

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

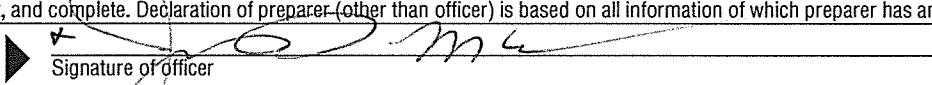

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PROJECT H.O.M.E.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1515 FAIRMOUNT AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>PHILADELPHIA, PA 19130</b> <b>F</b> Name and address of principal officer: <b>S. MARY SCULLION</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>23-2555950</b> <b>E</b> Telephone number <b>215-232-7229</b> <b>G</b> Gross receipts \$ <b>36,123,827.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.PROJECTHOME.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>PA</b>

<b>Part I Summary</b>			
	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE PROJECT H.O.M.E. COMMUNITY IS TO EMPOWER ADULTS, CHILDREN, AND FAMILIES TO</b>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>31</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>28</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) .....	<b>5</b>	<b>434</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>696</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>6,972.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>5,971.</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>25,696,752.</b>	<b>22,105,419.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>2,106,778.</b>	<b>4,674,531.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>1,463,745.</b>	<b>1,295,365.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>37,795.</b>	<b>-180,370.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>29,305,070.</b>	<b>27,894,945.</b>
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>71,532.</b>	<b>114,882.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>10,215,026.</b>	<b>11,285,561.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,510,120.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>10,284,918.</b>	<b>11,382,635.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>20,571,476.</b>	<b>22,783,078.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>8,733,594.</b>	<b>5,111,867.</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	<b>74,806,989.</b>	<b>88,879,419.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>22,684,981.</b>	<b>29,550,699.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>52,122,008.</b>	<b>59,328,720.</b>

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	Signature of officer  <b>JOAN DAWSON-MCCONNON, CFO &amp; ASSOC E.D.</b> Type or print name and title	Date <b>3/30/15</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>THOMAS SULPIZIO</b>	Preparer's signature  Date <b>03/21/15</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00651153</b>
	Firm's name ▶ <b>SHECHTMAN MARKS DEVOR PC</b> Firm's address ▶ <b>2000 MARKET STREET, SUITE 500 PHILADELPHIA, PA 19103</b>	Firm's EIN ▶ <b>23-2628828</b> Phone no. <b>215-496-9200</b>	

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 H.O.M.E. 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

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

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 \$ 14,903,609. including grants of \$ 62,955.) (Revenue \$ 3,820,385.) PROJECT H.O.M.E 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 CONTINUUM CONSISTS OF STREET OUTREACH, A RANGE OF SUPPORTIVE HOUSING FROM ENTRY-LEVEL TO PERMANENT HOUSING, AND COMPREHENSIVE SERVICES, INCLUDING HEALTH CARE, EDUCATION, AND EMPLOYMENT.

4b (Code: ) (Expenses \$ 3,376,785. including grants of \$ 51,927.) (Revenue \$ 865,679.) PROJECT H.O.M.E. PROVIDES COMMUNITY SERVICES TO ADDRESS EMPLOYMENT OPPORTUNITIES, EDUCATIONAL NEEDS, MEDICAL CARE AND ECONOMIC DEVELOPMENT.

PROJECT H.O.M.E.'S ECONOMIC DEVELOPMENT WORK IS FOCUSED ON THE NORTH CENTRAL PHILADELPHIA COMMUNITY KNOWN AS THE "ST. ELIZABETH'S/DIAMOND STREET" NEIGHBORHOOD, AND RIDGE AVENUE COMMERCIAL CORRIDOR. THIS 33-SQUARE BLOCK NEIGHBORHOOD HAS SUFFERED BECAUSE OF YEARS OF ECONOMIC DIVESTMENT CAUSED BY AN ERODING MANUFACTURING BASE AND THE MIGRATION OF FAMILIES AND JOBS TO OTHER PARTS OF PHILADELPHIA AND THE SURROUNDING SUBURBS. SINCE 1995, PROJECT H.O.M.E. HAS WORKED IN PARTNERSHIP WITH NEIGHBORHOOD RESIDENTS, CORPORATIONS, FOUNDATIONS, GOVERNMENT, FAITH

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,280,394.

**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	<b>Section 501(c)(3) organizations.</b> 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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 so, 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	<i>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> .....</i>	X	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Main form body with questions 1a through 14b and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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); 16b 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?

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. [X] Own website [ ] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: 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 CFO/TREASURER/ASSOC. EXEC.	40.00	X		X				207,322.	0.	19,133.
(2) MARY SCULLION, RSM PRESIDENT/EXECUTIVE DIRECT	40.00	X		X				88,093.	0.	7,559.
(3) DOROTHY BINSWANGER BOARD MEMBER	1.00	X						0.	0.	0.
(4) RICHARD BOGUE BOARD MEMBER	1.00	X						0.	0.	0.
(5) WALTER BROADNAX, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(6) DR. WALTER COHEN BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOHN CONAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHN CONNORS BOARD MEMBER	1.00	X						0.	0.	0.
(9) STEPHEN DANGELO BOARD MEMBER	1.00	X						0.	0.	0.
(10) PAMELA ESTADT BOARD MEMBER	1.00	X						0.	0.	0.
(11) DEBORAH FRETZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) LYNNE HONICKMAN 2ND VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(13) NIKKI JOHNSON-HUSTON BOARD MEMBER - ENDED 06/30/14	1.00	X						0.	0.	0.
(14) LOREE JONES BOARD MEMBER	1.00	X						0.	0.	0.
(15) LOUIS MAYER BOARD MEMBER	1.00	X						0.	0.	0.
(16) YVONNE BAILEY BOARD MEMBER - ENDED 06/30/14	24.00	X						14,023.	0.	563.
(17) STEPHEN MCKENNA 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) LEIGH MIDDLETON 3RD VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(19) JOYCE MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(20) J. PATRICK OGRADY BOARD MEMBER	1.00	X						0.	0.	0.
(21) KATHLEEN OWENS CHAIRPERSON	1.00	X		X				0.	0.	0.
(22) JAMES PATERNO BOARD MEMBER	1.00	X						0.	0.	0.
(23) PEDRO RAMOS 1ST VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(24) CLAIRE REICHLIN BOARD MEMBER	1.00	X						0.	0.	0.
(25) EMILY CONNELLY RILEY BOARD MEMBER	1.00	X						0.	0.	0.
(26) KAREN BENEDETTI BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								309,438.	0.	27,255.
<b>c Total from continuation sheets to Part VII, Section A</b>								605,173.	0.	59,123.
<b>d Total (add lines 1b and 1c)</b>								914,611.	0.	86,378.

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 **7**

	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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DELRAN BUILDERS COMPANY INC 7909 FLOURTOWN AVENUE, WYNDMOOR, PA 19038	CONSTRUCTION	469,420.
D'ANGELO BROS INC, 3700 SOUTH 26TH STREET, PHILADELPHIA, PA 19145	CONSTRUCTION	244,328.
MERCY HOUSING MANAGEMENT GROUP 1999 BROADWAY, SUITE 1000, DENVER, CO 80202	CONSULTING	211,651.
ADECCO EMPLOYMENT SERVICES PO BOX 371084, PITTSBURGH, PA 15250	STAFFING SERVICES	193,537.
EUSTACE ENGINEERING 607 EASTON ROAD, WILLOW GROVE, PA 19090	ENGINEERING	175,628.

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 **11**

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,147,383.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	9,758,947.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,199,089.			
	g Noncash contributions included in lines 1a-1f: \$		1,464,409.			
	h Total. Add lines 1a-1f		22,105,419.			
	Program Service Revenue	Business Code				
2 a DEVELOPER FEES		624100	2,569,413.	2,569,413.		
b MANAGEMENT AND MAINTENANCE FEES		624100	1,482,379.	1,482,379.		
c SUPPORTIVE SERVICES/HOUSING COUNS		624100	451,328.	451,328.		
d FOOD/CLOTHING		624100	171,411.	171,411.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		4,674,531.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,148,712.		6,972.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	385,532.			
		(ii) Personal				
		b Less: rental expenses	381,490.			
		c Rental income or (loss)	4,042.			
	d Net rental income or (loss)		4,042.	4,042.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7,372,906.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	7,226,253.			
		c Gain or (loss)	146,653.			
	d Net gain or (loss)		146,653.		146,653.	
	8 a Gross income from fundraising events (not including \$ 2,147,383. of contributions reported on line 1c). See Part IV, line 18	a	429,236.			
		b Less: direct expenses	621,139.			
		c Net income or (loss) from fundraising events		-191,903.		-191,903.
	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 SALES OF HOLIDAY CARDS AND ARTWOR	624100	7,491.	7,491.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		7,491.				
12 Total revenue. See instructions.		27,894,945.	4,686,064.	6,972.	1,096,490.	

**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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	114,882.	114,882.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,673.	266,912.	62,168.	20,593.
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	8,854,931.	6,759,476.	1,575,196.	520,259.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,469.	67,491.	15,626.	5,352.
9 Other employee benefits	1,176,825.	897,767.	207,861.	71,197.
10 Payroll taxes	815,663.	622,246.	144,070.	49,347.
11 Fees for services (non-employees):				
a Management				
b Legal	160,354.	127,399.	32,501.	454.
c Accounting	79,055.	62,808.	16,023.	224.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,176.	54,165.	13,818.	193.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	410,628.	326,239.	83,228.	1,161.
12 Advertising and promotion	161,944.	130,970.	4,494.	26,480.
13 Office expenses	405,039.	335,151.	57,621.	12,267.
14 Information technology				
15 Royalties				
16 Occupancy	768,637.	668,181.	81,802.	18,654.
17 Travel	93,185.	71,855.	10,803.	10,527.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	288,074.	225,739.	24,950.	37,385.
20 Interest	734,910.	521,923.	190,084.	22,903.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	915,095.	859,493.	44,970.	10,632.
23 Insurance	178,546.	132,079.	33,814.	12,653.
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 <b>PROGRAM EXPENSES</b>	3,594,935.	2,895,464.	79,323.	620,148.
b <b>HOUSING DEVELOPMENT EXP</b>	2,325,455.	2,325,455.		
c <b>GENERAL EXPENSES</b>	866,239.	615,192.	224,052.	26,995.
d <b>EQUIPMENT RENTALS &amp; MAI</b>	332,363.	199,507.	90,160.	42,696.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	22,783,078.	18,280,394.	2,992,564.	1,510,120.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	3,378,029.	1	5,537,657.
	2	Savings and temporary cash investments .....	7,190,094.	2	543,529.
	3	Pledges and grants receivable, net .....	11,745,308.	3	8,085,637.
	4	Accounts receivable, net .....	2,583,430.	4	2,739,282.
	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 .....	151,469.	9	345,777.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 26,247,015.		
	b	Less: accumulated depreciation .....	10b 8,330,849.	10c	17,916,166.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....	22,947,624.	12	28,932,776.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....	348,573.	14	368,498.
	15	Other assets. See Part IV, line 11 .....	7,180,025.	15	24,410,097.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	74,806,989.	16	88,879,419.	
Liabilities	17	Accounts payable and accrued expenses .....	1,781,417.	17	2,115,690.
	18	Grants payable .....		18	
	19	Deferred revenue .....	90,100.	19	111,321.
	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 .....	20,801,982.	23	27,110,466.
	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 .....	11,482.	25	213,222.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	22,684,981.	26	29,550,699.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	19,689,810.	27	29,083,113.
	28	Temporarily restricted net assets .....	25,704,042.	28	23,517,451.
	29	Permanently restricted net assets .....	6,728,156.	29	6,728,156.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b> .....	52,122,008.	33	59,328,720.	
34	<b>Total liabilities and net assets/fund balances</b> .....	74,806,989.	34	88,879,419.	

**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	27,894,945.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,783,078.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,111,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,122,008.
5	Net unrealized gains (losses) on investments	5	2,094,845.
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	59,328,720.

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

Form 990 (2013)



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13051158.	12531838.	15691570.	25696752.	22105419.	89076737.
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 .....	13051158.	12531838.	15691570.	25696752.	22105419.	89076737.
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) .....						4135656.
6 Public support. Subtract line 5 from line 4.						84941081.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	13051158.	12531838.	15691570.	25696752.	22105419.	89076737.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	812,346.	1173696.	1379781.	1451443.	1534244.	6351510.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	852,382.	8,662.	6,446.	8,921.	7,491.	883,902.
11 Total support. Add lines 7 through 10						96312149.
12 Gross receipts from related activities, etc. (see instructions) .....					12	12,969,040.
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 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	88.19	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	86.50	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

PROJECT H.O.M.E.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on 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) (2013)

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

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.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

Name of organization <b>PROJECT H.O.M.E.</b>	Employer identification number <b>23-2555950</b>
---	---

**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2013

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		652.
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		739.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		273.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			1,664.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....		

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**EXPLANATION: 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.

**SCHEDULE D**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

PROJECT H.O.M.E.

Employer identification number

23-255950

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,802,487.	13,592,445.	11,336,076.	10,027,172.	9,163,566.
b Contributions	1,945,557.	20,000.	2,393,978.	436,979.	787,013.
c Net investment earnings, gains, and losses	2,064,875.	843,366.	485,091.	1,100,538.	667,517.
d Grants or scholarships					
e Other expenditures for facilities and programs	951,855.	653,324.	622,700.	228,613.	590,924.
f Administrative expenses					
g End of year balance	16,861,064.	13,802,487.	13,592,445.	11,336,076.	10,027,172.

- 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  39.90 %
  - c Temporarily restricted endowment  60.10 %
- The percentages in 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 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" to 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		458,066.		458,066.
b Buildings		20,118,275.	3,868,148.	16,250,127.
c Leasehold improvements		1,369,418.	1,105,690.	263,728.
d Equipment		3,147,998.	2,734,863.	413,135.
e Other		1,153,258.	622,148.	531,110.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>17,916,166.</b>



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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	7,401,190.	END-OF-YEAR MARKET VALUE
(B) COMMON STOCKS	1,139,872.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	2,892,197.	END-OF-YEAR MARKET VALUE
(D) GOV'T BONDS AND NOTES	1,203,997.	END-OF-YEAR MARKET VALUE
(E) MORTGAGE BACKED		
(F) SECURITIES	2,104,629.	END-OF-YEAR MARKET VALUE
(G) MUTUAL FUNDS	13,493,662.	END-OF-YEAR MARKET VALUE
(H) OTHER	697,229.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>28,932,776.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS AND ADVANCES	426,716.
(2) LOANS RECEIVABLE - RELATED ENTITIES	23,983,381.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>24,410,097.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	213,222.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>213,222.</b>

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	30,534,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,094,845.
b	Donated services and use of facilities	2b	173,755.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,002,629.
e	Add lines 2a through 2d	2e	3,271,229.
3	Subtract line 2e from line 1	3	27,263,628.
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	68,176.
b	Other (Describe in Part XIII.)	4b	563,141.
c	Add lines 4a and 4b	4c	631,317.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,894,945.

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

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

1	Total expenses and losses per audited financial statements	1	23,891,286.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	173,755.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,002,629.
e	Add lines 2a through 2d	2e	1,176,384.
3	Subtract line 2e from line 1	3	22,714,902.
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	68,176.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	68,176.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,783,078.

**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:**

**EXPLANATION: 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:**

**EXPLANATION: 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:

Table with 2 columns: Description and Amount. Rows include DIRECT RENTAL EXPENSES (381,490), SPECIAL EVENT EXPENSES (621,139), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (1,002,629).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes REVENUE AND SUPPORT FOR CAPITAL ACQUISITION AND FINANCING (563,141).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include DIRECT RENTAL EXPENSES (381,490), SPECIAL EVENT EXPENSES (621,139), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (1,002,629).



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		25TH ANNIVERSARY (event type)	HLC 10TH ANNIVERSARY (event type)	NONE (total number)		
Revenue	1	Gross receipts	2,056,335.	520,284.		2,576,619.
	2	Less: Contributions	1,724,522.	422,861.		2,147,383.
	3	Gross income (line 1 minus line 2)	331,813.	97,423.		429,236.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	202,323.	19,435.		221,758.
	7	Food and beverages		14,505.		14,505.
	8	Entertainment	3,575.	82,250.		85,825.
	9	Other direct expenses	266,296.	32,755.		299,051.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				621,139.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-191,903.

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

		(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

- 11 Does the organization operate 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 operated 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 complete this part to provide any additional information (see instructions).



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	28	62,955.	0.	FAIR MARKET VALUE	
RENTAL ASSISTANCE	7	48,048.	0.	FAIR MARKET VALUE	
LAPTOPS	7	0.	3,879.	FAIR MARKET VALUE	LAPTOPS

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

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

**EXPLANATION: 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 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**





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

**PROJECT H.O.M.E.**

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input 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 in 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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) 2013

**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 in 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) JOAN DAWSON-MCCONNON, CPA	207,322.	0.	0.	4,511.	14,622.	226,455.	0.
(ii) CFO/TREASURER/ASSOC. EXEC.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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](http://www.irs.gov/form990).

Name of the organization

PROJECT H.O.M.E.

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 .....	X	1	13,739.	FAIR MARKET VALUE
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	13	1,450,670.	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 ▶ ( .....				
26	Other ▶ ( .....				
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 - 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) (2013)



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

PROJECT H.O.M.E.

Employer identification number

23-2555950

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

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 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:

PROJECT H.O.M.E.'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.

PLEASE VISIT [WWW.PROJECTHOME.ORG](http://WWW.PROJECTHOME.ORG) FOR ADDITIONAL INFORMATION.

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

COMMUNITIES AND OTHERS TO REVITALIZE THIS NEIGHBORHOOD. EFFORTS HAVE  
INCLUDED THE DEVELOPMENT OF AFFORDABLE RENTAL HOUSING, ADULT AND YOUTH  
EDUCATION AND ENRICHMENT PROGRAMS, AND COMMUNITY-BASED HEALTH CARE  
SERVICES.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

PROJECT H.O.M.E.

Employer identification number

23-2555950

PLEASE VISIT [WWW.PROJECTHOME.ORG](http://WWW.PROJECTHOME.ORG) FOR ADDITIONAL INFORMATION.

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

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

PEDRO RAMOS (CURRENT TRUSTEE) WAS THE CHAIRMAN OF THE GOVERNING BOARD OF THE SCHOOL DISTRICT OF PHILADELPHIA, AND LORREE JONES (CURRENT TRUSTEE) IS THE CHIEF OF STAFF AND EXECUTIVE DIRECTOR OF THE SCHOOL REFORM COMMISSION.

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

JOHN CONAWAY (CURRENT TRUSTEE) IS AN OFFICER OF PNC BANK. PROJECT H.O.M.E HAS A BANKING RELATIONSHIP WITH PNC BANK.

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

EXPLANATION: 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:

EXPLANATION: ALL KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE FORMS ARE REVIEWED



Name of the organization

PROJECT H.O.M.E.

Employer identification number

23-2555950

AND ANY CONFLICTS ARE SUMMARIZED AND REPORTED TO THE EXECUTIVE DIRECTOR,  
THE CHIEF FINANCIAL OFFICER AND THE CONTROLLER.

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

EXPLANATION: 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 ASSOCIATE EXECUTIVE DIRECTOR/CFO FOR THEIR REVIEW AND APPROVAL. THIS  
REVIEW WAS LAST DONE BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ON  
APRIL 14, 2014. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED  
THE COMPENSATION OF THE EXECUTIVE DIRECTOR, THE ASSOCIATE EXECUTIVE  
DIRECTOR/CFO, THE VP OF RESIDENTIAL & HOMELESS SERVICES, THE VP OF  
DEVELOPMENT & PR, THE VP OF PROPERTY MANAGEMENT, THE VP OF HEALTHCARE  
SERVICES, THE VP OF INFORMATION TECHNOLOGY, THE VP OF PUBLIC POLICY AND THE  
CONTROLLER. FINAL COMPENSATION LEVELS WERE APPROVED BY THE EXECUTIVE  
COMMITTEE OF THE BOARD OF TRUSTEES. PERSONS WITH A CONFLICT OF INTEREST  
WERE NOT INVOLVED IN THE APPROVAL PROCESS.

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

EXPLANATION: PROJECT H.O.M.E. 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](http://WWW.PROJECTHOME.ORG)



**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,	OPERATES A 31											
1901 N. JUDSON STREET,	UNIT SINGLE			LOW INCOME					N/A			
PHILADELPHIA, PA 19121	ROOM RESIDENCE	PA	N/A	HOUSING			X				X	
1929 SANSOM LIMITED												
PARTNERSHIP - 71-0897279,	OPERATES AN 144											
1929 SANSOM STREET,	UNIT SINGLE			LOW INCOME					N/A			
PHILADELPHIA, PA 19103	ROOM RESIDENCE	PA	N/A	HOUSING			X				X	
1212 LUDLOW LIMITED												
PARTNERSHIP - 26-3554394,	OPERATES A 79											
1212 LUDLOW STREET,	UNIT SINGLE			LOW INCOME					N/A			
PHILADELPHIA, PA 19107	ROOM RESIDENCE,	PA	N/A	HOUSING			X				X	
1415 FAIRMOUNT LIMITED												
PARTNERSHIP - 45-5633174,	OPERATES A 55											
1415 FAIRMOUNT AVENUE,	UNIT SINGLE			LOW INCOME					N/A			
PHILADELPHIA, PA 19130	ROOM RESIDENCE	PA	N/A	HOUSING			X				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 - 23-26684808									
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					X
WOCCC, 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					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
<b>a</b> Receipt of (f) interest (fi) annuities (fii) royalties or (fv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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	3,343,179	LOAN AGREEMENT
(2) 1212 LUDLOW LP		D	1,501,788	LOAN AGREEMENT
(3) 1850 N. CROSKY LP		D	104,529	LOAN AGREEMENT
(4) PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION		E	250,000	LOAN AGREEMENT
(5) PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION		K	137,472	LEASE AGREEMENT
(6) 1212 LUDLOW LP		L	53,046	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)1850 N. CROSKEY LP PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	L	11,982.CASH	
(9)2700 DIAMOND DEVELOPMENT CORP	L	9,455.CASH	
(10)1900 N. JUDSON LP	L	32,371.CASH	
(11)1850 N. CROSKEY LP PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	Q	45,019.CASH	
(12)1900 N. JUDSON LP	Q	296,057.CASH	
(13)1212 LUDLOW LP	Q	153,668.CASH	
(14)1299 SANSOM LP	Q	216,355.CASH	
(15)2700 W. DIAMOND ST LP	Q	391,553.CASH	
(16)1415 FAIRMOUNT LP	D	30,967.CASH	
(17)1929 SANSOM LP	D	2,319,344.LOAN AGREEMENT	
(18)MPower DEVELOPMENT CORPORATION	L	75,371.CASH	
(19)2415 NORTH BROAD LIMITED PARTNERSHIP	D	10,564,124.LOAN AGREEMENT	
(20)810 ARCH LIMITED PARTNERSHIP	D	1,135,822.LOAN AGREEMENT	
(21)1415 FAIRMOUNT LP	D	3,537,246.LOAN AGREEMENT	
(22)1415 FAIRMOUNT LP	L	10,788.CASH	
(23)1415 FAIRMOUNT LP	D	96,817.LOAN AGREEMENT	
(24)810 ARCH LIMITED PARTNERSHIP	L	697,181.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-f)	(c) Amount involved	(d) Method of determining amount involved
(7)	1415 FAIRMOUNT LP	L	1,200,000.CASH	
(8)	MPOWER DEVELOPMENT CORPORATION	L	672,232.CASH	
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				







Name of organization <b>PROJECT H.O.M.E.</b>	Employer identification number <b>23-2555950</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	US DEPARTMENT OF VETERANS AFFAIRS 4100 CHESTER AVENUE, SUITE 201 PHILADELPHIA, PA 19104	\$ 1,561,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	US DEPT OF HOUSING & URBAN DEVELOPMENT THE WANAMAKER BUILDING, 100 PENN SQUARE EAST PHILADELPHIA, PA 19107-3380	\$ 844,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	US DEPARTMENT OF HEALTH & HUMAN SERVICES - SUPPORTIVE HOUSIN 1101 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19102	\$ 1,113,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	US DEPT OF HOUSING & URBAN DEVELOPMENT - SHELTER PLUS CARE 1401 JFK BLVD, 10TH FLOOR PHILADELPHIA, PA 19102	\$ 2,017,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	COMMONWEALTH OF PA - DEPARTMENT OF PUBLIC WELFARE 1101 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19107	\$ 1,980,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	STEPHEN B. KLEIN 1735 MARKET STREET, SUITE 4010 PHILADELPHIA, PA 19103	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PROJECT H.O.M.E.

23-2555950

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	A. MORRIS WILLIAMS 120 RIGHTERS MILL ROAD GLADWYNE, PA 19035	\$ 1,020,925.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	CONNELLY FOUNDATION 100 FRONT STREET, SUITE 1450 PHILADELPHIA, PA 19428	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PHILADELPHIA REDEVELOPMENT AUTHORITY 1234 MARKET STREET, 16TH FLOOR PHILADELPHIA, PA 19107	\$ 520,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANONYMOUS C/O PROJECT H.O.M.E., 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PROJECT H.O.M.E.</b>	Employer identification number <b>23-2555950</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DONATED STOCK _____ _____ _____	\$ 1,020,925.	02/01/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

PROJECT H.O.M.E.

23-2555950

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) \$
Use duplicate copies of Part III if additional space is needed.

Table with 4 main sections, each containing columns for (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift details including transferee name and relationship.