 BAINBRIDGE AND BRIDGE TOWERS, CONSISTING OF 36 RESIDENTIAL UNITS AND ONE SUPER'S UNIT, TO BRIDGE COMMUNITY ASSOCIATES, LLC (BCA), AN ENTITY THAT IS INDIRECTLY RELATED TO ND BECAUSE CITYWIDE HDFC IS A GENERAL PARTNER VIA ITS 100% OWNERSHIP OF THE CORPORATE GP, BRIDGE COMMUNITY ASSOCIATES MM INC. THE ACQUISITION PRICE WAS \$3,290,000, WHICH WAS USED TO PAY THE FOLLOWING: APPROXIMATELY \$66,000 OF CLOSING TAXES, FEES AND CHARGES, OUTSTANDING NEW YORK CITY EMPLOYEE RETIREMENT SYSTEM (NYCERS) LOANS OF APPROXIMATELY \$210,000 FOR BRIDGE COMMUNITY AND \$198,000 FOR 281 BAINBRIDGE, AN OUTSTANDING NYC DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT ("HPD") LOAN OF APPROXIMATELY \$90,000 FOR 281 BAINBRIDGE, AND APPROXIMATELY \$526,000 FOR RESERVE AND ESCROW ACCOUNTS. THE REMAINING BALANCE OF \$1,598,000 WAS PAID TO CITYWIDE HDFC TO REIMBURSE IT FOR REHABILITATION COSTS OF THE PROPERTIES SOLD.

IN CONJUNCTION WITH THE SALE, BCA ASSUMED A PURCHASE MONEY NOTE PAYABLE TO NEW

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
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DESTINY.THE NET SALES PRICE OF APPROXIMATELY \$3,290,000, LESS THE NET BOOK VALUE OF ASSETS SOLD OF \$1,668,000, RESULTED IN A DEFERRED GAIN ON THE SALE OF BRIDGE COMMUNITY PROJECT OF APPROXIMATELY \$1,622,000, ON THE CONSOLIDATED FINANCIAL STATEMENTS. THE DEFERRED GAIN ON SALE HAS BEEN ELIMINATED IN CONSOLIDATION. ND'S GAIN OF \$638,686 ON THE SALE AND DISPOSITION OF THE BRIDGE COMMUNITY PROJECT TO CITIWIDE SUPPORTIVE HOUSING HDFC IS REPORTED FOR TAX PURPOSES ON LINE 7C, FED 990 PAGE 9 PART VIII. SEE ALSO SCHEDULE N.

EXPLANATION OF THE AMENDED 2016 FED 990 TAX RETURN

AMENDED FEDERAL 990 TAX RETURN

IN JUNE 2018 THE ORGANIZATION RECEIVED ADDITIONAL AND NEW INFORMATION REGARDING ITS ACTIVITIES DURING THE FISCAL YEAR ENDING JUNE 30, 2017, THAT WAS NOT PROPERLY OR ACCURATELY REPORTED ON ITS ORIGINAL FILED FEDERAL 990 TAX RETURN. THEREFORE, THE ORGANIZATION IS AMENDING THE 2016 FED 990 TAX RETURN.

THE FOLLOWING LINE ITEMS HAVE BEEN AMENDED, CHANGED AND OR REVISED:

FED 990 PAGE 1 PART I SUMMARY LINE NO.8 CHANGED FROM \$1,137,419 TO \$1,084,269

FED 990 PAGE 1 PART I SUMMARY LINE NO.9 CHANGED FROM \$651,103 TO \$651,321

FED 990 PAGE 1 PART I SUMMARY LINE NO.10 CHANGED FROM \$3,541 TO \$642,277

FED 990 PAGE 1 PART I SUMMARY LINE NO.11 CHANGED FROM \$861,674 TO \$914,606

FED 990 PAGE 1 PART I SUMMARY LINE NO.12 CHANGED FROM \$2,653,737 TO \$3,292,423

FED 990 PAGE 1 PART I SUMMARY LINE NO.16B CHANGED FROM \$191,293 TO \$241,133

FED 990 PAGE 1 PART I SUMMARY LINE NO.17 CHANGED FROM \$710,597 TO \$787,297

FED 990 PAGE 1 PART I SUMMARY LINE NO.18 CHANGED FROM \$2,070,874 TO \$2,147,574

FED 990 PAGE 1 PART I SUMMARY LINE NO.19 CHANGED FROM \$582,863 TO \$1,144,849

FED 990 PAGE 1 PART I SUMMARY LINE NO.20 CHANGED FROM \$6,230,336 TO \$5,568,746

FED 990 PAGE 1 PART I SUMMARY LINE NO.21 CHANGED FROM \$191,868 TO \$191,868

FED 990 PAGE 1 PART I SUMMARY LINE NO.22 CHANGED FROM \$6,038,468 TO \$5,376,878

FED 990 PAGE 2 LINE NO.4A EXPENSES CHANGED FROM \$1,665,825 TO \$1,116,873

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

FED 990 PAGE 2 LINE NO.4A REVENUE CHANGED FROM \$0 TO \$190,184

FED 990 PAGE 2 LINE NO.4B EXPENSES CHANGED FROM \$0 TO \$575,489

FED 990 PAGE 2 LINE NO.4B REVENUE CHANGED FROM \$0 TO \$1,166,740

FED 990 PAGE 2 LINE NO.4D CHANGED FROM \$1,665,825 TO \$1,692,302

FED 990 PAGE 5 LINE NO.7A CHANGED FROM NO TO YES

FED 990 PAGE 5 LINE NO.7B CHANGED FROM BLANK TO YES

FED 990 PAGE 8 LINE NO.20D CHANGED FROM \$0 TO \$100,000

FED 990 PAGE 9 LINE NO.1D CHANGED FROM \$53,150 TO \$0

FED 990 PAGE 9 LINE NO.1E CHANGED FROM \$470,752 TO \$597,321

FED 990 PAGE 9 LINE NO.1F CHANGED FROM \$613,517 TO \$486,948

FED 990 PAGE 9 LINE NO.1H CHANGED FROM \$1,137,149 TO \$1,084,269

FED 990 PAGE 9 LINE NO.2B COLUMN A CHANGED FROM \$136,816 TO \$137,034

FED 990 PAGE 9 LINE NO.2B COLUMN B CHANGED FROM \$136,816 TO \$137,034

FED 990 PAGE 9 LINE NO.2G CHANGED FROM \$651,103 TO \$651,321

FED 990 PAGE 9 LINE NO.7A CHANGED FROM \$0 TO \$1,270,000

FED 990 PAGE 9 LINE NO.7B CHANGED FROM \$0 TO \$631,314

FED 990 PAGE 9 LINE NO.7C CHANGED FROM \$0 TO \$638,686

FED 990 PAGE 9 LINE NO.7D COLUMN A CHANGED FROM \$0 TO \$638,686

FED 990 PAGE 9 LINE NO.7D COLUMN D CHANGED FROM \$0 TO \$638,686

FED 990 PAGE 9 LINE NO.11A COLUMN A WAS RECLASSIFIED AS PROGRAM REVENUE LINE 2C

FED 990 PAGE 9 LINE NO.11B CHANGED FROM OTHER INCOME TO OTHER INTERCOMPANY INCOME

FED 990 PAGE 9 LINE NO.7D COLUMN A CHANGED FROM \$218 TO \$53,150

FED 990 PAGE 9 LINE NO.7D COLUMN B CHANGED FROM \$218 TO \$53,150

FED 990 PAGE 9 LINE NO.11D COLUMN A CHANGED FROM \$652,671 TO \$705,603

FED 990 PAGE 9 LINE NO.12 COLUMN A CHANGED FROM \$2,653,737 TO \$3,292,423

FED 990 PAGE 9 LINE NO.12 COLUMN B CHANGED FROM \$1,303,771 TO \$1,365,924

FED 990 PAGE 9 LINE NO.12 COLUMN D CHANGED FROM \$3,541 TO \$642,227

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

FED 990 PAGE 10 LINE NO.5 COLUMN A CHANGED FROM \$0 TO \$100,000
FED 990 PAGE 10 LINE NO.5 COLUMN B CHANGED FROM \$0 TO \$77,657
FED 990 PAGE 10 LINE NO.5 COLUMN C CHANGED FROM \$0 TO \$10,509
FED 990 PAGE 10 LINE NO.5 COLUMN D CHANGED FROM \$0 TO \$11,834
FED 990 PAGE 10 LINE NO.7 COLUMN A CHANGED FROM \$1,177,239 TO \$1,077,239
FED 990 PAGE 10 LINE NO.7 COLUMN B CHANGED FROM \$914,199 TO \$836,542
FED 990 PAGE 10 LINE NO.7 COLUMN C CHANGED FROM \$123,721 TO \$113,212
FED 990 PAGE 10 LINE NO.7 COLUMN D CHANGED FROM \$139,319 TO \$127,485
FED 990 PAGE 10 LINE NO.22 COLUMN A CHANGED FROM \$0 TO \$27,291
FED 990 PAGE 10 LINE NO.22 COLUMN B CHANGED FROM \$0 TO \$26,477
FED 990 PAGE 10 LINE NO.22 COLUMN C CHANGED FROM \$0 TO \$383
FED 990 PAGE 10 LINE NO.22 COLUMN D CHANGED FROM \$0 TO \$431
FED 990 PAGE 10 LINE NO.24E COLUMN A CHANGED FROM \$117,292 TO \$166,702
FED 990 PAGE 10 LINE NO.24E COLUMN B CHANGED FROM \$133,571 TO \$133,572
FED 990 PAGE 10 LINE NO.24E COLUMN D CHANGED FROM \$-31,862 TO \$17,547
FED 990 PAGE 10 LINE NO.25 COLUMN A CHANGED FROM \$2,070,874 TO \$2,147,574
FED 990 PAGE 10 LINE NO.25 COLUMN B CHANGED FROM \$1,665,825 TO \$1,692,302
FED 990 PAGE 10 LINE NO.25 COLUMN C CHANGED FROM \$213,756 TO \$214,139
FED 990 PAGE 10 LINE NO.25 COLUMN D CHANGED FROM \$191,293 TO \$241,133
FED 990 PAGE 11 LINE NO.10A CHANGED FROM \$1,618,280 TO \$239,496
FED 990 PAGE 11 LINE NO.10B CHANGED FROM \$882,746 TO \$159,875
FED 990 PAGE 11 LINE NO.10B COLUMN B CHANGED FROM \$735,534 TO \$79,621
FED 990 PAGE 11 LINE NO.14 COLUMN B CHANGED FROM \$5,897 TO \$0
FED 990 PAGE 11 LINE NO.16 COLUMN B CHANGED FROM \$6,230,336 TO \$5,568,746
FED 990 PAGE 11 LINE NO.29 COLUMN B CHANGED FROM \$661,590 TO \$0
FED 990 PAGE 11 LINE NO.33 COLUMN B CHANGED FROM \$6,038,468 TO \$5,376,878
FED 990 PAGE 11 LINE NO.34 COLUMN B CHANGED FROM \$6,230,336 TO \$5,568,746

Name of the organization NEW DESTINY HOUSING CORPORATION	Employer identification number 13-3778489
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FED 990 PAGE 12 LINE NO.1 CHANGED FROM \$2,653,737 TO \$3,292,423

FED 990 PAGE 12 LINE NO.2 CHANGED FROM \$2,070,874 TO \$2,147,574

FED 990 PAGE 12 LINE NO.3 CHANGED FROM \$582,863 TO \$1,144,849

FED 990 PAGE 12 LINE NO.9 CHANGED FROM \$644,726 TO -\$578,850

FED 990 PAGE 12 LINE NO.10 CHANGED FROM \$6,038,468 TO \$5,376,878

SCH A PAGE 3 LINE NO.1 COLUMN E FROM \$1,084,269 TO \$1,356,924

SCH A PAGE 3 LINE NO.1 COLUMN F CHANGED FROM \$4,678,803 TO \$4,951,458

SCH A PAGE 3 LINE NO.2 COLUMN E CHANGED FROM \$704,471 TO \$989,372

SCH A PAGE 3 LINE NO.2 COLUMN F CHANGED FROM \$4,740,632 TO \$5,025,533

SCH A PAGE 3 LINE NO.6 COLUMN E CHANGED FROM \$1,788,740 TO \$2,346,296

SCH A PAGE 3 LINE NO.6 COLUMN F CHANGED FROM \$9,419,435 TO \$9,976,991

SCH A PAGE 3 LINE NO.8 COLUMN F CHANGED FROM \$9,213,177 TO \$9,770,733

SCH A PAGE 3 LINE NO.9 COLUMN E CHANGED FROM \$1,788,740 TO \$2,346,296

SCH A PAGE 3 LINE NO.9 COLUMN F CHANGED FROM \$9,419,435 TO \$9,976,991

SCH A PAGE 3 LINE NO.12 COLUMN E CHANGED FROM \$861,456 TO \$209,003

SCH A PAGE 3 LINE NO.12 COLUMN F CHANGED FROM \$1,612,754 TO \$553,150

SCH A PAGE 3 LINE NO.13 COLUMN E CHANGED FROM \$2,653,737 TO \$2,558,840

SCH A PAGE 3 LINE NO.13 COLUMN F CHANGED FROM \$11,062,135 TO \$10,967,238

SCH A PAGE 3 LINE NO.15 CHANGED FROM 83.29% TO 89.09%

SCH A PAGE 8 PART III DEVELOPER FEE CHANGED FROM \$652,453 TO \$0

SCH B ENTERPRISE COMMUNITY PARTNERS INC FOR \$9,849 CHANGED TO \$5,000

SCH B NYC DOVE ADDED FOR \$121,720

SCH D PAGE 2 LINE NO.1A COLUMN B CHANGED FROM \$115,000 TO \$0

SCH D PAGE 2 LINE NO.1A COLUMN D CHANGED FROM \$115,000 TO \$0

SCH D PAGE 2 LINE NO.1B COLUMN B CHANGED FROM \$1,418,523 TO \$155,739

SCH D PAGE 2 LINE NO.1B COLUMN C CHANGED FROM \$840,633 TO \$89,382

SCH D PAGE 2 LINE NO.1B COLUMN D CHANGED FROM \$877,890 TO \$66,357

Name of the organization

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NEW DESTINY HOUSING CORPORATION

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SCH D PAGE 2 LINE NO.1C COLUMN C CHANGED FROM \$3,862 TO \$0

SCH D PAGE 2 LINE NO.1C COLUMN D CHANGED FROM -\$3,862 TO \$0

SCH D PAGE 2 LINE NO.1D COLUMN B CHANGED FROM \$0 TO \$83,757

SCH D PAGE 2 LINE NO.1D COLUMN C CHANGED FROM -\$47,309 TO \$70,493

SCH D PAGE 2 LINE NO.1D COLUMN D CHANGED FROM \$47,309 TO \$13,264

SCH D PAGE 2 LINE NO.1E COLUMN B CHANGED FROM \$84,757 TO \$0

SCH D PAGE 2 LINE NO.1E COLUMN C CHANGED FROM \$85,560 TO \$0

SCH D PAGE 2 LINE NO.1E COLUMN D CHANGED FROM -\$803 TO \$0

SCH D PAGE 2 PART VI TOTAL CHANGED FROM \$735,534 TO \$79,621

SCH D PAGE 4 PART XI LINE NO.1 CHANGED FROM \$2,653,737 TO \$5,185,382

SCH D PAGE 4 PART XI LINE NO.2D CHANGED FROM \$0 TO \$2,531,645

SCH D PAGE 4 PART XI LINE NO.2E CHANGED FROM \$0 TO \$2,531,645

SCH D PAGE 4 PART XI LINE NO.4B CHANGED FROM \$0 TO \$638,686

SCH D PAGE 4 PART XI LINE NO.4C CHANGED FROM \$0 TO \$638,686

SCH D PAGE 4 PART XI LINE NO.5 CHANGED FROM \$2,653,737 TO \$3,292,423

SCH D PAGE 4 PART XII LINE NO.1 CHANGED FROM \$2,070,874 TO \$5,650,232

SCH D PAGE 4 PART XII LINE NO.2D CHANGED FROM \$0 TO \$3,523,503

SCH D PAGE 4 PART XII LINE NO.2E CHANGED FROM \$0 TO \$3,523,503

SCH D PAGE 4 PART XII LINE NO.3 CHANGED FROM \$2,070,874 TO \$2,126,729

SCH D PAGE 4 PART XII LINE NO.4B CHANGED FROM \$0 TO \$20,845

SCH D PAGE 4 PART XII LINE NO.4C CHANGED FROM \$0 TO \$20,845

SCH D PAGE 4 PART XII LINE NO.5 CHANGED FROM \$2,070,874 TO \$2,147,574

SCH D PAGE 4 FOOTNOTE CHANGED

SCH N REPORTED FAIR MARKET VALUE OF ASSETS SOLD WITH SUPPORTING EXPLANATORY NOTES

SCH D PAGE 4 LINE NO.2A CHANGED FROM NO TO YES

SCH D PAGE 4 LINE NO.2B CHANGED FROM BLANK TO NO

SCH D PAGE 4 LINE NO.2C CHANGED FROM BLANK TO NO

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SCH D PAGE 4 LINE NO.2D CHANGED FROM BLANK TO NO

SCH O ADDED SALE OF PROPERTY SUPPLEMENTAL NOTE

SCH O ADDED EXPLANATION OF AMENDED 2016 FED 990 TAX RETURN

SCH R PAGE 3 LINE NO.1E CHANGED FROM NO TO YES

SCH R PAGE 3 LINE NO.1G CHANGED FROM NO TO YES

SCH R PAGE 3 LINE NO.1Q CHANGED FROM NO TO YES

SCH R PAGE 3 LINE NO.1S CHANGED FROM NO TO YES

SCH R PAGE 3 SECTION ADDED 2 RELATED ORGANIZATION TRANSACTIONS

SCH R PAGE 5 ADDED TWO ENTITIES

SCH R-1 PAGE 3 ADDED TWO ENTITIES

SCH R-1 PAGE 4 ADDED TWO ENTITIES

SCH R-1 PAGE 5 ADDED 13 RELATED ORGANIZATION TRANSACTIONS

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 FISCAL YEAR 2017, 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 16 PROJECTS SERVING APPROXIMATELY 490 HOUSEHOLDS. CURRENTLY IT CONTROLS AND MANAGES 11 OF THESE PROJECTS. TWO ADDITIONAL PROJECTS TO CONTAIN A TOTAL OF 104 APARTMENTS ARE UNDER DEVELOPMENT.

2.THE OPERATION OF HOUSINGLINK, A CITYWIDE PROGRAM THAT ASSISTS DOMESTIC VIOLENCE SURVIVORS TO FIND AND RETAIN SAFE, STABLE HOUSING. HOUSINGLINK PROVIDES INFORMATION

Name of the organization

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NEW DESTINY HOUSING CORPORATION

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

AND COUNSELING ON HOUSING ISSUES THROUGH TRAINING AT THE FAMILY JUSTICE CENTERS IN NYC ("FJCS"), AND AN ONLINE HOUSING RESOURCE CENTER. HOUSELINK ALSO REFERS AND PLACES ELIGIBLE CLIENTS FROM THE FJCS IN AFFORDABLE PERMANENT HOUSING OPERATED BY 25 LANDLORD PARTNERS AND PROVIDES AFTERCARE.

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 THE 190 HOUSEHOLDS RESIDING IN ITS PERMANENT HOUSING.

4. PARTICIPATION IN COALITIONS AND TASK FORCES TO EDUCATE GOVERNMENT AND ELECTED OFFICIALS ABOUT THE HOUSING NEEDS OF DOMESTIC VIOLENCE SURVIVORS AND OTHER FAMILIES AT RISK OF HOMELESSNESS.

5.THE EDUCATION OF THE PUBLIC ABOUT THE PERMANENT HOUSING NEEDS OF DOMESTIC VIOLENCE SURVIVORS. NEW DESTINY PROVIDES TESTIMONY AND POLICY BRIEFS, AND IS 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

IN FISCAL YEAR 2016 NEW DESTINY OPERATED HOUSINGLINK, A CITYWIDE PROGRAM TO HELP LOW-INCOME DOMESTIC VIOLENCE SURVIVORS OBTAIN SAFE, PERMANENT HOUSING. 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.

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

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

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.

DURING FISCAL YEAR 2014 NEW DESTINY BEGAN PROJECT HOME, A PILOT PROGRAM CO-LOCATED IN THE NEW YORK CITY FAMILY JUSTICE CENTERS, WHICH SCREENS, REFERS AND PLACES DOMESTIC VIOLENCE SURVIVORS IN EXISTING PERMANENT HOUSING IN AFFORDABLE HOUSING DEVELOPMENTS THROUGHOUT THE CITY THIS PROGRAM ENDED JUNE 30, 2017.

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

HOUSING DEVELOPMENT & MANAGEMENT CODES 531110 & 531390

NEW DESTINY CONTROLS AND MANAGES ELEVEN 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 NINE PROJECTS OFFER AFFORDABLE RENTALS TO LOW-INCOME SURVIVORS AND OTHER HOUSEHOLDS AT RISK OF HOMELESSNESS - 271 BAINBRIDGE STREET, 283 BAINBRIDGE STREET, 285 BAINBRIDGE STREET, 919 PARK PLACE AND 291 BAINBRIDGE STREET IN BROOKLYN; 307 E. 54TH STREET IN MANHATTAN; AND 2299 ANDREWS AVENUE, 1070 ANDERSON AVENUE AND 2017 MORRIS AVENUE IN THE BRONX. NEW DESTINY IS CURRENTLY DEVELOPING A SITE IT CONTROLS AT 902 JENNINGS STREET IN THE BRONX, ON WHICH IT IS CONSTRUCTING AN 8 STORY AFFORDABLE HOUSING PROJECT THAT WILL CONTAIN 42 APARTMENTS. NEW DESTINY IS ALSO

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NEW DESTINY HOUSING CORPORATION

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

CURRENTLY DEVELOPING THE SITE IT CONTROLS AT 1071-1075 BRYANT AVENUE IN THE BRONX, AN 8 STORY AFFORDABLE HOUSING PROJECT THAT WILL CONTAIN 62 APARTMENTS IS PLANNED FOR THIS SITE.

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

THE BOARD OF DIRECTORS HOLD AN ANNUAL MEETING IN WHICH THE OUTSIDE AUDITORS CONDUCT A PRESENTATION AND EXPLANATION OF THE CERTIFIED AUDITED FINANCIAL STATEMENTS, AS WELL AS A DISCUSSION OF INTERNAL CONTROLS. AFTER THE AUDIT IS ACCEPTED BY THE BOARD, MANAGEMENT AND THE AUDITORS PREPARE THE FORM 990. A COPY OF THE FORM IS SENT TO EACH BOARD MEMBER BY EMAIL BEFORE IT IS FILED, AND THEY HAVE THE OPPORTUNITY TO COMMENT WITHIN A SPECIFIED TIME FRAME.

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.

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 TRANACT 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.

Name of the organization

Employer identification number

NEW DESTINY HOUSING CORPORATION

13-3778489

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

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 ARRANGEMENTS.

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 CHARITIES BUREAU WEBSITE.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

AMORTIZATION OF INTANGIBLE ASSETS.....	\$	6,446.
CAPITAL GAIN ON DISPOSITION OF BRIDGE COMMUNITY PROJECT.....		-638,686.
DEPRECIATION PER BOOKS.....		-29,946.
DEPRECIATION PER FED 990 TAX RETURN.....		20,845.
NET ASSETS TRANSFERRED TO HDFC.....		62,491.
	TOTAL \$	<u>-578,850.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW DESTINY HOUSING CORPORATION

Employer identification number

13-3778489

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) CITYWIDE SUPPORTIVE HDFC 12 W 37TH ST., 7TH FL NEW YORK, NY 10018 05-0535640	LOW INC. HOUSING	NY	501(C)(3)	9-SCHEDULE A	NEW DESTINY		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	NEW DESTINY		X
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) ANDREWS AVENUE A 12 W 37TH ST., 7 NEW YORK, NY 100 75-3221119	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N	A	N/A	N	A	0.01
(2) 1070 ANDERSON AV 12 W 37TH ST., 7 NEW YORK, NY 100 27-1908397	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N	A	N/A	N	A	0.01
(3) 291 BAINBRIDGE L 12 W 37TH ST., 7 NEW YORK, NY 100 45-3688745	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N	A	N/A	N	A	0.01

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) 1070 ANDERSON HOUSING DEV. FUN 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 61-1559082	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		X
(2) CITYWIDE ANDREWS ASSOCIATES IN 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 75-3221117	REAL ESTATE	NY	N/A	N/A	N/A	N/A	N/A		X
(3) 1070 ANDERSON AVENUE GP CORP. 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 27-1905248	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

- 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)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CITYWIDE SUPPORTIVE HDFC	D	84,595.FMV	
(2)	CITYWIDE SUPPORTIVE HDFC	E	10,198.FMV	
(3)	CITYWIDE SUPPORTIVE HDFC	G	1,270,000.FMV	
(4)	CITYWIDE SUPPORTIVE HDFC	Q	42,431.FMV	
(5)	CITYWIDE SUPPORTIVE HOUSING INC	D	102,829.FMV	
(6)	CITYWIDE SUPPORTIVE HOUSING INC	L	56,500.FMV	

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

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

(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 sections 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.

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

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

ANDREWS AVENUE 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

2017 MORRIS AVENUE OWNER LLC 46-4261444 12 W 37TH ST., 7TH FL NEW
YORK, NY 10018

BRIDGE COMMUNITY ASSOCIATES LLC 35-2542583 12 W 37TH ST., 7TH FL NEW
YORK, NY 10018

902 JENNINGS STREET OWNER LLC 82-0874822 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 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 45-3688626	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
291 BAINBRIDGE HDFC 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 45-4670737	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
2017 MORRIS AVENUE CORP 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 46-4327045	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
2017 MORRIS HDFC 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 46-4250550	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
902 JENNINGS STREET HDFC 12 WEST 37TH STREET, 7TH FL NEW YORK, NY 10018 47-4159659	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BRIDGE COMMUNITY ASSOCIATES MM 12 WEST 37TH STREET, 7TH FLOO NEW YORK, NY 10018 81-3591576	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
902 JENNINGS STREET MM, INC. 12 WEST 37TH STREET, 7TH FLOO NEW YORK, NY 10018 38-4029033	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
CITYWIDE SUPPORTIVE HOUSING INC.....	Q	268,375.	FMV
CITYWIDE SUPPORTIVE HOUSING INC.....	S	334,375.	FMV
ANDREWS AVENUE ASSOCIATES LP.....	D	534,726.	FMV
ANDREWS AVENUE ASSOCIATES LP.....	L	84,482.	FMV
1070 ANDERSON AVENUE LIMITED PARTNERSHIP.....	D	498,587.	FMV
1070 ANDERSON AVENUE LIMITED PARTNERSHIP.....	L	107,063.	FMV
1070 ANDERSON AVENUE LIMITED PARTNERSHIP.....	S	9,000.	FMV
291 BAINBRIDGE LIMITED PARTNERSHIP.....	D	431,839.	FMV
291 BAINBRIDGE LIMITED PARTNERSHIP.....	L	222,470.	FMV
291 BAINBRIDGE LIMITED PARTNERSHIP.....	S	6,975.	FMV
2017 MORRIS AVENUE OWNER LLC.....	D	262,740.	FMV
2017 MORRIS AVENUE OWNER LLC.....	L	123,318.	FMV
2017 MORRIS AVENUE OWNER LLC.....	S	562,466.	FMV
BRIDGE COMMUNITY ASSOCIATES LLC.....	D	75,431.	FMV
BRIDGE COMMUNITY ASSOCIATES LLC.....	S	200,000.	FMV
902 JENNINGS STREET OWNER LLC.....	S	452,453.	FMV
1070 ANDERSON AVENUE GP CORP.....	D	377.	FMV
902 JENNINGS STREET HDFC.....	D	245,028.	FMV

NEW DESTINY HOUSING CORPORATION

13-3778489

SALE OF BUILDINGS

DURING THE FISCAL PERIOD, THE ORGANIZATION DISPOSED OF CERTAIN LAND, BUILDING AND ALL OF ITS IMPROVEMENTS TO A RELATED PARTY AFFILIATE. THE ORGANIZATION RECEIVED APPROVAL TO DISPOSE AND TRANSFER THESE ASSETS PURSUANT TO AN ORDER GRANTING AN EXPARTE MOTION IN THE SUPREME COURT OF THE STATE OF NEW YORK. (INDEX NO. 15710 8/30/2016). THE NEW YORK STATE ATTORNEY GENERAL HAD NO OBJECTION TO THE PROPERTY TRANSFERS SET FORTH IN THE VERIFIED PETITION.

AMENDED FEDERAL 990 TAX RETURN

IN JUNE 2018 THE ORGANIZATION RECEIVED ADDITIONAL AND NEW INFORMATION REGARDING ITS ACTIVITIES DURING THE FISCAL YEAR ENDING JUNE 30, 2017, THAT WAS NOT PROPERLY OR ACCURATELY REPORTED ON ITS ORIGINAL FILED FEDERAL 990 TAX RETURN. THEREFORE, THE ORGANIZATION IS AMENDING THE 2016 FED 990 TAX RETURN. SCHEDULE O LISTS THE CHANGES AND REVISIONS MADE TO THE ORIGINAL FILED FED 990 TAX RETURN.