

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

PROJECT HOME

23-2555950

Name and title of officer

JOAN DAWSON-MCCONNON

ASSOC ED

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>28,290,212.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize FRIEDMAN LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [Signature] Date ▶ 4/28/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24373319103
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature] Date ▶ 04/06/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT HOME Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1515 FAIRMOUNT AVENUE City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19130	D Employer identification number 23-255950 E Telephone number 215-232-7229
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 31,037,819.
J Website: ▶ WWW.PROJECTHOME.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: PA
F Name and address of principal officer: S. MARY SCULLION SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE PROJECT HOME. COMMUNITY IS TO EMPOWER ADULTS, CHILDREN, AND FAMILIES TO BREAK THE 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 468 6 Total number of volunteers (estimate if necessary) 6 1230 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,956. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 956.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 26,443,732. Prior Year 21,569,913. Current Year 9 Program service revenue (Part VIII, line 2g) 3,970,107. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,850,246. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -360,263. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,903,822. 28,290,212.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 131,870. 1,542,020. 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) 12,876,313. 14,823,101. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,082,781. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,943,286. 10,504,129. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,951,469. 26,869,250. 19 Revenue less expenses. Subtract line 18 from line 12 7,952,353. 1,420,962.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 92,763,244. Beginning of Current Year 92,416,550. End of Year 21 Total liabilities (Part X, line 26) 25,605,277. 22 Net assets or fund balances. Subtract line 21 from line 20 67,157,967. 68,416,298.	

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 JOAN DAWSON-MCCONNON, ASSOC E.D. Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SUTTER CPA	Preparer's signature _____
	Firm's name ▶ FRIEDMAN LLP	Date 04/06/17
	Firm's address ▶ 2000 MARKET STREET, SUITE 500 PHILADELPHIA, PA 19103	Check <input type="checkbox"/> if self-employed PTIN P01400284
		Firm's EIN ▶ 13-1610809
		Phone no. 215-496-9200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE PROJECT HOME COMMUNITY IS TO EMPOWER ADULTS, CHILDREN, AND FAMILIES TO BREAK THE CYCLE OF HOMELESSNESS AND POVERTY, TO ALLEVIATE THE UNDERLYING CAUSES OF POVERTY, AND TO ENABLE ALL OF US TO ATTAIN OUR FULLEST POTENTIAL AS INDIVIDUALS AND AS MEMBERS OF THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 13,700,111. including grants of \$ 1,453,083.) (Revenue \$ 2,986,006.) PROJECT HOME PROVIDES HOUSING AND SUPPORT SERVICES FOR FORMERLY HOMELESS INDIVIDUALS AND FAMILIES AS WELL AS OUTREACH EFFORTS FOR INDIVIDUALS LIVING ON THE STREETS.

THE ORGANIZATION HAS DEVELOPED A PROVEN AND EFFECTIVE PROGRAM TO ASSIST PERSONS IN OVERCOMING CHRONIC HOMELESSNESS. THIS "CONTINUUM OF SERVICES" IS CAREFULLY DESIGNED TO DEAL WITH THE COMPLEX ISSUES OF PERSONS WITH SPECIAL NEEDS SUCH AS MENTAL ILLNESS AND ADDICTION. THE SERVICES CONSIST OF STREET OUTREACH; A RANGE OF SUPPORTIVE HOUSING FROM ENTRY-LEVEL TO PERMANENT, LEASE BASED HOUSING, COMPREHENSIVE SERVICES INCLUDING HEALTH, BEHAVIORAL HEALTH AND DENTAL CARE SERVICES AND EMPLOYMENT AND EDUCATION SERVICES; AND ADVOCACY AND STRATEGIC

4b (Code:) (Expenses \$ 3,121,858. including grants of \$ 88,937.) (Revenue \$ 738,663.) PROJECT HOME OFFERS A COMPREHENSIVE MENU OF ONE-ON-ONE AND GROUP SERVICES TO HELP OVERCOME MULTIPLE BARRIERS TO EDUCATION AND EMPLOYMENT. IN ADDITION TO AN INNOVATIVE, TRAUMA-INFORMED APPRENTICESHIP PROGRAM, THE AGENCY ALSO PROVIDES INTENSIVE ONE-ON-ONE JOB PLACEMENT AND RETENTION SUPPORT SERVICES, USING THE PRINCIPLES AND PRACTICES OF THE EVIDENCE BASED INDIVIDUALIZED PLACEMENT AND SUPPORT (IPS) MODEL. PROJECT HOME ALSO MANAGES SOCIAL ENTERPRISES, INCLUDING HOME MADE THAT PRODUCES CANDLES AND SOAPS MADE BY RESIDENTS. THE WORKSHOP-STYLE PRODUCTION SUPPORTS EMPLOYMENT FOR INDIVIDUALS WHO HAVE NO RECENT WORK HISTORY, MAY EXPERIENCE SERIOUS MENTAL ILLNESS OR TRAUMA OR HAVE OTHER SIGNIFICANT BARRIERS TO EMPLOYMENT AND SELF-EFFICACY. PROJECT HOME'S HONICKMAN LEARNING CENTER AND COMCAST TECHNOLOGY LABS

4c (Code:) (Expenses \$ 3,111,720. including grants of \$) (Revenue \$ 821,360.) PROJECT HOME'S HEALTH CARE SERVICES INCREASES ACCESS TO PEOPLE EXPERIENCING HOMELESSNESS AND POVERTY TO HEALTH CARE AND OTHER SERVICES. THE STEPHEN KLEIN WELLNESS CENTER OFFERS INTEGRATED HEALTH CARE SERVICES, INCLUDING PRIMARY CARE, BEHAVIORAL HEALTH, PHARMACY, AND DENTAL CARE IN ADDITION TO WELLNESS PROGRAMS LIKE FITNESS AND NUTRITION CLASSES, SUPPORT GROUPS, A YMCA FITNESS CENTER AND PHYSICAL THERAPY. MOBILE HEALTH CARE SERVICES BRING HEALTHCARE SERVICES TO INDIVIDUALS WHO ARE STREET HOMELESS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,212,791. including grants of \$) (Revenue \$ 495,611.)

4e Total program service expenses 22,146,480.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA, FL, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MARIANNE SCHUSTER, CONTROLLER - (215)232-7272**
1415 FAIRMOUNT AVE. 2ND FLOOR, PHILADELPHIA, PA 19130

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOAN DAWSON-MCCONNON, CPA TREASURER/ASSOC. EXEC.	40.00	X		X				208,864.	0.	20,350.
(2) MARY SCULLION, RSM PRESIDENT/EXECUTIVE DIRECT	40.00	X		X				89,045.	0.	7,464.
(3) DOROTHY BINSWANGER BOARD MEMBER	1.00	X						0.	0.	0.
(4) RICHARD BOGUE BOARD MEMBER	1.00	X						0.	0.	0.
(5) DR. WALTER COHEN BOARD MEMBER	1.00	X						0.	0.	0.
(6) JOHN CONAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOHN CONNORS BOARD MEMBER	1.00	X						0.	0.	0.
(8) PAMELA ESTADT BOARD MEMBER	1.00	X						0.	0.	0.
(9) DEBORAH FRETZ 1ST VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(10) GORDON GARY BOARD MEMBER	1.00	X						0.	0.	0.
(11) WILLIAM HARVEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) HENRY HOCHEIMER BOARD MEMBER	1.00	X						0.	0.	0.
(13) LYNNE HONICKMAN 2ND VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(14) LOREE JONES BOARD MEMBER	1.00	X						0.	0.	0.
(15) STEPHEN MCKENNA BOARD MEMBER	1.00	X						0.	0.	0.
(16) LEIGH MIDDLETON 3RD VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(17) J. PATRICK OGRADY BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN OWENS CHAIRPERSON	1.00	X		X				0.	0.	0.
(19) PEDRO RAMOS - RESIGNED 12/15 1ST VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(20) CLAIRE REICHLIN BOARD MEMBER	1.00	X						0.	0.	0.
(21) EMILY CONNELLY RILEY BOARD MEMBER	1.00	X						0.	0.	0.
(22) SUSAN SHERMAN - RESIGNED 12/15 BOARD MEMBER	1.00	X						0.	0.	0.
(23) ALMEDA SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(24) CHARLENE TAYLOR BOARD MEMBER	5.00	X					7,061.	0.	0.	0.
(25) GLENN SHIVELY - DECEASED 9/15 BOARD MEMBER	1.00	X						0.	0.	0.
(26) ESTELLE RICHMAN BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								304,970.	0.	27,814.
c Total from continuation sheets to Part VII, Section A								781,531.	0.	91,296.
d Total (add lines 1b and 1c)								1,086,501.	0.	119,110.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VETERANS MULTI-SERVICE & EDUCATION CENTER, 213 NORTH 4TH STREET, PHILADELPHIA, PA 1910	REIMBURSEMENT OF EXPENSES	1,386,812.
MAY DAY CONSTRUCTION AND MANAGEMENT, LLC 431 COWPATH ROAD, SOUDERTON, PA 18964	CONSTRUCTION CONTRACTOR	448,609.
HOLDEN ROBERT ASSOCIATES PO BOX 458, MEDIA, PA 19063	CONSTRUCTION CONTRACTOR	246,266.
COPRPORATE SECURITY SERVICES 185 CAMPUS DRIVE, EDISON, NJ 08837	SECURITY SYSTEMS	221,975.
MLS STUDIOS LLC 487 NORTH UNION STREET, OLEAN, NY 14760	ARTIST FEES	164,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	64,355.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,620,586.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,884,972.				
	g Noncash contributions included in lines 1a-1f: \$		1,287,080.				
	h Total. Add lines 1a-1f		21,569,913.				
	Program Service Revenue	2 a SUPPORTIVE SERVICES/HOUSING COUNS	Business Code 624100	2,581,761.	2,581,761.		
b MANAGEMENT AND MAINTENANCE FEES		624100	1,959,036.	1,959,036.			
c DEVELOPER FEES		624100	1,115,608.	1,115,608.			
d FOOD/CLOTHING		624100	44,844.	44,844.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			5,701,249.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,547,453.		1,956.	1,545,497.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	418,759.				
		(ii) Personal					
		b Less: rental expenses	1,078,368.				
		c Rental income or (loss)	-659,609.				
	d Net rental income or (loss)		-659,609.	-659,609.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,768,310.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,622,604.				
		c Gain or (loss)	145,706.				
	d Net gain or (loss)		145,706.			145,706.	
	8 a Gross income from fundraising events (not including \$ 64,355. of contributions reported on line 1c). See Part IV, line 18	a	32,135.				
		b Less: direct expenses	46,635.				
c Net income or (loss) from fundraising events			-14,500.			-14,500.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			28,290,212.	5,041,640.	1,956.	1,676,703.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,376,772.	1,376,772.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	165,248.	165,248.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	346,089.	271,019.	58,890.	16,180.
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	11,630,504.	9,098,342.	1,983,903.	548,259.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,393.	116,716.	24,408.	6,269.
9 Other employee benefits	1,742,452.	1,379,792.	288,552.	74,108.
10 Payroll taxes	956,663.	757,551.	158,424.	40,688.
11 Fees for services (non-employees):				
a Management				
b Legal	190,298.	140,125.	49,289.	884.
c Accounting	89,251.	65,719.	23,117.	415.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,688.		69,688.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	347,119.	255,599.	89,907.	1,613.
12 Advertising and promotion	244,400.	226,599.	6,390.	11,411.
13 Office expenses	689,477.	577,421.	87,924.	24,132.
14 Information technology				
15 Royalties				
16 Occupancy	853,465.	782,008.	49,631.	21,826.
17 Travel	114,581.	85,595.	22,874.	6,112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	238,962.	161,961.	63,643.	13,358.
20 Interest	603,683.	475,755.	127,928.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	964,316.	856,215.	100,604.	7,497.
23 Insurance	265,889.	146,857.	102,937.	16,095.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	4,401,896.	4,132,244.	41,032.	228,620.
b HOUSING DEVELOPMENT EXP	658,322.	658,322.		
c GENERAL EXPENSES	411,901.	186,724.	198,738.	26,439.
d EQUIPMENT RENTALS & MAI	360,881.	229,896.	92,110.	38,875.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,869,250.	22,146,480.	3,639,989.	1,082,781.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	42,404.	1	74,395.	
	2 Savings and temporary cash investments	10,662,703.	2	6,911,000.	
	3 Pledges and grants receivable, net	6,955,042.	3	6,060,522.	
	4 Accounts receivable, net	3,148,947.	4	3,055,656.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	164,867.	9	342,155.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,161,876.			
	b Less: accumulated depreciation	10b 10,094,351.	18,196,033.	10c	19,067,525.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	28,277,166.	12	30,105,393.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	342,173.	14	315,848.	
	15 Other assets. See Part IV, line 11	24,973,909.	15	26,484,056.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	92,763,244.	16	92,416,550.		
Liabilities	17 Accounts payable and accrued expenses	2,398,081.	17	1,749,808.	
	18 Grants payable		18		
	19 Deferred revenue	58,969.	19	511,497.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	22,821,496.	23	21,326,357.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	326,731.	25	412,590.	
	26 Total liabilities. Add lines 17 through 25	25,605,277.	26	24,000,252.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	36,499,170.	27	40,163,837.	
	28 Temporarily restricted net assets	23,930,641.	28	21,524,305.	
	29 Permanently restricted net assets	6,728,156.	29	6,728,156.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	67,157,967.	33	68,416,298.		
34 Total liabilities and net assets/fund balances	92,763,244.	34	92,416,550.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,290,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,869,250.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,420,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,157,967.
5	Net unrealized gains (losses) on investments	5	-162,631.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,416,298.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15691570.	25696752.	22105419.	26443731.	21569913.	111507385
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15691570.	25696752.	22105419.	26443731.	21569913.	111507385
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)						5930919.
6 Public support. Subtract line 5 from line 4.						105576466

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15691570.	25696752.	22105419.	26443731.	21569913.	111507385
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1379781.	1451443.	1534244.	1906294.	1965912.	8237674.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,446.	8,921.	7,491.	17.		22,875.
11 Total support. Add lines 7 through 10						119767934
12 Gross receipts from related activities, etc. (see instructions)					12	19,063,294.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	88.15 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	88.80 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PROJECT HOME	Employer identification number 23-2555950
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		286.
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		100.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		315.
i Other activities?		X	
j Total. Add lines 1c through 1i			701.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PRESENTED AND TESTIFIED AT BUDGET AND OTHER HEARINGS AND SUPPORTED
 CONSTITUENTS IN DOING THE SAME. MET INDIVIDUALLY WITH LEGISLATORS AND
 APPOINTED OFFICIALS BOTH TO EDUCATE THEM ABOUT THE ISSUES OF
 HOMELESSNESS AND TO SOLICIT THEIR SUPPORT FOR SPECIFIC IDEAS AND
 PROGRAMS. SPOKE AT AND FACILITATED PARTICIPATION IN RALLIES, PUBLIC

Part IV Supplemental Information (continued)

HEARINGS AND OTHER ACTIONS (ELECTRONIC, WRITTEN, AND FACE-TO-FACE)

PERTAINING TO SPECIFIC LEGISLATION. WORKED AS A MEMBER OF LOCAL, STATE

AND NATIONAL COALITIONS ADVOCATING FOR POLICY CHANGES.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization PROJECT HOME **Employer identification number** 23-2555950

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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Schedule D (Form 990) 2015

532051
11-02-15

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,996,330.	15,922,363.	13,702,283.	13,592,445.	11,336,076.
b Contributions	55,000.	55,206.	916,333.	20,000.	2,393,978.
c Net investment earnings, gains, and losses	308,384.	519,367.	2,064,875.	843,366.	485,091.
d Grants or scholarships					
e Other expenditures for facilities and programs	338,231.	500,606.	761,128.	753,528.	622,700.
f Administrative expenses					
g End of year balance	16,021,483.	15,996,330.	15,922,363.	13,702,283.	13,592,445.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 41.99 %
- c Temporarily restricted endowment 58.01 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		965,653.		965,653.
b Buildings		21,742,081.	5,084,655.	16,657,426.
c Leasehold improvements		1,674,550.	1,158,849.	515,701.
d Equipment		3,438,965.	3,022,566.	416,399.
e Other		1,340,627.	828,281.	512,346.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,067,525.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	3,728,542.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	3,300,024.	END-OF-YEAR MARKET VALUE
(C) GOV'T BONDS AND NOTES	713,370.	END-OF-YEAR MARKET VALUE
(D) MORTGAGE BACKED		
(E) SECURITIES	2,327,422.	END-OF-YEAR MARKET VALUE
(F) MUTUAL FUNDS	19,489,683.	END-OF-YEAR MARKET VALUE
(G) OTHER	546,352.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,105,393.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS AND ADVANCES	1,020,576.
(2) LOANS RECEIVABLE - RELATED ENTITIES	25,463,480.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	26,484,056.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCOUNTS PAYABLE - RELATED PARTIES	98,993.
(3) DEFERRED RENT OBLIGATION	313,597.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	412,590.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	29,494,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-162,631.	
b	Donated services and use of facilities	2b	347,304.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,125,003.	
e	Add lines 2a through 2d	2e		1,309,676.
3	Subtract line 2e from line 1		3	28,185,283.
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	69,688.	
b	Other (Describe in Part XIII.)	4b	35,241.	
c	Add lines 4a and 4b	4c		104,929.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	28,290,212.

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

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

1	Total expenses and losses per audited financial statements		1	28,271,869.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	347,304.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,125,003.	
e	Add lines 2a through 2d	2e		1,472,307.
3	Subtract line 2e from line 1		3	26,799,562.
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	69,688.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		69,688.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	26,869,250.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT THE EDUCATIONAL WORK OF THE PROGRAMS AT THE HONICKMAN LEARNING CENTER/COMCAST TECHNOLOGY LABS AS WELL AS TO SUPPORT THE SERVICES PROVIDED BY OUR HOMELESS PROGRAMS.

PART X, LINE 2:

MANAGEMENT OF THE ORGANIZATION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR UPON EXAMINATION BY TAX AUTHORITIES, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE ORGANIZATION MET THE

Part XIII Supplemental Information (continued)

REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES	1,078,368.
SPECIAL EVENT EXPENSES	46,635.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,125,003.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE AND SUPPORT FOR CAPITAL ACQUISITION AND FINANCING	35,241.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES	1,078,368.
SPECIAL EVENT EXPENSES	46,635.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,125,003.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		YOUNG LEADER'S EVE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	96,490.			96,490.
	2 Less: Contributions	64,355.			64,355.
	3 Gross income (line 1 minus line 2)	32,135.			32,135.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,000.			10,000.
	6 Rent/facility costs				
	7 Food and beverages	6,474.			6,474.
	8 Entertainment				
	9 Other direct expenses	30,161.			30,161.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				46,635.
11 Net income summary. Subtract line 10 from line 3, column (d)				-14,500.	

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter 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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **PROJECT HOME** Employer identification number **23-2555950**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUINAS CENTER 1700 FERNON STREET PHILADELPHIA, PA 19145	23-1370516	501(C)(3)	15,000.	0.			PROVIDE FRESH, CULTURALLY RELEVANT FOOD TO IMMIGRANT AND REFUGEE COMMUNITY IN SOUTH PHILLY
ARCH STREET UNITED METHODIST CHURCH - 55 N. BROAD STREET - PHILADELPHIA, PA 19107	23-1433905	501(C)(3)	35,000.	0.			ASSIST WITH NEEDED CAPITAL IMPROVEMENTS TO GRACE CAFE
BETH SHOLOM MITZVAH FOOD PANTRY 8231 OLD YORK ROAD ELKINS PARK, PA 19027	02-0806071	501(C)(3)	10,000.	0.			RENOVATION OF SPACE TO MAKE MORE ACCESSIBLE
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 19146	23-2209338	501(C)(3)	50,000.	0.			CAPITAL REPAIRS
BROAD STREET MINISTRY 315 S. BROAD STREET PHILADELPHIA, PA 19107	20-2760310	501(C)(3)	40,000.	0.			EXPAND HOSPITALITY COLLABORATIVE (FOOD PROGRAM)
CATHEDRAL KITCHEN 1514 FEDERAL STREET CAMDEN, NJ 08105	22-3114500	501(C)(3)	50,000.	0.			EXPANSION OF MEAL PROGRAM - RENOVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES - DIOCESE OF CAMDEN - 1845 HADDON AVENUE - CAMDEN, NJ 08103	22-3759994	501(C)(3)	23,375.	0.			ESTABLISH ASSET DEVELOPMENT PROGRAM AND HELP TO EXPUNGE CRIMINAL RECORDS
CENTER FOR FAMILY SERVICES 584 BENSON STREET CAMDEN, NJ 08103	22-3669704	501(C)(3)	10,000.	0.			APPLE A DAY FOOD PROGRAM
CENTER FOR HUNGER-FREE COMMUNITIES 3600 MARKET STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	15,000.	0.			FOOD FOR PANTRY AND EAT CAFE PROGRAM
CHOSEN 300 1116 SPRING GARDEN STREET PHILADELPHIA, PA 19123	27-1723052	501(C)(3)	40,000.	0.			EXPAND MEAL DISTRIBUTION AT WEST PHILADELPHIA LOCATION
COALITION AGAINST HUNGER 1725 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	26-2727680	501(C)(3)	10,000.	0.			PURCHASE HEALTHY FOOD FOR FOOD PANTRIES
COMMON MARKET 428 E. ERIE AVENUE PHILADELPHIA, PA 19134	74-3240184	501(C)(3)	40,000.	0.			BUILD A JOB TRAINING KITCHEN
COMMUNITY CENTER AT VISITATION 2646 KENSINGTON AVENUE PHILADELPHIA, PA 19125	45-5089328	501(C)(3)	10,000.	0.			SUPPORT FRESH CHOICE FOOD PANTRY
COVENANT HOUSE - NJ 330 WASHINGTON STREET NEWARK, NJ 07102	13-3537710	501(C)(3)	20,000.	0.			PROVIDE HEALTHY FOOD
COVENANT HOUSE - PA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	23-6405863	501(C)(3)	25,000.	0.			REPAIRS TO CRISIS CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRADLE OF HOPE 1657 THE FAIRWAY JENKINTOWN, PA 19046	23-2893700	501(C)(3)	5,000.	0.			EXPANSION OF CASE MANAGEMENT SERVICES
CSS - CASA DEL CARMEN 4440 N. REESE STREET PHILADELPHIA, PA 19140	23-1352063	501(C)(3)	15,000.	0.			PROVIDE FOOD
CSS - FAMILY SERVICE CENTER OF DELAWARE COUNTY - 130 E. 7TH STREET - CHESTER, PA 19013	23-1352063	501(C)(3)	17,018.	0.			COMMUNITY GARDEN
CSS - MERCY HOSPICE 334 S. 13TH STREET PHILADELPHIA, PA 19107	23-1352063	501(C)(3)	30,000.	0.			KITCHEN RENOVATION
CSS - ST. FRANCIS-ST. JOSEPH-ST. VINCENT HOMES FOR CHILDREN - 3400 BRISTOL PIKE - BENSALEM, PA 19020	23-1370504	501(C)(3)	55,000.	0.			RENOVATING FIVE KITCHENS
CSS - ST. JOHN'S HOSPICE 1221 RACE STREET PHILADELPHIA, PA 19107	47-3697165	501(C)(3)	15,000.	0.			FOOD AND SUPPLIES
DAWN'S PLACE PO BOX 48253 PHILADELPHIA, PA 19144	26-0196507	501(C)(3)	90,000.	0.			OPEN NEW BUILDING AND CONTINUE TO SERVE THE WOMEN IN AFTER CARE AND AS OUTPATIENTS
DEPAUL HOUSE 5725 SPRAGUE STREET PHILADELPHIA, PA 19138	35-2338110	501(C)(3)	25,000.	0.			CHALLENGE GRANT FOR VAN AND SEPTA TRANSPASSES
DRUEDING CENTER 413 W. MASTER STREET PHILADELPHIA, PA 19122	23-1532883	501(C)(3)	40,000.	0.			BUILD A KITCHEN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACE TO FACE 109 E. PRICE STREET PHILADELPHIA, PA 19144	23-2862064	501(C)(3)	10,000.	0.			PURCHASE FOOD
FEAST OF JUSTICE 3101 TYSON AVENUE PHILADELPHIA, PA 19149	26-0392596	501(C)(3)	15,000.	0.			EXPAND HEALTHY FOOD IN COMMUNITY PROGRAM
JEWISH FAMILY AND CHILDREN'S SERVICES - 2100 ARCH STREET - PHILADELPHIA, PA 19103	23-1352026	501(C)(3)	65,000.	0.			EMERGENCY FOOD ASSISTANCE PROGRAM AND CAPITAL FUNDING TO JFCS CHILDREN'S DEN
JEWISH RELIEF AGENCY 200 MONUMENT ROAD BALA CYNWYD, PA 19004	26-2578017	501(C)(3)	15,000.	0.			EXPAND MONTHLY FOOD DISTRIBUTION
JOSEPH'S HOUSE OF CAMDEN 555 ATLANTIC AVENUE CAMDEN, NJ 08104	27-4417979	501(C)(3)	100,000.	0.			BUILD AN ADDITION FOR SMALL HEALTH CLINIC AT SHELTER
KLEINLIFE 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	25,000.	0.			EXPAND COOK FOR A FRIEND PROGRAM
LEGAL CLINIC FOR THE DISABLED 1513 RACE STREET PHILADELPHIA, PA 19102	23-2460392	501(C)(3)	5,000.	0.			RENT AND UTILITY ASSISTANCE
MANNA 2323 RANSTEAD STREET PHILADELPHIA, PA 19103	23-2586142	501(C)(3)	10,000.	0.			SUPPORT OF COMPREHENSIVE NUTRITION SERVICES FOR PEOPLE WHO ARE NUTRITIONALLY COMPROMISED
MASJIDULLAH INC 7401-7429 LIMEKILN PIKE PHILADELPHIA, PA 19138	22-2545416	501(C)(3)	10,000.	0.			EXPAND PROGRAM, STORAGE SPACE, PURCHASE REFRIGERATION, PROVIDE AFTER SCHOOL AND SUMMER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MITZVAH FOOD PROJECT 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	10,000.	0.			INCREASE DISTRIBUTION, EXPAND SNAP RECIPIENTS
MOTHER OF MERCY HOUSE 801-803 E. ALLEGHENY AVENUE PHILADELPHIA, PA 19134	47-5049973	501(C)(3)	100,000.	0.			NEW MINISTRY - HOSPITALITY CENTER IN KENSINGTON- RENOVATIONS OF SPACE
MOTHER'S HOME 51 N. MACDADE BOULEVARD DARBY, PA 19023	23-2654296	501(C)(3)	20,000.	0.			CAPITAL REPAIRS TO THE BUILDING
NEW VISIONS 555B ATLANTIC AVENUE CAMDEN, NJ 08104	22-1487237	501(C)(3)	5,000.	0.			EXPAND MEAL PROGRAMS
OUR LADY OF FATIMA 2913 STREET ROAD BENSALEM, PA 19020	46-0960188	501(C)(3)	10,000.	0.			OUTREACH TO HELP WITH NUTRITIONAL FOOD TO DAY LABORERS
OUR MOTHER OF SORROWS 1030 N. 48TH STREET PHILADELPHIA, PA 19131	23-1372990	501(C)(3)	10,000.	0.			REPAIRS TO THE BUILDING
PATHWAYS TO HOUSING PA 5201 OLD YORK ROAD PHILADELPHIA, PA 19141	45-2612118	501(C)(3)	42,589.	0.			TRUCK FOR PHILADELPHIA FURNITURE BANK PROGRAM
PEOPLE'S EMERGENCY CENTER 325 N. 39TH STREET PHILADELPHIA, PA 19104	23-2017882	501(C)(3)	10,000.	0.			PROVIDING FOOD AT CUPBOARD TO RESIDENTS OF ALL AGES
PHILLY RESTART PO BOX 14057 PHILADELPHIA, PA 19122	23-6393317	501(C)(3)	15,000.	0.			SECURE ID'S AND HEALTHY FOOD PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE PHILADELPHIA, PA 19133	23-2663699	501(C)(3)	60,000.	0.			EXPANDING SHOWERS AND FOOD PROVISIONS IN KENSINGTON
READY, WILLING & ABLE 1221 BAINBRIDGE STREET PHILADELPHIA, PA 19147	13-3607921	501(C)(3)	10,000.	0.			SUPPORT CULINARY ARTS PROGRAM
SHARE 2901 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-2360819	501(C)(3)	15,000.	0.			COOLERS FOR FOOD CUPBOARD
SIMPLE HOMES FULLER CENTER PO BOX 12798 PHILADELPHIA, PA 19134	46-1473304	501(C)(3)	5,000.	0.			CAPITAL REPAIRS
SISTERS OF SAINT JOSEPH WELCOME CENTER - 728 E. ALLEGHENY AVENUE - PHILADELPHIA, PA 19134	91-2055362	501(C)(3)	5,000.	0.			ADDITION TO OUTREACH PROGRAM TO HELP WITH FOOD AND RENT
SREHUP 55 N. BROAD STREET PHILADELPHIA, PA 19107	23-1433905	501(C)(3)	35,000.	0.			COLLEGE STUDENT RUN WINTER EMERGENCY SHELTER AT ARCH STREET METHODIST CHURCH
ST. FRANCIS INN MINISTRIES 404 E. GIRARD AVENUE PHILADELPHIA, PA 19125	23-1360879	501(C)(3)	8,000.	0.			RENTAL ASSISTANCE PROGRAM
THE ATTIC YOUTH CENTER 255 S. 16TH STREET PHILADELPHIA, PA 19102	23-3020071	501(C)(3)	10,000.	0.			SUPPORT THE ATTIC'S FOOD DISTRIBUTION PROGRAM FOR LGBT YOUTH
THE FOOD TRUST 1617 JFK BOULEVARD PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	15,000.	0.			EXPAND PHILLY BUCKS PROGRAM TO BUY HEALTHY FOOD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 701 N. BROAD STREET PHILADELPHIA, PA 19123	23-2847914	501(C)(3)	5,000.	0.			SUPPORT NEW DAY DROP-IN CENTER
THE WELCOME CHURCH 233 WEST GORGAS LANE PHILADELPHIA, PA 19119	27-2863101	501(C)(3)	5,000.	0.			FOCUS ON MINISTRY TO WOMEN
UNEMPLOYMENT INFORMATION CENTER 112 N. BROAD STREET PHILADELPHIA, PA 19102	23-2000486	501(C)(3)	10,790.	0.			HELP PEOPLE WITH JOBS, IDS AND HOMEOWNERSHIP
URBAN TREE CONNECTION 5125 WOODBINE AVENUE PHILADELPHIA, PA 19131	23-2889697	501(C)(3)	10,000.	0.			EXPAND FARMERS MARKET
WOMEN AGAINST ABUSE 100 S. BROAD STREET PHILADELPHIA, PA 19110	23-1984838	501(C)(3)	20,000.	0.			FOOD SERVICES FOR WOMEN, CHILDREN AFFECTED BY DOMESTIC ABUSE AND TRAFFICKING

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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
TUITION ASSISTANCE/SCHOLARSHIPS	66	85,737.	0.	FAIR MARKET VALUE	
RENTAL ASSISTANCE	3	29,511.	0.	FAIR MARKET VALUE	
LAPTOPS	8	0.	3,200.	FAIR MARKET VALUE	LAPTOPS
FOOD AND MEDICAL SUPPLIES TO HOUSE OF GRACE CATHOLIC WORKER VOLUNTEERS	1	46,800.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MASJIDULLAH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND PROGRAM, STORAGE SPACE,
PURCHASE REFRIGERATION, PROVIDE AFTER SCHOOL AND SUMMER FOOD PROGRAM

FORM 990, SCHEDULE I, PART III, GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS

TUITION ASSISTANCE IS PROVIDED FOR BOTH COLLEGE AND HIGH SCHOOL

STUDENTS. DEPENDING ON THE TYPE OF AWARD, STUDENTS EITHER COMPLETE AN

APPLICATION AND ESSAY TO RECEIVE A SCHOLARSHIP OR THEY EXPRESS A

Part IV Supplemental Information

FINANCIAL NEED TO SUPPORT ANY GAP FUNDING FOR TUITION. THE REQUESTS ARE REVIEWED INTERNALLY AND AWARDS ARE DECIDED. PAYMENTS ARE MADE DIRECTLY TO THE SCHOOLS AT THE BEGINNING OF EACH SEMESTER.

RENTAL ASSISTANCE IS DETERMINED BASED UPON INCOME AND OTHER ELIGIBILITY FACTORS. PAYMENTS ARE MADE DIRECTLY TO THE RENTED PROPERTY AND NO OTHER MONITORING IS DEEMED NECESSARY.

FRANCIS FUND GRANTS REPRESENT MONIES RAISED IN CONNECTION WITH THE PAPAL VISIT TO PHILADELPHIA THAT WERE GRANTED TO VARIOUS AGENCIES FOR SPECIFIC NEEDS THAT WERE OUTLINED IN THEIR GRANT APPLICATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

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 on 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 checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input 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 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOAN DAWSON-MCCONNON, CPA TREASURER/ASSOC. EXEC.	(i)	208,864.	0.	0.	5,056.	15,294.	229,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUZANNE SMITH VP RESIDENTAL & HOMELESS	(i)	150,380.	0.	0.	2,194.	6,863.	159,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY GRAHAM-ZAK VP OF INFORMATION TECHNOLO	(i)	135,650.	0.	0.	2,164.	23,823.	161,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **PROJECT HOME** Employer identification number: **23-2555950**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	13	1,272,580.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SILENT AUCTION)	X	1	10,000.	FMV
26	Other ▶ (BEVERAGES)	X	2	4,500.	FMV
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

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

CYCLE OF HOMELESSNESS AND POVERTY, TO ALLEVIATE THE UNDERLYING CAUSES OF POVERTY, AND TO ENABLE ALL OF US TO ATTAIN OUR FULLEST POTENTIAL AS INDIVIDUALS AND AS MEMBERS OF THE BROADER SOCIETY. WE STRIVE TO CREATE A SAFE AND RESPECTFUL ENVIRONMENT WHERE WE SUPPORT EACH OTHER IN OUR STRUGGLES FOR SELF-ESTEEM, RECOVERY, AND THE CONFIDENCE TO MOVE TOWARD SELF-ACTUALIZATION.

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

BROADER SOCIETY. WE STRIVE TO CREATE A SAFE AND RESPECTFUL ENVIRONMENT WHERE WE SUPPORT EACH OTHER IN OUR STRUGGLES FOR SELF-ESTEEM, RECOVERY, AND THE CONFIDENCE TO MOVE TOWARD SELF-ACTUALIZATION.

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

INITIATIVES.

PROJECT HOME'S HOUSING AND SUPPORTIVE SERVICES OFFER PERMANENT, SUBSIDIZED, SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES WHO HAD BEEN HOMELESS. CURRENTLY, WE HAVE DEVELOPED 714 UNITS OF SUPPORTIVE AND AFFORDABLE HOUSING FOR PERSONS WHO HAVE EXPERIENCED HOMELESSNESS AND LOW-INCOME PERSONS AT RISK OF HOMELESSNESS. OUR GOAL IS TO COMPLETE 1,000 TOTAL UNITS OF AFFORDABLE HOUSING IN THE NEAR FUTURE. PROJECT HOME'S OUTREACH COORDINATION CENTER (OCC), IN PARTNERSHIP WITH THE CITY AND OTHER SERVICE PROVIDERS, COORDINATES OUTREACH TO PEOPLE LIVING ON THE STREETS OF PHILADELPHIA. THE OCC REACHES OUT TO OVER 2,200 UNDUPLICATED INDIVIDUALS ANNUALLY. AND , IN COLLABORATION WITH THE VA

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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AND OTHER PARTNER ORGANIZATIONS, PROJECT HOME ADMINISTERS THE PHILADELPHIA ALLIANCE FOR SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM, THAT PROVIDES SERVICES AND RESOURCES TO OBTAIN AND MAINTAIN HOUSING FOR ABOUT 500 VERY LOW INCOME VETERANS AND THEIR FAMILIES WHO ARE AT RISK OF OR ARE CURRENTLY EXPERIENCING HOMELESSNESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
(HLCCTL) OFFERS A COLLEGE ACCESS PROGRAM, A SUMMER CAMP AND K-12 AFTER SCHOOL PROGRAM. THE HLCCTL ALSO OFFERS ADULT LEARNING PROGRAMS, INCLUDING BASIC EDUCATION (COMPUTER SKILLS AND GED CLASSES) AND VOCATIONAL CERTIFICATION PROGRAMS, TO FURTHER SUPPORT COMMUNITY MEMBERS AND THEIR EMPLOYMENT GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROJECT HOME IS COMMITTED TO SOCIAL AND POLITICAL ADVOCACY. AN INTEGRAL PART OF OUR WORK IS EDUCATION ABOUT THE REALITIES OF HOMELESSNESS AND POVERTY AND VIGOROUS ADVOCACY ON BEHALF OF AND WITH HOMELESS AND LOW-INCOME PERSONS FOR MORE JUST AND HUMANE PUBLIC POLICIES. AT PROJECT HOME, THIS WORK IS LED BY OUR ADVOCACY AND POLICY DEPARTMENT IN COLLABORATION WITH A RICH NETWORK OF PARTNERS, ADVOCATES, AND RESIDENTS.

THROUGH PROJECT HOME'S STRATEGIC INITIATIVES WORK, WE MANAGE A PUBLIC/PRIVATE INITIATIVE WORKING TO END CHRONIC STREET HOMELESSNESS IN PHILADELPHIA. WE WORK WITH VARIOUS COMMUNITY PARTNERSHIPS TO EXPAND SYSTEM CAPACITY, IMPLEMENT AND SHARE BEST PRACTICES, AND COLLABORATIVELY CREATE PLANS FOR ENDING HOMELESSNESS IN OUR COMMUNITY.

EXPENSES \$ 2,212,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 495,611.

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

FORM 990, PART VI, SECTION A, LINE 2:

CLAIRE REICHLIN (CURRENT TRUSTEE) AND LYNNE HONICKMAN (CURRENT TRUSTEE) ARE SISTERS-IN-LAW.

PEDRO RAMOS (CURRENT TRUSTEE) IS A TRUSTEE OF THE INDEPENDENCE FOUNDATION, AND SUSAN SHERMAN (CURRENT TRUSTEE) IS PRESIDENT AND CEO OF THE INDEPENDENCE FOUNDATION.

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

THE FORM 990 IS PRESENTED TO THE FINANCE AND AUDIT COMMITTEE BY THE OUTSIDE TAX ACCOUNTANTS AT THE FEBRUARY MEETING. ONCE APPROVED BY THIS COMMITTEE, IT IS SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE BOARD MEMBERS ARE ASKED TO SEND ANY COMMENTS AND QUESTIONS TO THE CONTROLLER TO BE ADDRESSED BEFORE THE FINAL FORM IS FILED.

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

ALL KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE FORMS ARE REVIEWED AND ANY CONFLICTS ARE SUMMARIZED AND REPORTED TO THE EXECUTIVE DIRECTOR, THE ASSOCIATE EXECUTIVE DIRECTOR AND THE CONTROLLER.

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

HUMAN RESOURCES OBTAINED SURVEY DATA OF SALARY INFORMATION FOR COMPARABLE ORGANIZATIONS. A WRITE-UP SUMMARIZING THIS INFORMATION WAS PREPARED AND PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BY THE VICE PRESIDENT FOR LEGAL AND ADMINISTRATIVE AFFAIRS FOR THEIR REVIEW AND APPROVAL. THIS REVIEW WAS LAST DONE BY THE EXECUTIVE COMMITTEE OF THE BOARD

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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OF TRUSTEES ON MARCH 15, 2016. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED AND APPROVED THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE ASSOCIATE EXECUTIVE DIRECTOR/CFO. AN EXECUTIVE SALARY SURVEY WAS ALSO PREPARED AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR THE ADDITIONAL EXECUTIVE SALARIES. THE EXECUTIVE COMMITTEE REVIEWED AND CONCLUDED THAT THE EXECUTIVE COMPENSATION WAS REASONABLE IN COMPARISON TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. PERSONS WITH A CONFLICT OF INTEREST WERE NOT INVOLVED IN THE APPROVAL PROCESS.

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

PROJECT HOME MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS CAN BE PLACED VIA TELEPHONE, EMAIL OR IN WRITING. COPIES OF REQUESTED DOCUMENTS ARE SENT TO THE PUBLIC VIA EMAIL OR REGULAR MAIL. COPIES OF FORM 990 CAN BE FOUND ON THE ORGANIZATION'S WEBSITE: WWW.PROJECTHOME.ORG

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization **PROJECT HOME** Employer identification number **23-2555950**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION - 23-2895377, 1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	OPERATES 5 RESIDENTIAL SITES WITH A TOTAL OF 112 SINGLE RESIDENCE UNITS	PENNSYLVANIA	501(C)(3)	11A	PROJECT H.O.M.E.		X
2700 DIAMOND DEVELOPMENT CORPORATION - 23-3041374, 2729 A DIAMOND STREET, PHILADELPHIA, PA 19121	OPERATES AN 8 UNIT RESIDENTIAL HOUSING PROJECT	PENNSYLVANIA	501(C)(3)	7	PROJECT H.O.M.E.		X
1850 N. CROSKY DEVELOPMENT CORPORATION - 20-5575302, 1850 N. CROSKY STREET, PHILADELPHIA, PA 19121	OPERATES A 24 UNIT SINGLE HOUSING DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	PROJECT H.O.M.E.		X
M POWER DEVELOPMENT CORPORATION - 46-2668689 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	OWNS STEPHEN KLEIN WELLNESS CENTER	PENNSYLVANIA	501(C)(2)		PROJECT H.O.M.E.		X

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1900 NORTH JUDSON LIMITED PARTNERSHIP - 23-2967976, 1901 N. JUDSON STREET, PHILADELPHIA, PA 19121	OPERATES A 31 UNIT SINGLE ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING				X	N/A		X	
1929 SANSOM LIMITED PARTNERSHIP - 71-0897279, 1929 SANSOM STREET, PHILADELPHIA, PA 19103	OPERATES AN 144 UNIT SINGLE ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING				X	N/A		X	
1212 LUDLOW LIMITED PARTNERSHIP - 26-3554394, 1212 LUDLOW STREET, PHILADELPHIA, PA 19107	OPERATES A 79 UNIT SINGLE ROOM RESIDENCE.	PA	N/A	LOW INCOME HOUSING				X	N/A		X	
1415 FAIRMOUNT LIMITED PARTNERSHIP - 45-5633174, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	OPERATES A 55 UNIT SINGLE ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PEOPLE OF FORTITUDE - 23-2684808 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT H.O.M.E.	C CORP					X
PEOPLE OF PERSEVERANCE - 23-2998414 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT H.O.M.E.	C CORP					X
PEOPLE OF PIETY - 26-3437808 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT H.O.M.E.	C CORP			100%	X	
WOCC, INC. - 71-0897275 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT H.O.M.E.	C CORP					X
1415 FAIRMOUNT DEVELOPMENT CORPORATION - 45-4996216, 1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT H.O.M.E.	C CORP			100%	X	

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 1929 SANSOM LP	D	3,370,679.	LOAN AGREEMENT
(2) 1212 LUDLOW LP	D	1,186,405.	LOAN AGREEMENT
(3) 1900 N. JUDSON LP	D	115,753.	LOAN AGREEMENT
(4) 1850 N. CROSKEY LP	D	104,529.	LOAN AGREEMENT
(5) PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	E	250,000.	LOAN AGREEMENT
(6) 1415 FAIRMOUNT LP	D	1,149,223.	LOAN AGREEMENT

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MPOWER DEVELOPMENT CORPORATION	D	10,340,070.	LOAN AGREEMENT
(8)2415 NORTH BROAD LIMITED PARTNERSHIP	D	3,113,244.	LOAN AGREEMENT
(9)810 ARCH LIMITED PARTNERSHIP	D	5,501,785.	LOAN AGREEMENT
(10)PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	K	136,727.	LEASE AGREEMENT
(11)1415 FAIRMOUNT LP	K	97,198.	LEASE AGREEMENT
(12)MPOWER DEVELOPMENT CORPORATION	K	714,769.	LEASE AGREEMENT
(13)1212 LUDLOW LP	L	57,188.	CASH
(14)1850 N. CROSKEY LP	L	11,735.	CASH
(15)PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	L	78,794.	CASH
(16)2700 DIAMOND DEVELOPMENT CORPORATION	L	11,615.	CASH
(17)1900 N. JUDSON LP	L	38,306.	CASH
(18)1415 FAIRMOUNT LP	L	40,500.	CASH
(19)1929 SANSOM LP	L	81,210.	CASH
(20)MPOWER DEVELOPMENT CORPORATION	L	64,127.	CASH
(21)1850 N. CROSKEY LP	Q	47,493.	CASH
(22)PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	Q	320,743.	CASH
(23)1900 N. JUDSON LP	Q	136,495.	CASH
(24)1212 LUDLOW LP	Q	200,876.	CASH

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)1929 SANSOM LP	Q	417,884.	CASH
(8)2700 DIAMOND DEVELOPMENT CORPORATION	Q	55,150.	CASH
(9)1415 FAIRMOUNT LP	Q	224,384.	CASH
(10)810 ARCH LIMITED PARTNERSHIP	L	23,403.	CASH
(11)810 ARCH LIMITED PARTNERSHIP	Q	145,952.	CASH
(12)MPOWER DEVELOPMENT CORPORATION	Q	3,180.	CASH
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

