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990

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 black lung
benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

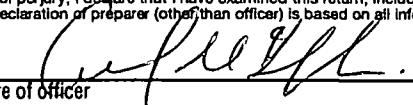
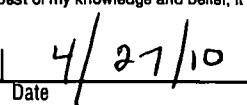
<input checked="" type="checkbox"/> Check if applicable. <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRONX WORKS, INC. (FORMERLY CITIZENS ADVICE BUREAU, INC.)		D Employer identification number 13-3254484	
	Doing Business As		E Telephone number 646-393-4000	
	Number and street (or P.O. box if mail is not delivered to street address) 60 EAST TREMONT		Room/suite	
	See Specific Instructions		G Gross receipts \$ 34,729,051.	
	City or town, state or country, and ZIP + 4 BRONX, NY 10453		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: CAROLYN MC LAUGHLIN SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►		
J Website: ► WWW.BRONXWORKS.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		
		L Year of formation: 1984 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP INDIVIDUALS AND FAMILIES IMPROVE THEIR ECONOMIC AND SOCIAL WELL BEING.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	
	5 Total number of employees (Part V, line 2a)	
	6 Total number of volunteers (estimate if necessary)	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	
b Net unrelated business taxable income from Form 990-T, line 34	3 20	
8 Contributions and grants (Part VIII, line 1h)	4 20	
9 Program service revenue (Part VIII, line 2g)	5 627	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6 100	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7a 0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7b 0.	
Revenue	Prior Year	Current Year
	31,419,691.	33,387,453.
	1,225,664.	1,195,890.
	110,964.	124,487.
	23,393.	<13,809.>
	32,779,712.	34,694,021.
	925,697.	1,213,625.
	22,660,693.	23,669,164.
	8,851,406.	9,057,325.
	32,437,796.	33,940,114.
	341,916.	753,907.
Expenses	Beginning of Year	End of Year
	11,018,405.	12,209,104.
	3,234,313.	3,671,105.
	7,784,092.	8,537,999.
	RECEIVED 1 MAY 2010 OCTOBER, 2010	
Net Assets or Fund Balances	20 Total assets (Part X, line 10)	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	

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 
	► CAROLYN MC LAUGHLIN, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► 	Date 4/19/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LOEB & TROPER LLP 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017	EIN ►	Phone no. ► (212) 867-4000	

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

G16 22

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF BRONX WORKS, INC. IS TO HELP INDIVIDUALS AND FAMILIES IMPROVE THEIR ECONOMIC AND SOCIAL WELL BEING. FROM TODDLERS TO SENIORS, THE ORGANIZATION FEEDS, SHELTERS, TEACHES AND SUPPORTS ITS NEIGHBORS TO BUILD A STRONGER COMMUNITY.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16282755. including grants of \$ 735,603.) (Revenue \$ 146,329.)
HOMELESSNESS PREVENTION FAMILY SHELTERS FOR THE HOMELESS: WORKING IN CONCERT WITH THE NYC DEPARTMENT OF HOMELESS SERVICES AND OTHER GOVERNMENT AGENCIES BRONX WORKS, INC. REDUCED THE NUMBER OF STREET HOMELESS IN THE BRONX BY 72% BETWEEN FEBRUARY 2005 AND FEBRUARY 2009. THE HOMELESS PREVENTION PROGRAM ENABLED 4,000 INDIVIDUALS OR FAMILIES TO AVOID EVICTION.

4b (Code:) (Expenses \$ 6,592,115. including grants of \$ 466,112.) (Revenue \$ 93,924.)
CHILDREN AND YOUTH SERVICES: BRONX WORKS, INC. PROVIDED A RANGE OF PROGRAMS FOR CHILDREN FROM THE PRE-SCHOOL THROUGH PRE-COLLEGE YEARS IN 2009, ENROLLING OVER 1,600 YOUNGSTERS FROM AGES 3 TO 24. IN 2009, OUR YOUTH PROGRAMS PLACED 450 YOUNGSTERS IN SUMMER JOBS AND HELPED 110 TO OBTAIN COLLEGE ACCEPTANCES ALONG WITH GRANTS OR SCHOLARSHIPS.

4c (Code:) (Expenses \$ 3,174,052. including grants of \$ 5,033.) (Revenue \$ 71,845.)
ACCESS TO BENEFITS AND SERVICES FOR THE ELDERLY: BRONX WORKS, INC. APPROVED 4,603 INDIVIDUALS OR FAMILIES FOR FOOD STAMPS IN 2009, ENABLING THEIR HOUSEHOLDS TO SECURE OVER 3.7 MILLION WORTH OF FOOD. OVER 2,500 SENIORS RECEIVED SERVICES, INCLUDING 500 WHO RECEIVED 144,000 MEALS AT BRONX WORKS, INC. RUN SENIOR CENTERS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 4,053,040. including grants of \$ 6,877.) (Revenue \$ 883,792.)

4e Total program service expenses ► \$ 30,101,962. (Must equal Part IX, Line 25, column (B).)

832002
12-18-08

Form 990 (2008)

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?
If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule F*
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*
- 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? *If "Yes," answer questions 24b-24d and complete Schedule K.*
If "No", go to question 25
 - 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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
 - b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
21		X
22	X	
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

Form 990 (2008)

832003
12-18-08

15570326 733030 0474

2008.05040 BRONX WORKS, INC. (FORMERLY

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BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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Part IV Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
 b Have a family member who had a direct or indirect business relationship with the organization?
 If "Yes," complete Schedule L, Part IV
 c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?
 If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity?
 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?
 If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
 If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

	Yes	No
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	

Form 990 (2008)

832004
12-18-08

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2008.05040 BRONX WORKS, INC. (FORMERLY 0474 1

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable

1a	0	Yes	No
1b	0		

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	X
----	---

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	627
----	-----

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

2b	X
----	---

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3a	X
----	---

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a	X
----	---

4b If "Yes," enter the name of the foreign country: ►
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a	X
----	---

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b	X
----	---

5c

6a Did the organization solicit any contributions that were not tax deductible?

6a	X
----	---

6b 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).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

7a	X
----	---

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b	X
----	---

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c	X
----	---

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e	X
----	---

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f	X
----	---

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7g	X
----	---

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

7h	X
----	---

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9a	
----	--

9b Did the organization make a distribution to a donor, donor advisor, or related person?

9b	
----	--

10 **Section 501(c)(7) organizations.** Enter: N/A

10a Initiation fees and capital contributions included on Part VIII, line 12

10a	
-----	--

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
-----	--

11 **Section 501(c)(12) organizations.** Enter: N/A

11a Gross income from members or shareholders

11a	
-----	--

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b	
-----	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12a	
-----	--

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

N/A	12b
-----	-----

Form 990 (2008)

832005
12-18-08

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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Part VI **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 20	
b Enter the number of voting members that are independent	1b 20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4 X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5 X	
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a X	
a The governing body?	8b X	
b Each committee with authority to act on behalf of the governing body?	9a X	
9a Does the organization have local chapters, branches, or affiliates?	9b	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11 X	

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CARMEN T. HERNANDEZ - (646) 393-4065	
60 EAST TREMONT, BRONX, NY 10453	

832006
12-18-08

Form 990 (2008)

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SEAN DELANY									
CHAIRPERSON	5.00	X		X			0.	0.	0.
JEAN SMITH									
VICE CHAIR	4.00	X		X			0.	0.	0.
STAN FREILICH									
TREASURER	4.00	X		X			0.	0.	0.
MARC KEMENY									
SECRETARY	4.00	X		X			0.	0.	0.
WILLIAM AGUADO									
MEMBER	1.50	X					0.	0.	0.
LEA LING BEH									
MEMBER	1.50	X					0.	0.	0.
GORDON CAMPBELL									
MEMBER	5.00	X					0.	0.	0.
VITO DESANTIS									
MEMBER	1.00	X					0.	0.	0.
MARSHALL GREEN									
MEMBER	2.00	X					0.	0.	0.
JANICE HART									
MEMBER	2.00	X					0.	0.	0.
JUDITH LEONARD									
MEMBER	5.00	X					0.	0.	0.
EMILY MENLO MARKS									
MEMBER	2.00	X					0.	0.	0.
DAVID MCLEAN									
MEMBER	4.00	X					0.	0.	0.
BRUCE PHILLIPS									
MEMBER	2.00	X					0.	0.	0.
NORBERTO J. RIVERA									
MEMBER	1.00	X					0.	0.	0.
HILARY SPANN									
MEMBER	3.00	X					0.	0.	0.
LENA TOWNSEND									
MEMBER	3.00	X					0.	0.	0.

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Form 990 (2008)

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADELE URSONE MEMBER	2.00	X					0.	0.	0.
CHARLES WILCOX MEMBER	1.00	X					0.	0.	0.
ROY COSME MEMBER	1.00	X					0.	0.	0.
CAROLYN MC LAUGHLIN EXECUTIVE DIRECTOR	37.00		X				202,728.	0.	4,634.
CARMEN T. HERNANDEZ CFO	37.00		X				125,542.	0.	8,194.
EILEEN TORRES GENERAL COUNSEL	37.00			X			126,067.	0.	8,194.
SCOTT AUWARTER ASSISTANT EXECUTIVE DIRE	37.00			X			130,510.	0.	2,983.
1b Total							584,847.	0.	24,005.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 4

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
ALDA BUILDING 128 NORMAN AVENUE, BROOKLYN, NY 11222	GENERAL CONTRACTOR	2,027,785.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 1		

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**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	162,216.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	30,412,506.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,812,731.			
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		33,387,453.				
Program Service Revenue	2 a MEDICAID	Business Code				
	b PROGRAM SERVICE FEES	623000	883,792.	883,792.		
	c	721000	312,098.	312,098.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1195890.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		124,487.		124,487.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 162,216. of contributions reported on line 1c). See Part IV, line 18	a	8,854.				
b Less: direct expenses	b	35,030.				
c Net income or (loss) from fundraising events		<26,176.>			<26,176.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a MISCELLANEOUS REVENUE	900099	12,367.			12,367.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		12,367.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		34,694,021.	1195890.	0.	110,678.	

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Form 990 (2008)

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,213,625.	1,213,625.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	341,218.	41,238.	279,362.	20,618.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,222,977.	16,165,862.	1,916,495.	140,620.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,242,177.	1,119,708.	113,698.	8,771.
9 Other employee benefits	2,154,936.	1,906,518.	230,326.	18,092.
10 Payroll taxes	1,707,856.	1,502,833.	190,408.	14,615.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,667.	7,100.	42,543.	24.
g Other	934,033.	819,111.	114,922.	
12 Advertising and promotion				
13 Office expenses	920,687.	854,072.	66,615.	
14 Information technology				
15 Royalties				
16 Occupancy	3,815,280.	3,753,942.	61,338.	
17 Travel	336,727.	317,903.	18,824.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,198.	6,796.	402.	
20 Interest	8,834.		8,834.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	511,356.	174,960.	336,396.	
23 Insurance	348,730.	323,843.	24,887.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD	955,337.	950,343.	4,994.	
b REPAIRS AND MAINTENANCE	443,390.	429,455.	13,935.	
c EQUIPMENT RENTAL AND FU	374,957.	366,903.	8,054.	
d BAD DEBTS	177,735.		177,735.	
e MISCELLANEOUS	173,394.	147,750.	23,081.	2,563.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	33,940,114.	30,101,962.	3,632,849.	205,303.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..				

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1	708,810.		
	2 Savings and temporary cash investments	3,181,095.	2	2,959,795.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	4,298,394.	4	4,339,404.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	326,104.	9	399,395.	
	10a Land, buildings, and equipment: cost basis	10a 7,043,794.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 4,040,702.	10c 3,212,812.	10c 3,003,092.	
	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		14		
	15 Other assets. See Part IV, line 11	0.	15	798,608.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,018,405.	16	12,209,104.		
Liabilities	17 Accounts payable and accrued expenses	1,948,267.	17	2,357,399.	
	18 Grants payable		18		
	19 Deferred revenue	66,783.	19	23,293.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	585,000.	23	800,000.	
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	634,263.	25	490,413.	
	26 Total liabilities. Add lines 17 through 25	3,234,313.	26	3,671,105.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,634,092.	27	8,344,004.	
	28 Temporarily restricted net assets	150,000.	28	193,995.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	7,784,092.	33	8,537,999.	
	34 Total liabilities and net assets/fund balances	11,018,405.	34	12,209,104.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X	
b Were the organization's financial statements audited by an independent accountant?	2b X	
c If "Yes" to lines 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?	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X	
b If "Yes," did the organization undergo the required audit or audits?	3b X	

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Form 990 (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

**Open to Public
Inspection**

Name of the organization BRONX WORKS, INC. (FORMERLY CITIZENS ADVICE BUREAU, INC.) Employer identification number 13-3254484

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: (Please check only one organization.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11 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 that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule A (Form 990 or 990-EZ) 2008**

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

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Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,786,602.	26,344,656.	29,466,370.	31,419,691.	33,387,453.	141,404,772.
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 1-3	20,786,602.	26,344,656.	29,466,370.	31,419,691.	33,387,453.	141,404,772.
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						141,404,772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	20,786,602.	26,344,656.	29,466,370.	31,419,691.	33,387,453.	141,404,772.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						142,072,180.
12 Gross receipts from related activities, etc. (see instructions)					12	6,294,861.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.53	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.62	%
16a 33 1/3% support test - 2008. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ►

BRONX WORKS, INC. (FORMERLY CITIZENS

Schedule A (Form 990 or 990-EZ) 2008 **ADVICE BUREAU, INC.**

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Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SPECIAL EVENT

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Employer identification number
13-3254484

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Schedule D (Form 990) 2008

13-3254484 Page 2

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

by:

(i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		190,000.		190,000.
b Buildings		4,052,779.	1,727,308.	2,325,471.
c Leasehold improvements				
d Equipment	2,059,380.	1,571,759.	487,621.	
e Other	741,635.	741,635.	0.	

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

► 3,003,092.

Schedule D (Form 990) 2008

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BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Schedule D (Form 990) 2008

13-3254484 Page 3

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

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

(a) Description	(b) Book value
DUE FROM CITIZEN ADVICE BUREAU PROPERTY HOLDING COMPANY	798,608.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO GOVERNMENT AGENCIES	490,413.

In Part XIV, provide the text of the footnote to the organization's fin

490,413

In Part XIV, 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.

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Schedule D (Form 990) 2008

13-3254484 Page 4

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,694,021.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	33,940,114.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	753,907.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4-8	9	0.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	753,907.

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

1 Total revenue, gains, and other support per audited financial statements	1	34,794,546.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	100,525.
e Add lines 2a through 2d	2e	100,525.
3 Subtract line 2e from line 1	3	34,694,021.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	34,694,021.

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

1 Total expenses and losses per audited financial statements	1	34,017,143.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	77,029.
e Add lines 2a through 2d	2e	77,029.
3 Subtract line 2e from line 1	3	33,940,114.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	33,940,114.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM CITIZENS ADVICE BUREAU PROPERTY HOLDING CO., INC. : 65495.

DIRECT EXPENSES FROM SPECIAL EVENTS: 35030.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM CITIZENS ADVICE BUREAU PROPERTY HOLDING CO., INC. : 41999.

DIRECT EXPENSES FROM SPECIAL EVENTS: 35030.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number

Name of the organization **BRONX WORKS, INC. (FORMERLY CITIZENS ADVICE BUREAU, INC.)**

Employer identification number
13-3254484

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Total

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

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

Schedule G (Form 990 or 990-EZ) 2008

BRONX WORKS, INC. (FORMERLY CITIZENS

Schedule G (Form 990 or 990-EZ) 2008 ADVICE BUREAU, INC.)

13-3254484 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 ANNIVERSARY CELEBRATION (event type)	(b) Event #2 (event type)	(c) Other Events NONE	(d) Total Events (Add col. (a) through col. (c))
				(total number)
1 Gross receipts	171,070.			171,070.
2 Less: Charitable contributions	162,216.			162,216.
3 Gross revenue (line 1 minus line 2)	8,854.			8,854.
4 Cash prizes				
5 Non-cash prizes	1,533.			1,533.
6 Rent/facility costs				
7 Other direct expenses	33,497.			33,497.
8 Direct expense summary. Add lines 4 through 7 in column (d)				► (35,030)
9 Net income summary. Combine lines 3 and 8 in column (d)				► <26,176 .>

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

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

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

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

10a	

11 Does the organization operate gaming activities with nonmembers?

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?

11	
12	

Schedule G (Form 990 or 990-EZ) 2008

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BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Schedule G (Form 990 or 990-EZ) 2008

13-3254484 Page 3

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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:

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

17a		

Schedule G (Form 990 or 990-EZ) 2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) 2008

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Schedule I (Form 990) 2008

13-3254484

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FAMILY CHILD CARE STIPENDS - (PROVIDER MOTHERS)	16	277,563.	0.		
CACPP FOOD REIMBURSEMENT STIPENDS	36	43,507.	0.		
STIPENDS TO YOUTH - PROGRAM PARTICIPATES/CLIENTS (HIGHER VISION)	38	14,263.	0.		
STIPENDS TO YOUTH - PROGRAM PARTICIPATES/CLIENTS (EXCEL PROG)	49	21,514.	0.		
STIPENDS TO YOUTH - PROGRAM PARTICIPATES/CLIENTS (DRIP BUSTER PROGRAM)	9	22,526.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: BRONXWORKS SETS UP A SEPARATE SET OF BOOKS ON OUR COMPUTERIZED SYSTEM TO TRACK ALL THE ACTIVITIES AND REPORT ITS FUNDERS.

BRONXWORKS ASSIGNS SEPARATE FUND CODES USING FEZ TO EVERY GOVERNMENT GRANT THAT IT GET AND TRACK THE REVENUE, EXPENSES AND DISTRIBUTIONS OR PAYMENTS OF THE FUNDS. THE PROGRAM STAFF DOES THE SAME ON THEIR END. THESE FUNDS ARE AUDITED YEARLY BY THE FUNDERS' CPA FIRM AS PART OF THE COMPLIANCE AUDITS.

**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Schedule I-1 (Form 990) 2008
Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

13-3254484
Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS TO YOUTH - PROGRAM PARTICIPATES/CLIENTS SUMMER JOBS TO OUT OF SCHOOL YOUTH	46.	36,607.	0.		
STIPENDS TO YOUTH - PROGRAM PARTICIPATES/CLIENTS (VARIOUS PROGRAMS)	205.	49,390.	0.		
BEDS ASSITANCE - TEMPORARY OVERNIGHT BEDS TO HOMELESS ADULTS	39.	378,420	0.		
RENT ASSISTANCE - CLIENT RENTS IN ARREARS ASSISTANCE TO PREVENT HOMELESSNESS	96.	260,704.	0.		
FEMA RENT SUBSIDIES - CLIENT RENTS IN ARREARS ASSISTANCE TO PREVENT HOMELESSNESS	57.	27,519.	0.		
CLIENT RENT ASSISTANCE - CLIENT RENTS IN ARREARS ASSISTANCE TO PREVENT HOMELESSNESS	9.	15,686.	0.		
CLIENT RENT ASSISTANCE - CLIENT RENTS IN ARREARS ASSISTANCE TO PREVENT HOMELESSNESS	35.	65,926.	0.		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **BRONX WORKS, INC. (FORMERLY CITIZENS ADVICE BUREAU, INC.)** Employer identification number **13-3254484**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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**BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)**

Key Employees and Highest Com

Compensated Employees 1169 Schools 111 if additional cases is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)Employer identification number
13-3254484**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

AIDS PROGRAMS: THE BRONX WORKS, INC. POSITIVE LIVING PROGRAM ASSISTED MORE THAN 150 CLIENTS, PREVENTING SEVERAL DOZEN EVICTIONS, AND FINDING HOMES FOR 54 PERSONS WITH HIV/AIDS. THE FAMILIES TOGETHER PROGRAM PROVIDED WORKSHOPS AND SUPPORT GROUPS FOCUSED ON PARENTING, FAMILY RELATIONSHIPS, AND HIV EDUCATION TO 30 FAMILIES AFFECTED BY HIV/AIDS.

TOTAL COST IN FY09

\$2,267,125 REVENUE: \$1,564,371

WORKFORCE DEVELOPMENT: PROGRAMS BASED AT OUR EMPLOYMENT CENTER TRAINED OVER 1,500 ADULTS AND PLACED MORE THAN 650 PEOPLE INTO PERMANENT JOBS IN 2009. OVER 400 INDIVIDUALS WHO CAME TO THE EMPLOYMENT CANTER ALSO SECURED INCOME ENHANCEMENTS, INCLUDING TAX CREDITS. THE YOUNG ADULT INTERNSHIP PROGRAM OF BRONX WORKS, INC. HAS ENGANGED 209 YOUTH IN INTERNSHIPS, WITH 87% COMPLETING THEM AND 135 SECURING IMMEDIATE EMPLOYMENT. TOTAL COST FOR FY09 1,785,915 REVENUE: 1,951,354 EXPENSES \$ 4053040. INCLUDING GRANTS OF \$ 6877. REVENUE \$ 883792.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S NAME CHANGED FROM CITIZENS ADVICE BUREAU TO BRONXWORKS ON 11/5/09

FORM 990, PART VI, SECTION A, LINE 10: THE CHAIR OR TREASURER OF THE FINANCE/AUDIT COMMITTEE REVIEWS THE 990 AND THEN IT IS PRESENTED TO THE WHOLE BOARD OF DIRECTORS FOR REVIEW. QUESTIONS AND REMARKS ARE RECORDED IN THE MINUTES TO THOSE MEETINGS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

BRONX WORKS, INC. (FORMERLY CITIZENS
ADVICE BUREAU, INC.)

Employer identification number
13-3254484

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND ALL
EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ANY POTENTIAL
CONFLICTS OF INTEREST. BOTH BOARD MEMBERS AND SENIOR MANAGEMENT STAFF
SUBMIT SIGNED CONFLICT OF INTEREST DISCLOSURE FORMS ON AN ANNUAL BASIS.
BOARD MEMBERS AND SENIOR STAFF ARE NOT ALLOWED TO PARTICIPATE OR VOTE ON
ANY MATTER IN WHICH THEY MAY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CEO IS SET AND
APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY.
COMPENSATION IS DETERMINED BY REVIEWING SALARY SURVEYS OF OTHER AGENCIES
SIMILAR TO OURS. THE SAME SURVEYS ARE USED TO REVIEW KEY EMPLOYEES SALARIES
EVERY 2-3 YEARS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS 990
AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON
REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIALS APPEAR ON THE
AGENCY'S WEBSITE. OTHER DOCUMENTS ARE GIVEN UPON REQUEST TO FUNDERS,
AUDITORS, AND GOVERNMENT AGENCIES AND OTHERS. CONFLICT OF INTEREST POLICIES
ARE PART OF THE AGENCY'S OPERATING MANUAL AND COPIES OF THE FORMS ARE FILED
IN THE EMPLOYEES' PERSONNEL FILES. BOARD CONFLICT OF INTEREST FORMS ARE
MAINTAINED IN THE ADMINISTRATIVE OFFICES. ALSO THESE DOCUMENTS ARE
DISTRIBUTED, REVIEWED AND UPDATED AT THE ANNUAL BOARD MEETING.

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Exc	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
	BUILDINGS AND											
	2 IMPROVEMENTS											
	* 990 PAGE 10 TOTAL											
	BUILDINGS											
	MACHINERY & EQUIPMENT											
	FURNITURE, EQUIPMENT											
	3 AND VEHICLE											
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT											
	LAND											
	1 LAND											
	* 990 PAGE 10 TOTAL											
	LAND											
	OTHER											
	4 LAND IMPROVEMENTS											
	5 LEASEHOLD IMPROVEMENTS											
	6 OTHER											
	* GRAND TOTAL 990 PAGE 10 DEPR											

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	CITIZENS ADVICE BUREAU, INC.	13-3254484
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2054 MORRIS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRONX, NY 10453	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

CARMEN T. HERNANDEZ

1	<p>I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until <u>FEBRUARY 15, 2010</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</p> <p>► <input type="checkbox"/> calendar year _____ or</p> <p>► <input checked="" type="checkbox"/> tax year beginning <u>JUL 1, 2008</u>, and ending <u>JUN 30, 2009</u>.</p>			
2	<p>If this tax year is for less than 12 months, check reason:</p> <p><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period</p>			
3a	<p>If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any <u>nonrefundable credits</u>. See instructions.</p>		3a	\$
b	<p>If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated <u>tax payments made</u>. Include any prior year overpayment allowed as a credit.</p>		3b	\$
c	<p>Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.</p>		3c	\$
			N/A	

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization The Citizen's Advice Bureau, Inc.	Employer identification number 13 3254484
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. 2054 Morris Avenue	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bronx, NY 10453	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of ► **Carmen T. Hernandez**
Telephone No. ► **(718) 365-0910** FAX No. ► **()**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

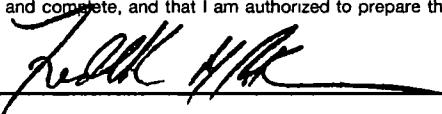
- 4 I request an additional 3-month extension of time until **May 17**, 20**10**
- 5 For calendar year **2008**, or other tax year beginning **July 1**, 20**08**, and ending **June 30**, 20**09**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension. **Certain information necessary to file a complete and accurate return is not yet available. It is anticipated that all data will be available prior to the extended due date.**

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

Signature and Verification

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

Signature ►



Title ► CPA

Date ► 02/01/10

Form 8868 (Rev. 4-2008)