EXTENDED TO MAY 16, 2016

Form **990** Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: PRAXIS HOUSING INITIATIVES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 17 BATTERY PLACE Room/suite: 307

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK , NY 10004

D Employer identification number: 13-3832223

E Telephone number: 212-293-8404

G Gross receipts $ 12,219,258.

F Name and address of principal officer: SVEIN JORGENSEN 17 BATTERY PLACE, NEW YORK, NY 10004

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ HTTP://WWW.PRAXISHOUSING.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HOUSING & SUPPORT SERVICES FOR HOMELESS INDIVIDUAL & FAMILY, LIVING WITH HIV/AIDS

2 Check this box ▶ ☐ 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	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	171
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,143,557.	11,516,781.
	9	Program service revenue (Part VIII, line 2g)	2,410,994.	486,954.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,055.	633.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,979.	214,890.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,575,585.	12,219,258.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,630,955.	4,542,194.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,487.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,481,334.	7,263,362.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,112,289.	11,805,556.
	19	Revenue less expenses. Subtract line 18 from line 12	463,296.	413,702.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,510,215.	5,951,401.
	21	Total liabilities (Part X, line 26)	3,591,216.	1,618,700.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,918,999.	4,332,701.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5/12/16

▶ SVEIN JORGENSEN, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALWAYNE BURKE, CPA		05/12/16		P01623706

Firm's name ▶ N. CHENG & CO., P.C. Firm's EIN ▶ 13-3516375

Firm's address ▶ 40 WALL STREET 32ND FLOOR NEW YORK, NY 10005 Phone no. 212-785-0100

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