

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

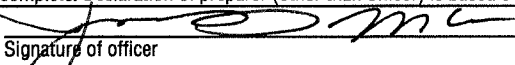
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT HOME		D Employer identification number 23-2555950
	Doing business as		E Telephone number 215-232-7229
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 60,113,772.
	1515 FAIRMOUNT AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19130		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: S. MARY SCULLION SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PROJECTHOME.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1989
			M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF PROJECT HOME IS TO BREAK THE CYCLE OF HOMELESSNESS AND POVERTY IN PHILADELPHIA.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 555
	6 Total number of volunteers (estimate if necessary) 495
	7a Total unrelated business revenue from Part VIII, column (C), line 12 5,620.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 4,620.
	8 Contributions and grants (Part VIII, line 1h) 32,266,903.
9 Program service revenue (Part VIII, line 2g) 13,665,288.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,193,750.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34,558.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 48,160,499.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 113,192.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,536,215.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,923,241.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,962,241.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 49,611,648.	
19 Revenue less expenses. Subtract line 18 from line 12 -1,451,149.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 138,024,120.
	21 Total liabilities (Part X, line 26) 21,912,891.
	22 Net assets or fund balances. Subtract line 21 from line 20 116,111,229.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/21/23			
	Type or print name and title JOAN DAWSON-MCCONNON, CFO/TREASURER/ASSOC. ED				
Paid Preparer Use Only	Print/Type preparer's name MARIE DECICCO	Preparer's signature MARIE DECICCO	Date	Check if self-employed <input type="checkbox"/>	PTIN P01419199
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
	Firm's address ▶ 1601 MARKET STREET, FL 4 PHILADELPHIA, PA 19103		Phone no. (215) 297-2100		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,220,051. including grants of \$) (Revenue \$ 5,094,770.) PROPERTY MANAGEMENT SERVICES: PROJECT HOME OWNS AND MANAGES APPROXIMATELY 900 UNITS OF SUBSIDIZED HOUSING FOR HOUSEHOLDS THAT WERE HOMELESS OR AT RISK OF BECOMING HOMELESS. THE PARTNERSHIP WITH SUBSIDY PROVIDERS SUCH AS THE PHILADELPHIA HOUSING AUTHORITY, AND OFFICE OF HOMELESS SERVICES ENABLES RESIDENTS TO LIVE INDEPENDENTLY OR WITH ADDITIONAL SUPPORTIVE SERVICES. USING A BLENDED MANAGEMENT APPROACH, THE PROPERTY MANAGEMENT TEAM WORKS CLOSELY WITH HOUSING AND SUPPORT SERVICES TO PROVIDE AFFORDABLE HOUSING WITH SPECIALIZED SUPPORTIVE SERVICES TO MEET THE NEEDS OF THE INDIVIDUAL RESIDENTS.

4b (Code:) (Expenses \$ 9,927,134. including grants of \$) (Revenue \$ 262,372.) HOUSING AND SUPPORT SERVICES: PROJECT HOME'S MISSION IS TO END AND PREVENT CHRONIC STREET HOMELESSNESS BY PROVIDING HOUSING, EDUCATION, EMPLOYMENT, BEHAVIORAL HEALTH AND MEDICAL 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 INCLUDING BUT NOT LIMITED TO MENTAL ILLNESS AND ADDICTION. THE SERVICES CONSIST OF STREET OUTREACH; A RANGE OF SUPPORTIVE HOUSING FROM ENTRY-LEVEL TO PERMANENT, LEASE BASED HOUSING, COMPREHENSIVE SERVICES INCLUDING HEALTH, BEHAVIORAL HEALTH AND DENTAL

4c (Code:) (Expenses \$ 10,750,610. including grants of \$) (Revenue \$ 8,244,531.) HEALTH SERVICES: PROJECT HOME'S HEALTH CARE SERVICES INCREASES ACCESS TO PEOPLE EXPERIENCING HOMELESSNESS AND POVERTY TO HEALTH CARE AND OTHER SERVICES. (1) THE STEPHEN KLEIN WELLNESS CENTER OFFERS INTEGRATED HEALTH CARE SERVICES, INCLUDING PRIMARY CARE, BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT, PRE-NATAL CARE, PHARMACY, AND DENTAL CARE TO PEOPLE OF ALL AGES IN ADDITION TO WELLNESS PROGRAMS LIKE FITNESS AND NUTRITION CLASSES, SUPPORT GROUPS, A YMCA FITNESS CENTER AND PHYSICAL THERAPY. MOBILE HEALTH CARE SERVICES BRING HEALTHCARE SERVICES TO INDIVIDUALS WHO ARE LIVING IN OUR SAFE HAVENS. (2) PATHWAYS TO HOUSING PA, A SISTER AGENCY SERVING CHRONICALLY HOMELESS SINGLE ADULTS, PROVIDES PROJECT HOME DEDICATED SPACE IN THEIR HEADQUARTERS TO DELIVER MEDICAL AND BEHAVIORAL HEALTH SERVICES TO THEIR PARTICIPANTS ON A

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,305,086. including grants of \$ 92,122.) (Revenue \$ 149,402.)

4e Total program service expenses 36,202,881.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 67	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 (26); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 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, 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 on 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 on 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 on 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 on 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, CA, CT, IL, MA, MD, RI, VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MARIANNE SCHUSTER, CONTROLLER - (215) 232-7272 1415 FAIRMOUNT AVE. 2ND FLOOR, PHILADELPHIA, PA 19130

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOAN DAWSON-MCCONNON, CPA TREASURER/ASSOC. EXEC. DIRECTOR	40.00	X		X				303,829.	0.	66,318.
(2) KEVIN NOEL SR. VP ACCOUNTING, FINANCE & ADMINIS	40.00				X			210,381.	0.	20,867.
(3) JANET STEARNS VP OF REAL ESTATE DEVELOPMENT	40.00					X		174,340.	0.	28,567.
(4) S. MARY SCULLION, RSM PRESIDENT/EXECUTIVE DIRECTOR	40.00	X		X				130,072.	0.	63,429.
(5) CHERYL HILL SR. VP SUPPORTIVE HOUSING OPERATIONS	40.00				X			160,105.	0.	25,128.
(6) MONICA MCCURDY VP OF HEALTH SERVICES	40.00					X		158,986.	0.	11,254.
(7) ANNETTE JEFFREY VP OF DEVELOPMENT & COMMUNICATIONS	40.00					X		151,705.	0.	16,568.
(8) NYASHA GEORGE ASSOCIATE SITE MEDICAL DIRECTOR	40.00					X		141,320.	0.	19,330.
(9) PATRICK DOGGETT DIRECTOR OF INTEGRATED HEALTH SERVIC	40.00					X		151,085.	0.	8,787.
(10) JOANNE BERWIND BOARD MEMBER	1.00	X						0.	0.	0.
(11) RICHARD BOGUE BOARD MEMBER (RETIRED 12/31/21)	1.00	X						0.	0.	0.
(12) JEFF COOK BOARD MEMBER	1.00	X						0.	0.	0.
(13) CAITLIN FERRY BOARD MEMBER	1.00	X						0.	0.	0.
(14) DEBORAH FRETZ CHAIRPERSON	1.00	X		X				0.	0.	0.
(15) GUS GRAY BOARD MEMBER	1.00	X						0.	0.	0.
(16) WILLIAM HARVEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) HENRY HOCHEIMER BOARD MEMBER (RETIRED 12/31/21)	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LORI LASHER BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOHN MCDONALD BOARD MEMBER	1.00	X						0.	0.	0.
(20) LEIGH MIDDLETON BOARD MEMBER	1.00	X						0.	0.	0.
(21) WES MITCHELL BOARD MEMBER	1.00	X						0.	0.	0.
(22) MEGHAN MAGUIRE NICOLETTI BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARCEL PRATT BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOYCE HAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(25) ESTELLE RICHMAN VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(26) JIM SMITH BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,581,823.	0.	260,248.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,581,823.	0.	260,248.

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 **42**

	Yes	No
3 Did the organization list any former officer, director, 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
ARAMARK 1101 MARKET STREET, PHILADELPHIA, PA 19107	PROPERTY MANAGEMENT SERVICES	1,407,681.
THOMAS JEFFERSON UNIVERSITY HOSPITAL, 601 WALNUT STREET, SUITE 950W, PHILADELPHIA, QUALITY SYSTEMS, INC.	PHARMACY MANAGEMENT SERVICES	655,224.
PO BOX 809390, CHICAGO, IL 60680	COMPUTER SOFTWARE SERVICES	236,818.
ROBERT HALF INTERNATIONAL, INC., 12400 COLLECTIONS CENTER DRIVE, CHICAGO, IL	TEMPOARY STAFFING SERVICES	201,773.
CICADA ARCHITECTURE /PLANNING INC., 1520 LOCUST STREET, SUITE 702, PHILADELPHIA, PA	ARCHITECTURAL AND DESIGN SERVICES	183,467.

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like THOMAS WALKER, JR., JOYCE WILKERSON, BRIDGET JACOBS, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	265,513.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	16,533,977.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,962,360.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,423,935.				
	h Total. Add lines 1a-1f			41,761,850.			
Program Service Revenue	2 a HEALTH SERVICES	Business Code	624100	8,244,531.	8,244,531.		
	b PROPERTY MANAGEMENT SERVICES		624100	4,914,095.	4,914,095.		
	c COMMUNITY AND OUTREACH SERVICES		624100	330,077.	330,077.		
	d HOUSING AND SUPPORT SERVICES		624100	262,372.	262,372.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			13,751,075.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,569,672.		2569672.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	55,082.			
			(ii) Personal				
	b Less: rental expenses	6b		24,894.			
	c Rental income or (loss)	6c		30,188.			
	d Net rental income or (loss)			30,188.	5,620.	24,568.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,949,921.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		1,584,487.			
c Gain or (loss)	7c		365,434.				
d Net gain or (loss)			365,434.		365,434.		
8 a Gross income from fundraising events (not including \$ 265,513. of contributions reported on line 1c). See Part IV, line 18	8a		4,475.				
			69,308.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-64,833.		-64,833.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TENANT SERVICES FEES	Business Code	900099	21,697.		21,697.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			21,697.			
12 Total revenue. See instructions			58,435,083.	13751075.	5,620.	2916538.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,122.	92,122.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	536,840.	434,050.	76,967.	25,823.
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	20,498,381.	16,501,608.	3,018,074.	978,699.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	420,220.	345,206.	54,247.	20,767.
9 Other employee benefits	2,552,728.	2,097,039.	329,537.	126,152.
10 Payroll taxes	1,731,500.	1,422,409.	223,523.	85,568.
11 Fees for services (nonemployees):				
a Management				
b Legal	88,887.	67,670.	14,484.	6,733.
c Accounting	107,169.	81,588.	17,463.	8,118.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	218,637.		218,637.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,568,800.	1,194,333.	255,636.	118,831.
12 Advertising and promotion	267,091.	235,883.	10,170.	21,038.
13 Office expenses	1,205,772.	1,082,856.	98,233.	24,683.
14 Information technology				
15 Royalties				
16 Occupancy	2,869,815.	2,708,926.	114,981.	45,908.
17 Travel	154,011.	104,785.	35,685.	13,541.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	302,005.	216,518.	59,433.	26,054.
20 Interest	525,235.	520,230.	5,005.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,347,858.	1,317,681.	30,177.	
23 Insurance	279,856.	170,689.	83,671.	25,496.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	4,181,095.	3,881,983.	32,646.	266,466.
b HOUSING DEVELOPMENT EXP	2,466,695.	2,466,695.		
c EQUIPMENT RENTALS & MAI	1,299,735.	937,329.	289,352.	73,054.
d GENERAL EXPENSES	597,650.	323,281.	218,059.	56,310.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	43,312,102.	36,202,881.	5,185,980.	1,923,241.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	153,032.	1	194,340.
	2 Savings and temporary cash investments	11,113,204.	2	5,106,944.
	3 Pledges and grants receivable, net	7,575,735.	3	10,933,584.
	4 Accounts receivable, net	6,913,464.	4	7,782,237.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	815,149.	9	1,011,948.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,894,954.		
	b Less: accumulated depreciation	10b 16,771,250.	23,332,812.	10c 24,123,704.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	65,569,566.	12	62,579,160.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,551,158.	15	29,756,122.
16 Total assets. Add lines 1 through 15 (must equal line 33)	138,024,120.	16	141,488,039.	
Liabilities	17 Accounts payable and accrued expenses	4,304,611.	17	4,010,137.
	18 Grants payable		18	
	19 Deferred revenue	75,042.	19	42,264.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,420,557.	23	13,166,357.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,112,681.	25	1,231,553.
	26 Total liabilities. Add lines 17 through 25	21,912,891.	26	18,450,311.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	69,476,349.	27	70,622,867.
	28 Net assets with donor restrictions	46,634,880.	28	52,414,861.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	116,111,229.	32	123,037,728.
	33 Total liabilities and net assets/fund balances	138,024,120.	33	141,488,039.

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	58,435,083.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,312,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,122,981.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,111,229.
5	Net unrealized gains (losses) on investments	5	-8,196,482.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	123,037,728.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34840255.	28785321.	26740968.	32272309.	41761851.	164400704
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	34840255.	28785321.	26740968.	32272309.	41761851.	164400704
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)						5030591.
6 Public support. Subtract line 5 from line 4.						159370113

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	34840255.	28785321.	26740968.	32272309.	41761851.	164400704
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1968374.	2499937.	2417615.	1845670.	2569672.	11301268.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						175701972
12 Gross receipts from related activities, etc. (see instructions)					12	62,976,536.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	90.70	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.09	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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
3	31,703 SHARES OF STOCKS FROM VARIOUS COMPANIES _____ _____ _____	\$ 3,022,775.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		223.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		806.
j Total. Add lines 1c through 1i			1,029.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DUE TO RECOVERY FROM THE COVID PANDEMIC, LOBBYING EFFORTS WERE EXTREMELY LIMITED IN FISCAL 2022. WE FOCUSED LARGELY ON REBUILDING RELATIONSHIPS WITH VARIOUS ELECTED OFFICIALS AND EDUCATING THEM ABOUT THE ISSUES OF HOUSING AND HEALTH CARE. OUR LOBBYING ACTIVITIES INCLUDED PRESENTING AND TESTIFYING AT BUDGET AND OTHER HEARINGS AND SUPPORTING

Part IV Supplemental Information *(continued)*

CONSTITUENTS IN DOING THE SAME. WE OFFERED BUILDING TOURS AND 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. WE SPOKE AT HEARINGS AND PARTICIPATED IN ACTIONS (ELECTRONIC, WRITTEN, AND FACE TO FACE) PERTAINING TO SPECIFIC LEGISLATION AS WELL AS WORK AS A MEMBER OF LOCAL, STATE AND NATIONAL COALITIONS ADVOCATING FOR POLICY CHANGES. IN 2022, WE DID NOT SPEAK AT AND OR FACILITATE PARTICIPATION IN RALLIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,358,338.	17,593,869.	17,447,041.	17,162,607.	16,628,597.
b Contributions	1,001,000.	1,051,000.	229,727.		
c Net investment earnings, gains, and losses	-2,312,353.	3,885,917.	585,610.	1,046,675.	966,763.
d Grants or scholarships					
e Other expenditures for facilities and programs	306,264.	172,448.	668,509.	762,241.	432,753.
f Administrative expenses					
g End of year balance	20,740,721.	22,358,338.	17,593,869.	17,447,041.	17,162,607.

- 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 32.4390 %
 - c Term endowment 67.5610 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,541,196.		1,541,196.
b Buildings		26,878,587.	9,290,260.	17,588,327.
c Leasehold improvements		4,285,407.	1,972,777.	2,312,630.
d Equipment		4,986,589.	4,375,871.	610,718.
e Other		3,203,175.	1,132,342.	2,070,833.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,123,704.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	7,712,542.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	3,754,819.	END-OF-YEAR MARKET VALUE
(C) GOV'T BONDS AND NOTES	4,568,654.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	46,380,747.	END-OF-YEAR MARKET VALUE
(E) OTHER	162,398.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	62,579,160.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS AND ADVANCES	95,883.
(2) ACCOUNTS AND LOANS RECEIVABLE - RELATED ENTITIES	29,660,239.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	29,756,122.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT OBLIGATION	1,231,553.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,231,553.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	50,287,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-8,196,482.
b	Donated services and use of facilities	2b	174,991.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	144,781.
e	Add lines 2a through 2d	2e	-7,876,710.
3	Subtract line 2e from line 1	3	58,164,030.
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	218,637.
b	Other (Describe in Part XIII.)	4b	52,416.
c	Add lines 4a and 4b	4c	271,053.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	58,435,083.

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

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

1	Total expenses and losses per audited financial statements	1	43,413,237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	174,991.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	144,781.
e	Add lines 2a through 2d	2e	319,772.
3	Subtract line 2e from line 1	3	43,093,465.
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	218,637.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	218,637.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	43,312,102.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES	75,473.
SPECIAL EVENT EXPENSES	69,308.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	144,781.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE AND SUPPORT FOR CAPITAL ACQUISITION AND FINANCING	52,416.
---	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES	75,473.
SPECIAL EVENT EXPENSES	69,308.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	144,781.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1 BRING PHILLY HOME EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	269,988.		269,988.
	2	Less: Contributions	265,513.		265,513.
	3	Gross income (line 1 minus line 2)	4,475.		4,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	69,308.		69,308.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			69,308.
11	Net income summary. Subtract line 10 from line 3, column (d)			-64,833.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
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 conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

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

13a			%
13b			%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PROJECT HOME

Employer identification number
23-2555950

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE/SCHOLARSHIPS	26	88,600.	0.	FMV	
RENTAL ASSISTANCE	1	3,522.	0.	FMV	

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

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

Part IV Supplemental Information

FACTORS. PAYMENTS ARE MADE DIRECTLY TO THE RENTED PROPERTY AND NO
OTHER MONITORING IS DEEMED NECESSARY.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

9 If "Yes" on 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) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

MARY SCULLION - 457F CONTRIBUTION OF \$51,000

JOAN DAWSON MCCONNON - 457F CONTRIBUTION OF \$35,700

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	3,423,935.	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 V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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2021

Open to Public
Inspection

Name of the organization

PROJECT HOME

Employer identification number

23-2555950

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CARE SERVICES AND EMPLOYMENT AND EDUCATION SERVICES; AND ADVOCACY AND
STRATEGIC INITIATIVES.

PROJECT HOME'S HOUSING AND SUPPORTIVE SERVICES OFFER PERMANENT,
SUBSIDIZED, SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES WHO HAD
BEEN HOMELESS. CURRENTLY, WE HAVE DEVELOPED ABOUT 900 UNITS OF
SUPPORTIVE AND AFFORDABLE HOUSING FOR PERSONS WHO HAVE EXPERIENCED
HOMELESSNESS AND LOW-INCOME PERSONS AT RISK OF HOMELESSNESS. OUR GOAL
IS TO COMPLETE 1,000 TOTAL UNITS OF AFFORDABLE HOUSING IN THE NEAR
FUTURE.

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

PART-TIME SCHEDULE. (3) HUB OF HOPE, AN OUTREACH AND ENGAGEMENT CENTER
OPERATED BY PROJECT HOME, ALSO PROVIDES MEDICAL, DENTAL AND BEHAVIORAL
HEALTH SERVICES TO A CHRONICALLY HOMELESS POPULATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTREACH SERVICES: IN PARTNERSHIP WITH THE CITY OF PHILADELPHIA AND
OTHER HOMELESS SERVICE PROVIDERS, THE OUTREACH DEPARTMENT ENGAGES
INDIVIDUALS WHO ARE HOMELESS, OR AT RISK OF HOMELESSNESS. OUTREACH
WORKERS BUILD TRUSTING RELATIONSHIPS WITH INDIVIDUALS, WHO ARE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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EXPERIENCING HOMELESSNESS, AND CONNECT THEM TO EMERGENCY HOUSING, TREATMENT, AND OTHER SERVICES TO MEET THEIR NEEDS.

DURING FY22, THE OUTREACH WORKERS MADE OVER 9,300 CONTACTS WITH PEOPLE EXPERIENCING HOMELESSNESS (INCLUDING MORE THAN 3,800 UNDUPLICATED CONTACTS) AND JUST OVER 2,100 PLACEMENTS. THE HUB OF HOPE OFFERS A SAFE PLACE WHERE PEOPLE CAN ENJOY A WARM CUP OF COFFEE, TAKE A SHOWER AND WASH LAUNDRY, AND SPEAK TO PEERS OR CASE MANAGERS TO BEGIN THE PROCESS OF FINDING A PERMANENT HOME. LAST YEAR, THERE WERE OVER 30,200 VISITS TO THE HUB OF HOPE, WITH AN AVERAGE OF 580 VISITS PER WEEK. WE PROVIDED OVER 6,100 SHOWERS AND MORE THAN 2,200 LOADS OF LAUNDRY.

EDUCATION AND EMPLOYMENT SERVICES: PROJECT HOME OFFERS A COMPREHENSIVE MENU OF ONE-ON-ONE AND GROUP SERVICES TO HELP OVERCOME MULTIPLE BARRIERS TO EDUCATION AND EMPLOYMENT. ADULT LEARNING PROGRAMS OFFER A SERIES OF PRACTICAL COMPUTER SKILLS FOR THE WORKFORCE TRAINING COURSES, CREATIVE ARTS ENRICHMENT PROGRAMMING (VISUAL ARTS WITH OPPORTUNITIES FOR PARTICIPANTS TO SELL ART AT EXHIBITIONS, AND DIGITAL MUSIC PRODUCTION CLASSES), AND VOCATIONAL CERTIFICATION PROGRAMS WITH TRAUMA INFORMED CURRICULUM (CUSTOMER SERVICE). PARTICIPANTS IN VOCATIONAL CERTIFICATION PROGRAMS ARE PAIRED WITH AN EMPLOYMENT SPECIALIST WHO PROVIDES ONE-ON-ONE JOB PLACEMENT AND RETENTION SUPPORT SERVICES, COACHING PARTICIPANTS WHO MAY HAVE GAPS IN WORK HISTORIES ASSOCIATED WITH HOMELESSNESS, HISTORIES OF MENTAL HEALTH ISSUES, INCARCERATION, AND OTHER CHALLENGES TO SECURING EMPLOYMENT. PROJECT HOME APPLIES THE PRINCIPLES AND PRACTICES OF THE EVIDENCE BASED INDIVIDUALIZED PLACEMENT AND SUPPORT (IPS) MODEL. SOCIAL ENTERPRISE PROGRAMS, PROVIDE AN INNOVATIVE, TRAUMA-INFORMED APPRENTICESHIP PROGRAM AND ADDITIONAL JOB

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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OPPORTUNITIES TO RESIDENTS INCLUDING AN ON-LINE BOOKSTORE AND GIFT SHOP THAT PRODUCES CANDLES MADE BY RESIDENTS. HONICKMAN LEARNING CENTER AND COMCAST TECHNOLOGY LABS (HLCCTL) IN NORTH PHILADELPHIA OFFER ADULT LEARNING PROGRAMS, A K-8 AFTER SCHOOL PROGRAM, A FULL DAY 6-WEEK K-8 SUMMER CAMP PROGRAM, A TEEN AFTER SCHOOL PROGRAM AND SUMMER INTERNSHIP OPPORTUNITIES TO 14-18 YEARS OLDS IN THE AREA. K-12 AFTER SCHOOL PROGRAMS ARE DESIGNED TO OFFER A SAFE, NURTURING ENVIRONMENT FOR STUDENTS TO EXPLORE, THRIVE AND GROW, TO INCREASE ACADEMIC AND TECHNOLOGY LITERACY SKILLS FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS. STUDENTS IN PROGRAM WORK WITH STAFF WHO OFFER THE OPPORTUNITY FOR INCREASED EXPOSURE TO TECHNOLOGY EQUIPMENT AND ELECTIVES (MUSIC PRODUCTION, FILM AND PHOTOGRAPHY, ROBOTICS, STEAM LAB AND CULINARY ARTS) AND SUPPORT TEENS WITH CAREER EXPLORATION AND COLLEGE PREPARATION.

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

REAL ESTATE AND ASSET MANAGEMENT: REAL ESTATE AND ASSET MANAGEMENT IS FOCUSED ON: CONTINUING TO DEVELOP NEW PROJECTS BY ACQUIRING BOTH VACANT LAND FOR NEW CONSTRUCTION AND EXISTING BUILDINGS SUITABLE FOR ADAPTIVE REUSE, IN ORDER TO DEVELOP NEW PERMANENT SUPPORTIVE HOUSING AND RELATED USES CONSISTENT WITH PROJECT HOME'S MISSION; PRESERVING AND UNDERTAKING

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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MAJOR CAPITAL IMPROVEMENTS TO OUR EXISTING RESIDENTIAL AND COMMERCIAL PROPERTIES; AND MANAGING THE ASSETS IN OUR PORTFOLIO, WHICH AS OF JUNE 30, 2022 HAVE A VALUE OF APPROXIMATELY \$235,000,000.

OUR PERMANENT SUPPORTIVE HOUSING IN PHILADELPHIA IS FOR PERSONS WITH LOW INCOMES WHO ARE HOMELESS, HAVE EXPERIENCED HOMELESSNESS OR ARE AT RISK OF BECOMING HOMELESS. IN ADDITION TO OUR PERMANENT SUPPORTIVE HOUSING, PROJECT HOME HAS DEVELOPED SAFE HAVEN AND RECOVERY FACILITIES, WITH A TOTAL OF 20 RESIDENTIAL SITES OPERATING AS OF JUNE 30, 2022. TO DATE, PROJECT HOME HAS DEVELOPED 929 UNITS OF AFFORDABLE AND SUPPORTIVE RENTAL HOUSING AND 49 HOMES FOR LOW- TO MODERATE-INCOME FIRST-TIME HOMEBUYERS. IN ADDITION, PROJECT HOME HAS DEVELOPED AND OPERATES IN OUR NORTH CENTRAL PHILADELPHIA NEIGHBORHOOD OUR: HONICKMAN LEARNING CENTER AND COMCAST TECHNOLOGY LABS; STEPHEN KLEIN WELLNESS CENTER (OPERATING AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC)); AND HELEN BROWN COMMUNITY CENTER.

IN FY22, PROJECT HOME BEGAN CONSTRUCTION ON THE SCHOOL OF NURSING, A 62-UNIT MIXED USE DEVELOPMENT WHICH WILL PROVIDE HOUSING AND SUPPORTIVE SERVICES TO PERSONS IN RECOVERY, WITH CONSTRUCTION ANTICIPATED TO BE COMPLETED IN DECEMBER 2022. PROJECT HOME ALSO BEGAN PREDEVELOPMENT ACTIVITIES FOR THE PRESERVATION OF KATE'S PLACE, A 144-UNIT PERMANENT SUPPORTIVE HOUSING DEVELOPMENT; THE PRESERVATION PROJECT IS ANTICIPATED TO BEGIN IN FY2023.

EXPENSES \$ 5,305,086. INCLUDING GRANTS OF \$ 92,122. REVENUE \$ 149,402.

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

THE FORM 990 IS PRESENTED TO THE FINANCE AND AUDIT COMMITTEE BY THE OUTSIDE

Name of the organization PROJECT HOME	Employer identification number 23-2555950
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TAX ACCOUNTANTS AT THE FEBRUARY MEETING. ONCE APPROVED BY THIS COMMITTEE, IT IS SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW AND PRESENTED TO THE BOARD AT THE MARCH BOARD OF TRUSTEES MEETING. THE BOARD OF TRUSTEES APPROVES THE FORM 990 AT THIS MEETING.

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

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

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

DURING FISCAL 2020, THE BOARD OF TRUSTEES ENGAGED A THIRD PARTY VENDOR TO CONDUCT A COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVED THE ANNUAL SALARIES FOR THE EXECUTIVE DIRECTOR, THE ASSOCIATE EXECUTIVE DIRECTOR AND ALL KEY EMPLOYEES BASED UPON THIS INDEPENDENT REVIEW AT THE JUNE 17, 2020 MEETING. THE BOARD APPROVED THE SALARIES FOR FISCAL YEAR 2022 BY WAY OF APPROVING THE BUDGET FOR FISCAL YEAR 2022.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PROJECT HOME

Employer identification number
23-2555950

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION - 23-2895377, 1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	OPERATES 5 RESIDENTIAL SITES WITH A TOTAL OF 112 SINGLE RESIDENCE UNITS	PENNSYLVANIA	501(C)(3)	LINE 12A, I	PROJECT HOME		X
1850 N. CROSKY DEVELOPMENT CORPORATION - 20-5575302, 1850 N. CROSKY STREET, PHILADELPHIA, PA 19121	OPERATES A 24 UNIT SINGLE HOUSING DEVELOPMENT	PENNSYLVANIA	501(C)(3)	LINE 7	PROJECT HOME		X
MPOWER DEVELOPMENT CORPORATION - 46-2668689 1515 FAIRMOUNT AVE PHILADELPHIA, PA 19130	OWNS STEPHEN KLEIN WELLNESS CENTER	PENNSYLVANIA	501(C)(2)		PROJECT HOME		X

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

Schedule R (Form 990) 2021

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	
1929 SANSOM LIMITED												
PARTNERSHIP - 71-0897279,	OPERATES AN 144											
1929 SANSOM STREET,	UNIT SINGLE											
PHILADELPHIA, PA 19103	ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING					N/A		X	1.00%
1212 LUDLOW LIMITED												
PARTNERSHIP - 26-3554394,	OPERATES A 79											
1212 LUDLOW STREET,	UNIT SINGLE											
PHILADELPHIA, PA 19107	ROOM RESIDENCE.	PA	N/A	LOW INCOME HOUSING					N/A		X	.50%
1415 FAIRMOUNT LIMITED												
PARTNERSHIP - 45-5633174,	OPERATES A 55											
1415 FAIRMOUNT AVENUE,	UNIT SINGLE											
PHILADELPHIA, PA 19130	ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING					N/A		X	1.00%
810 ARCH LIMITED PARTNERSHIP												
- 46-3436976, 1515 FAIRMOUNT	OPERATE A 94											
AVENUE, PHILADELPHIA, PA	UNIT SINGLE											
19130	ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING					N/A		X	.51%

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, INCORPORATED -									
23-2684808, 1515 FAIRMOUNT AVE,									
PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP					X
PEOPLE OF PIETY, INC. - 26-3437808									
1515 FAIRMOUNT AVE							100%	X	
PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP					
WOCCC, INC. - 71-0897275									
1515 FAIRMOUNT AVE									
PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP					X
1415 FAIRMOUNT DEVELOPMENT CORPORATION -									
45-4996216, 1515 FAIRMOUNT AVE,									
PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
810 ARCH DEVELOPMENT CORPORATION -									
46-3244406, 1515 FAIRMOUNT AVE,									
PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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			
2415 NORTH BROAD LIMITED											
PARTNERSHIP - 46-3550669, 1515 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	OPERATE AN 88 UNIT SINGLE ROOM RESIDENCE	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%
1301 NORTH 8TH LIMITED											
PARTNERSHP - 82-0777745, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	PURCHASE, HOLD AND REHAB PROPERTY.	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%
1315 NORTH 8TH LIMITED											
PARTNERSHIP - 82-0679770, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	OPERATE A 31 UNIT SINGLE ROOM RESIDENCE.	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%
115 EAST HUNTINGDON LIMITED											
PARTNERSHIP - 83-4237957, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	CONSTRUCT, HOLD, LEASE AND MANAGE A HOUSING	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%
1920 EAST ORLEANS LIMITED											
PARTNERSHIP - 82-5402242, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	PURCHASE, HOLD AND REHAB PROPERTY	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%
RJD 15 LIMITED PARTNERSHIP - 84-3853825, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130	PURCHASE, HOLD AND REHAB PROPERTY	PA	N/A	LOW INCOME HOUSING			X		N/A	X	1.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
2415 NORTH BROAD DEVELOPMENT CORPORATION - 46-3222790, 1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
1301 NORTH 8TH DEVELOPMENT CORPORATION - 81-5291714, 1415 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
1315 NORTH 8TH DEVELOPMENT CORPORATION - 81-5352205, 1415 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
1920 EAST ORLEANS DEVELOPMENT CORPORATION - 82-4588750, 1415 FAIRMOUNT AVE, PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
KRR DEVELOPMENT CORPORATION - 83-4220561 1415 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
RJD GENERAL PARTNER, INC. - 84-3843816 1415 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	
KP 15 GENERAL PARTNER INC. - 88-1115579 1416 FAIRMOUNT AVE PHILADELPHIA, PA 19130	REAL ESTATE	PA	PROJECT HOME	C CORP			100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 1929 SANSOM LIMITED PARTNERSHIP	D	4,101,844.	LOAN AGREEMENT
(2) 1212 LUDDLOW LIMITED PARTNERSHIP	D	1,139,911.	LOAN AGREEMENT
(3) RJD 15 LP	D	1,511,556.	LOAN AGREEMENT
(4) 1850 N. CROSKY DEVELOPMENT CORPORATION	D	104,529.	LOAN AGREEMENT
(5) 1415 FAIRMOUNT LIMITED PARTNERSHIP	D	1,506,798.	LOAN AGREEMENT
(6) 2415 NORTH BROAD LIMITED PARTNERHSIP	D	4,206,150.	LOAN AGREEMENT

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)810 ARCH LIMITED PARTNERSHIP	D	6,577,647.	LOAN AGREEMENT
(8)1301 NORTH 8TH LIMITED PARTNERSHIP	D	1,870,979.	LOAN AGREEMENT
(9)1315 NORTH 8TH LIMITED PARTNERSHIP	D	17,786.	LOAN AGREEMENT
(10)1920 EAST ORLEANS LIMITED PARTNERHSIP	D	442,526.	LOAN AGREEMENT
(11)115 EAST HUNTINGDON LIMITED PARTNERSHIP PROJECT HOME COMMUNITY DEVELOPMENT (12)CORPORATION	D K	7,054,539. 169,988.	LOAN AGREEMENT LEASE AGREEMENT
(13)1415 FAIRMOUNT LIMITED PARTNERSHIP	K	116,706.	LEASE AGREEMENT
(14)MPOWER DEVELOPMENT CORPORATION	K	717,432.	LEASE AGREEMENT
(15)810 ARCH LP	K	2,574.	LEASE AGREEMENT
(16)2415 NORTH BROAD LIMITED PARTNERHSIP	K	11,940.	LEASE AGREEMENT
(17)1850 N. CROSKY DEVELOPMENT CORPORATION PROJECT HOME COMMUNITY DEVELOPMENT (18)CORPORATION	L L	9,170. 78,625.	PROP MANAGEMENT FEES PROP MANAGEMENT FEES
(19)RJD 15 LIMITED PARTNERSHIP	L	44,311.	PROP MANAGEMENT FEES
(20)1212 LUDLOW LIMITED PARTNERSHIP	L	60,209.	PROP MANAGEMENT FEES
(21)1929 SANSOM LIMITED PARTNERSHIP	L	80,592.	PROP MANAGEMENT FEES
(22)1415 FAIRMOUNT LIMITED PARTNERSHIP	L	43,015.	PROP MANAGEMENT FEES
(23)810 ARCH LIMITED PARTNERSHIP	L	70,584.	PROP MANAGEMENT FEES
(24)2415 NORTH BROAD LIMITED PARTNERHSIP	L	50,788.	PROP MANAGEMENT FEES

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) 1315 NORTH 8TH LIMITED PARTNERSHIP	L	22,340.	PROP MANAGEMENT FEES
(8) 1920 EAST ORLEANS LIMITED PARTNERSHIP	L	26,683.	PROP MANAGEMENT FEES
(9) 1301 NORTH 8TH LIMITED PARTNERSHIP	L	20,590.	PROP MANAGEMENT FEES
(10) MPOWER DEVELOPMENT CORPORATION	L	70,069.	PROP MANAGEMENT FEES
(11) 1850 N. CROSKEY DEVELOPMENT CORPORATION PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION	Q	54,607.	REIMBURSEMENT
(12) CORPORATION	Q	254,811.	REIMBURSEMENT
(13) RJD 15 LIMITED PARTNERSHIP	Q	179,726.	REIMBURSEMENT
(14) 1212 LUDLOW LIMITED PARTNERSHIP	Q	291,946.	REIMBURSEMENT
(15) 1929 SANSOM LIMITED PARTNERSHIP	Q	439,674.	REIMBURSEMENT
(16) 1415 FAIRMOUNT LIMITED PARTNERSHIP	Q	219,404.	REIMBURSEMENT
(17) 810 ARCH LIMITED PARTNERSHIP	Q	408,104.	REIMBURSEMENT
(18) 2415 NORTH BROAD LIMITED PARTNERHSIP	Q	297,443.	REIMBURSEMENT
(19) 1315 NORTH 8TH LIMITED PARTNERSHIP	Q	131,236.	REIMBURSEMENT
(20) 1920 EAST ORLEANS LIMITED PARTNERSHIP	Q	129,639.	REIMBURSEMENT
(21) 1301 NORTH 8TH LIMITED PARTNERSHIP	Q	81,782.	REIMBURSEMENT
(22) MPOWER DEVELOPMENT CORPORATION	S	491,508.	CASH DISTRIBUTION
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

115 EAST HUNTINGDON LIMITED PARTNERSHIP

PRIMARY ACTIVITY: CONSTRUCT, HOLD, LEASE AND MANAGE A HOUSING DEVELOPMENT