

CBIZ ADVISORS, LLC
1601 MARKET ST. 4TH FLOOR
PHILADELPHIA, PA 19103

PROJECT HOME
1415 FAIRMOUNT AVENUE, 241
PHILADELPHIA, PA 19130



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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

PROJECT HOME
1415 FAIRMOUNT AVENUE 241
PHILADELPHIA, PA 19130

Prepared By:

CBIZ Advisors, LLC
1601 Market St. 4th Floor
Philadelphia, PA 19103

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

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Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2026

If your tax return(s) are being electronically filed, we cannot release them until we have your signed authorization(s). After reviewing your return(s) for accuracy and completeness, please sign and email your authorization(s) to 8879tax@cbiz.com or fax to (212) 485-5514.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PROJECT HOME

EIN or SSN

23-2555950

Name and title of officer or person subject to tax

**KEVIN NOEL
EXECUTIVE VP & CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|------------------------------------|-------------------------------------|---|------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>50,724,129.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CBIZ ADVISORS, LLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

23576412345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

AARON M. FOX

Date

12/18/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

| | | | |
|--|---|------------|--|
| 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 215-232-7272 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 63,924,470. |
| | 1415 FAIRMOUNT AVENUE | 241 | 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 |
| F Name and address of principal officer: DONNA BULLOCK 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

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 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. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 590 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1525 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -15,072. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 43,763,240. | 31,286,186. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 13,879,683. | 15,125,367. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,566,691. | 4,153,352. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -311,303. | 159,224. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 61,898,311. | 50,724,129. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 84,311. | 251,961. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 29,483,458. | 31,877,757. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,627,805. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 21,738,575. | 24,252,101. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 51,306,344. | 56,381,819. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 10,591,967. | -5,657,690. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 199,631,929. | 199,470,675. |
| | | 31,061,479. | 31,397,236. |
| | | 168,570,450. | 168,073,439. |

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 | | |
| | KEVIN NOEL, EXECUTIVE VP & CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | AARON M. FOX | AARON M. FOX | 12/18/25 | | P01365820 |
| Preparer Use Only | Firm's name | Firm's EIN | | Phone no. (215) 297-2100 | |
| | CBIZ ADVISORS, LLC | 88-1478669 | | | |
| | Firm's address | | | | |
| | 1601 MARKET ST. 4TH FLOOR | | | | |
| | PHILADELPHIA, PA 19103 | | | | |

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 \$ 12,032,468. including grants of \$) (Revenue \$ 4,315,604.) PROPERTY MANAGEMENT SERVICES: PROJECT HOME OWNS AND MANAGES 1,128 UNITS OF SUBSIDIZED HOUSING FOR HOUSEHOLDS THAT WERE HOMELESS OR AT RISK OF BECOMING HOMELESS. THE PARTNERSHIP WITH SUBSIDY PROVIDERS SUCH AS THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), PHILADELPHIA HOUSING AUTHORITY, AND CITY OF PHILADELPHIA 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 \$ 15,698,718. including grants of \$ 144,592.) (Revenue \$ 460,564.) 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 ADDRESS 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 CARE SERVICES AND EMPLOYMENT AND

4c (Code:) (Expenses \$ 12,131,462. including grants of \$) (Revenue \$ 9,870,823.) 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 \$ 6,415,092. including grants of \$ 107,369.) (Revenue \$ 478,376.)

4e Total program service expenses 46,277,740.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (25), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, FL, NJ, NY, CA, CT, IL, MD, RI, VA, OH, OR
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
BETH CROOP, VP OF FINANCE & ACCTG - (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, box 6 of 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 ASSOCIATE EXEC DIR. (TO 01/2025) | 40.00 | | | | X | | | 305,369. | 0. | 142,675. |
| (2) S. MARY SCULLION, RSM PRESIDENT/ED (TO 07/2024) | 40.00 | X | | X | | | | 319,389. | 0. | 63,996. |
| (3) WILLIAM KURTYCZ VP OF HEALTH SERVICES | 40.00 | | | | | X | | 256,375. | 0. | 10,345. |
| (4) KEVIN NOEL EXECUTIVE VP/CFO | 40.00 | | | | X | | | 231,037. | 0. | 33,305. |
| (5) JANET STEARNS SVP OF RE DEVELOPMENT | 40.00 | | | | | X | | 215,712. | 0. | 31,639. |
| (6) ANNETTE JEFFREY SVP OF DEVELOPMENT & COMMUNICATION | 40.00 | | | | | X | | 204,542. | 0. | 19,877. |
| (7) YEVETTE CARMICHAEL SVP OF PEOPLE & CULTURE | 40.00 | | | | | X | | 192,721. | 0. | 19,480. |
| (8) RONALD PATTERSON VP OF IT | 40.00 | | | | | X | | 198,299. | 0. | 8,562. |
| (9) DONNA BULLOCK PRESIDENT/CEO (AS OF 07/2024) | 40.00 | X | | X | | | | 125,398. | 0. | 11,435. |
| (10) ESTELLE RICHMAN CHAIRPERSON | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (11) HANK HOCKEIMER VICE CHAIRPERSON | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) JEFF COOK TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) JESSIE AI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DANIEL ALFONSO VAZQUEZ PAGAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JOANNE BERWIND BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) CAITLIN FERRY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) GUS GRAY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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) MARISSA HUMPHREY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) LORI LASHER BOARD MEMBER (TO 12/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) KEITH LEAPHART BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) LEIGH MIDDLETON BOARD MEMBER (TO 12/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) WES MITCHELL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) MEGHAN MAGUIRE NICOLETTI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) MARCEL PRATT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) DUANE PERRY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JIM SMITH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,048,842. | 0. | 341,314. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,048,842. | 0. | 341,314. |

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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 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 |
|--|---------------------------------------|---------------------|
| INTECH CONSTRUCTION LLC 3020 MARKET STREET, PHILADELPHIA, PA 19104 | CONSTRUCTION MANAGEMENT SERVICES | 706,667. |
| KLEHR HARRISON HARVEY BRANZBURG LLP, 1835 MARKET STREET, SUITE 1400, PHILADELPHIA, | LEGAL SERVICES | 263,999. |
| MAY DAY CONSTRUCTION & MANAGEMENT LLC 431 COWPATH ROAD, SOUDERTON, PA 18964 | GENERAL CONTRACTOR SERVICES | 217,401. |
| RASHEED ABULLAH WILLIAMS OBERTON, 123 N. MILLICK STREET, PHILADELPHIA, PA 19139 | JANITORIAL & RUBBISH REMOVAL SERVICES | 108,933. |

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 16,953,057. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 14,333,129. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 3,149,851. | | | | |
| | h Total. Add lines 1a-1f | | 31,286,186. | | | | |
| Program Service Revenue | 2 a HEALTH SERVICES | Business Code | | | | | |
| | | 624100 | 9,870,823. | 9,870,823. | | | |
| | b PROPERTY MANAGEMENT SERVICES | 624100 | 4,315,604. | 4,315,604. | | | |
| | c HOUSING AND SUPPORT SERVICES | 624100 | 460,564. | 460,564. | | | |
| | d REAL ESTATE DEVELOPMENT AND ASSET | 624100 | 258,854. | 258,854. | | | |
| | e COMMUNITY AND OUTREACH SERVICES | 624100 | 219,522. | 219,522. | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 15,125,367. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,669,189. | | | 4669189. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | | 36,348. | | | |
| | | | (ii) Personal | | | | |
| | b Less: rental expenses ... | 6b | 50,794. | | | | |
| | c Rental income or (loss) | 6c | -14,446. | | | | |
| | d Net rental income or (loss) | | -14,446. | | -15,072. | 626. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | 12,437,070. | 196,640. | | |
| | | | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 12,844,415. | 305,132. | | | |
| | c Gain or (loss) | 7c | -407,345. | -108,492. | | | |
| | d Net gain or (loss) | | -515,837. | | | -515,837. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 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 BAD DEBT RECOVERY | Business Code | | | | | |
| | | 900099 | 173,670. | | | 173,670. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 173,670. | | | | | |
| 12 Total revenue. See instructions | | 50,724,129. | 15125367. | -15,072. | 4327648. | | |

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 | 251,961. | 251,961. | | |
| 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 | 1,619,118. | 1,249,639. | 284,447. | 85,032. |
| 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 | 24,609,689. | 18,967,611. | 4,353,708. | 1,288,370. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 511,323. | 397,020. | 87,080. | 27,223. |
| 9 Other employee benefits | 3,066,822. | 2,381,252. | 522,290. | 163,280. |
| 10 Payroll taxes | 2,070,805. | 1,607,889. | 352,665. | 110,251. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 81,590. | 60,512. | 14,795. | 6,283. |
| c Accounting | 126,939. | 94,145. | 23,018. | 9,776. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 341,868. | | 341,868. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 368,490. | 273,294. | 66,818. | 28,378. |
| 12 Advertising and promotion | 144,243. | 116,783. | 14,558. | 12,902. |
| 13 Office expenses | 1,244,558. | 1,094,279. | 107,697. | 42,582. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,964,916. | 4,683,269. | 222,885. | 58,762. |
| 17 Travel | 208,423. | 163,195. | 25,518. | 19,710. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 544,895. | 452,680. | 45,692. | 46,523. |
| 20 Interest | 558,077. | 548,355. | 9,722. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,624,192. | 2,484,929. | 139,263. | |
| 23 Insurance | 597,171. | 422,610. | 109,439. | 65,122. |
| 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 | 7,871,694. | 7,186,381. | 201,951. | 483,362. |
| b HOUSING DEVELOPMENT EXP | 2,026,790. | 2,026,790. | | |
| c EQUIPMENT RENTALS & MAI | 1,879,304. | 1,359,599. | 415,841. | 103,864. |
| d GENERAL EXPENSES | 668,951. | 455,547. | 137,019. | 76,385. |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 56,381,819. | 46,277,740. | 7,476,274. | 2,627,805. |
| 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 <input type="checkbox"/> 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 | 74,639. | 1 | 207,696. |
| | 2 Savings and temporary cash investments | 6,665,219. | 2 | 7,163,642. |
| | 3 Pledges and grants receivable, net | 27,508,152. | 3 | 19,651,651. |
| | 4 Accounts receivable, net | 8,414,011. | 4 | 5,619,776. |
| | 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 | 1,551,131. | 9 | 1,322,054. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 46,411,158. | | |
| | b Less: accumulated depreciation | 10b 17,662,417. | 29,294,307. | 10c 28,748,741. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 84,740,271. | 12 | 95,116,581. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 41,384,199. | 15 | 41,640,534. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 199,631,929. | 16 | 199,470,675. | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,132,699. | 17 | 5,590,593. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 250,680. | 19 | 624,768. |
| | 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 | 13,166,357. | 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 | 12,511,743. | 25 | 12,015,518. |
| | 26 Total liabilities. Add lines 17 through 25 | 31,061,479. | 26 | 31,397,236. |
| 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 | 83,054,905. | 27 | 88,089,184. |
| | 28 Net assets with donor restrictions | 85,515,545. | 28 | 79,984,255. |
| | 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 | 168,570,450. | 32 | 168,073,439. |
| | 33 Total liabilities and net assets/fund balances | 199,631,929. | 33 | 199,470,675. |

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 | 50,724,129. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 56,381,819. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,657,690. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 168,570,450. |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,160,679. |
| 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 | 168,073,439. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | X | |

Form 990 (2024)

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 32266903. | 41761851. | 59137830. | 43763240. | 31286186. | 208216010 |
| 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 | 32266903. | 41761851. | 59137830. | 43763240. | 31286186. | 208216010 |
| 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) | | | | | | 6602481. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 201613529 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 32266903. | 41761851. | 59137830. | 43763240. | 31286186. | 208216010 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1903366. | 2624754. | 2770843. | 3625265. | 4705537. | 15629765. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 8,593. | 5,620. | -1,477. | -4,591. | -15,072. | -6,927. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 29,308. | 21,697. | 74,448. | | 173,670. | 299,123. |
| 11 Total support. Add lines 7 through 10 | | | | | | 224137971 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 68,589,610. |
| 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 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 89.95 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 89.72 % |
| 16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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). | | |

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 2024 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-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

PROJECT HOME

Employer identification number

23-255950

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).

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

Schedule B (Form 990) (Rev. 12-2024)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WANAMAKER BUILDING, 100 PENN SQUARE EAST PHILADELPHIA, PA 19107 | \$ 3,223,499. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CITY OF PHILADELPHIA, OFFICE OF HOMELESS SERVICES MSB 1401 JFK BLVD, ROOM 1040 PHILADELPHIA, PA 19102 | \$ 2,475,004. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CITY OF PHILADELPHIA, DEPARTMENT OF PUBLIC HEALTH/OFFICE OF BEHAVIORAL HEA 1101 MARKET STREET, 7TH FLOOR PHILADELPHIA, PA 19107 | \$ 6,138,154. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | HEALTH RESOURCES AND SERVICE ADMINISTRATION - HRSA 150 SOUTH INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106 | \$ 1,942,681. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | PHILLIES CHARITIES 1 CITIZENS BANK WAY PHILADELPHIA, PA 19148 | \$ 1,575,795. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | A. M. WILLIAMS, JR. 130 SOUTH 18TH STREET, UNIT 2204 PHILADELPHIA, PA 19103 | \$ 774,350. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| 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 |
|------------------------------|--|---|----------------------|
| 5 | 15,070 SHARES OF FTAI STOCK _____ _____ _____ | \$ 1,575,795. | 07/17/24 |
| 6 | 6,929 SHARES OF EXE STOCK _____ _____ _____ | \$ 774,350. | 04/01/25 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| 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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 23-2555950 |
|---|---|

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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

| 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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: | THEN 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: | THEN 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (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 | | 13,024. |
| 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 | | 686. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 13,710. |
| 2a Did the activities in line 1 cause the organization to not be 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 expenditures 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:

WE FOCUSED LARGELY ON BUILDING RELATIONSHIPS WITH ELECTED OFFICIALS AND EDUCATING THEM ABOUT THE ISSUES OF HOUSING, HOMELESSNESS, AND HEALTHCARE. WE OFFERED BUILDING TOURS AND MET INDIVIDUALLY WITH ELECTED AND APPOINTED OFFICIALS TO EDUCATE THEM ABOUT HOMELESSNESS AND TO SOLICIT THEIR SUPPORT FOR SPECIFIC IDEAS AND PROGRAMS.

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PROJECT HOME

Employer identification number

23-255950

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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 | 25,538,589. | 22,465,949. | 20,740,721. | 22,358,338. | 17,593,869. |
| b Contributions | 5,611,551. | 2,305,320. | 326,000. | 1,001,000. | 1,051,000. |
| c Net investment earnings, gains, and losses | 2,281,427. | 1,375,282. | 1,653,362. | -2,312,353. | 3,885,917. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 994,760. | 607,962. | 254,134. | 306,264. | 172,448. |
| f Administrative expenses | | | | | |
| g End of year balance | 32,436,807. | 25,538,589. | 22,465,949. | 20,740,721. | 22,358,338. |

- 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 28.4860%
 - c** Term endowment 71.5140%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,666,233. | | 1,666,233. |
| b Buildings | | 32,080,239. | 13,116,416. | 18,963,823. |
| c Leasehold improvements | | 8,044,835. | 2,005,535. | 6,039,300. |
| d Equipment | | 2,297,644. | 1,665,949. | 631,695. |
| e Other | | 2,322,207. | 874,517. | 1,447,690. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 28,748,741. |

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 | 15,236,276. | END-OF-YEAR MARKET VALUE |
| (B) CORPORATE BONDS | 9,150,561. | END-OF-YEAR MARKET VALUE |
| (C) GOV'T BONDS AND NOTES | 5,749,585. | END-OF-YEAR MARKET VALUE |
| (D) MUTUAL FUNDS | 61,893,529. | END-OF-YEAR MARKET VALUE |
| (E) OTHER | 3,086,630. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 95,116,581. | |

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, line 13, col. (B)) | | |

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 | 70,193. |
| (2) ACCOUNTS AND LOANS RECEIVABLE - RELATED ENTITIES | 31,085,367. |
| (3) OPERATING RIGHT-OF-USE ASSET | 10,484,974. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 41,640,534. |

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) OPERATING LEASE | 12,015,518. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 12,015,518. |

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 | 56,862,235. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,160,679. |
| b | Donated services and use of facilities | 2b | 1,387,955. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 50,794. |
| e | Add lines 2a through 2d | 2e | 6,599,428. |
| 3 | Subtract line 2e from line 1 | 3 | 50,262,807. |
| 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 | 341,868. |
| b | Other (Describe in Part XIII.) | 4b | 119,454. |
| c | Add lines 4a and 4b | 4c | 461,322. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 50,724,129. |

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 | 57,478,700. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,387,955. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 50,794. |
| e | Add lines 2a through 2d | 2e | 1,438,749. |
| 3 | Subtract line 2e from line 1 | 3 | 56,039,951. |
| 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 | 341,868. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 341,868. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 56,381,819. |

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 ORGANIZATIONS STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE ORGANIZATION MET THE 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. THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROCESS. THE ORGANIZATION ENGAGED IN CERTAIN ACTIVITIES THAT DID NOT CONTRIBUTE DIRECTLY TO ITS EXEMPT PURPOSES. UNDER THE INTERNAL REVENUE CODE, A CORPORATE INCOME TAX IS IMPOSED ON THE NET INCOME GENERATED BY THESE UNRELATED BUSINESS ACTIVITIES. THE TAX ON UNRELATED BUSINESS INCOME WAS \$0 FOR EACH OF THE YEARS ENDED JUNE 30, 2025 AND 2024.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES 50,794.

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 | 27 | 107,369. | 0. | FMV | |
| RENTAL ASSISTANCE | 37 | 144,592. | 0. | FMV | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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

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

Part IV Supplemental Information

DIRECTLY TO THE SCHOOLS AT THE BEGINNING OF EACH SEMESTER.

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

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 | | |
| 2 | X | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOAN DAWSON MCCONNON ASSOCIATE EXEC DIR. (TO 01/2025) | (i) | 282,369. | 0. | 23,000. | 124,517. | 18,158. | 448,044. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) S. MARY SCULLION, RSM PRESIDENT/ED (TO 07/2024) | (i) | 296,389. | 0. | 23,000. | 54,454. | 9,542. | 383,385. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) WILLIAM KURTYCZ VP OF HEALTH SERVICES | (i) | 256,375. | 0. | 0. | 10,345. | 0. | 266,720. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) KEVIN NOEL EXECUTIVE VP/CFO | (i) | 231,037. | 0. | 0. | 11,821. | 21,484. | 264,342. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JANET STEARNS SVP OF RE DEVELOPMENT | (i) | 215,712. | 0. | 0. | 2,950. | 28,689. | 247,351. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ANNETTE JEFFREY SVP OF DEVELOPMENT & COMMUNICATION | (i) | 204,542. | 0. | 0. | 10,335. | 9,542. | 224,419. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) YEVETTE CARMICHAEL SVP OF PEOPLE & CULTURE | (i) | 192,721. | 0. | 0. | 9,938. | 9,542. | 212,201. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) RONALD PATTERSON VP OF IT | (i) | 198,299. | 0. | 0. | 8,535. | 27. | 206,861. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 | 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 | X | | 76,889. | FAIR MARKET VALUE |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 30 | 2,868,950. | 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 | X | 3 | 204,012. | FAIR MARKET VALUE |
| 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**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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. | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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:
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 1,128 UNITS OF SUPPORTIVE AND AFFORDABLE
HOUSING FOR PERSONS WHO HAVE EXPERIENCED HOMELESSNESS AND LOW-INCOME
PERSONS AT RISK OF HOMELESSNESS. PROJECT HOME HAS AN ADDITIONAL 44
UNITS UNDER CONSTRUCTION AND 66 UNITS IN THE PIPELINE.

SOCIAL ENTERPRISE PROGRAMS, PROVIDE AN INNOVATIVE, TRAUMA-INFORMED
APPRENTICESHIP PROGRAM AND ADDITIONAL JOB 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.

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
EXPERIENCING HOMELESSNESS, AND CONNECT THEM TO EMERGENCY HOUSING,
TREATMENT, AND OTHER SERVICES TO MEET THEIR NEEDS.
ON AVERAGE ANNUALLY, THE OUTREACH WORKERS MAKE APPROXIMATELY 9,000
CONTACTS WITH PEOPLE EXPERIENCING HOMELESSNESS (INCLUDING MORE THAN
3,500 UNDUPLICATED CONTACTS) AND APPROXIMATELY 2,000 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. IN A TYPICAL
YEAR, THERE WERE OVER 30,000 VISITS TO THE HUB OF HOPE, WITH AN AVERAGE
OF 580 VISITS PER WEEK.

EDUCATION AND EMPLOYMENT SERVICES: PROJECT HOME OFFERS A COMPREHENSIVE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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. NEARLY 1,000 ADULT LEARNERS PARTICIPATE IN OUR PROGRAMS EACH YEAR AND THE AVERAGE EMPLOYMENT IN OUR PROGRAM EXCEEDS THE 50 % NATIONAL AVERAGE.

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 MAJOR CAPITAL IMPROVEMENTS TO OUR EXISTING RESIDENTIAL AND COMMERCIAL PROPERTIES; AND MANAGING THE ASSETS IN OUR PORTFOLIO, WHICH AS OF JUNE 30, 2025 HAVE A VALUE OF APPROXIMATELY \$240,000,000.

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 21 RESIDENTIAL SITES OPERATING AS OF JUNE 30, 2025. TO DATE, PROJECT HOME HAS DEVELOPED 1,128 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 FY25, PROJECT HOME COMPLETED PRESERVATION OF KATE'S PLACE, A 144-UNIT PERMANENT SUPPORTIVE HOUSING DEVELOPMENT. PROJECT HOME BEGAN MAJOR RENOVATIONS OF 6 PERMANENT SUPPORTIVE HOUSING BUILDINGS TOTALING 136 UNITS, WHICH ARE EXPECTED TO BE COMPLETED DURING FY26. ADDITIONALLY, PROJECT HOME BEGAN CONSTRUCTION ON A 44-UNIT BUILDING, HOUSE OF GRACE, WHICH WILL PROVIDE HOUSING AND SUPPORTIVE SERVICES TO PERSONS IN RECOVERY. EXPENSES \$ 6,415,092. INCLUDING GRANTS OF \$ 107,369. REVENUE \$ 478,376.

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

THE FORM 990 IS PRESENTED TO THE FINANCE AND AUDIT COMMITTEE BY THE OUTSIDE TAX ACCOUNTANTS AT THE FEBRUARY MEETING. ONCE APPROVED BY THIS COMMITTEE, IT IS SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW 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

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

CONFLICT OF INTEREST STATEMENT ANNUALLY. THE FORMS ARE REVIEWED AND ANY CONFLICTS ARE SUMMARIZED AND REPORTED TO THE PRESIDENT & CEO AND THE EXECUTIVE VP AND CFO.

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 2025 BY WAY OF APPROVING THE BUDGET FOR FISCAL YEAR 2025.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
PA, FL, NJ, NY, CA, CT, IL, MD, RI, VA, OH, OR, MN

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)**

(Rev. January 2025)

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

**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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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, 1415 FAIRMOUNT AVENUE, 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, 1415 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130 | OPERATES A 24 UNIT SINGLE HOUSING DEVELOPMENT | PENNSYLVANIA | 501(C)(3) | LINE 7 | PROJECT HOME | | X |
| MPOWER DEVELOPMENT CORPORATION - 46-2668689 1415 FAIRMOUNT AVENUE 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) (Rev. 1-2025)

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, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 144 UNIT AFFORDABLE HOUSING A | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 1212 LUDLOW LIMITED PARTNERSHIP - 26-3554394, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 79 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | |
| 1415 FAIRMOUNT LIMITED PARTNERSHIP - 45-5633174, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 55 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 810 ARCH LIMITED PARTNERSHIP - 46-3436976, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 94 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| PEOPLE OF PIETY, INC. - 26-3437808 1415 FAIRMOUNT AVE STE 241 PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| WOCC, INC. - 71-0897275 1415 FAIRMOUNT AVE STE 241 PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 1415 FAIRMOUNT DEVELOPMENT CORPORATION - 45-4996216, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 810 ARCH DEVELOPMENT CORPORATION - 46-3244406, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 2415 NORTH BROAD DEVELOPMENT CORPORATION - 46-3222790, 1415 FAIRMOUNT AVE STE 241, 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) Disproportion- ate 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 | |
| 2415 NORTH BROAD LIMITED PARTNERSHIP - 46-3550669, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 88 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 1301 NORTH 8TH LIMITED PARTNERSHP - 82-0777745, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 40 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 1315 NORTH 8TH LIMITED PARTNERSHIP - 82-0679770, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 32 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 115 EAST HUNTINGDON LIMITED PARTNERSHIP - 83-4237957, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 56 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 1920 EAST ORLEANS LIMITED PARTNERSHIP - 82-5402242, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 42 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| RJD 15 LIMITED PARTNERSHIP - 84-3853825, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | OPERATES A 40 UNIT AFFORDABLE HOUSING AP | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| KP 15 LIMITED PARTNERSHIP - 88-1138873, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | PURCHASE, HOLD AND REHABILITATE PROPERTY | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | .01% |
| 4225 NORTH PARK LIMITED PARTNERSHIP - 33-1692207, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | PURCHASE, HOLD AND REHABILITATE PROPERTY | PA | N/A | LOW INCOME HOUSING | | | | X | N/A | X | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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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 |
| 1301 NORTH 8TH DEVELOPMENT CORPORATION - 81-5291714, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 1315 NORTH 8TH DEVELOPMENT CORPORATION - 81-5352205, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 1920 EAST ORLEANS DEVELOPMENT CORPORATION - 82-4588750, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| KRR DEVELOPMENT CORPORATION - 83-4220561 1415 FAIRMOUNT AVE STE 241 PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| RJD GENERAL PARTNER, INC. - 84-3843816 1415 FAIRMOUNT AVE STE 241 PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| KP 15 GENERAL PARTNER INC. - 88-1115579 1415 FAIRMOUNT AVE STE 241 PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| PEOPLE OF FORTITUDE, INCORPORATED - 23-2684808, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
| 4225 NORTH PARK DEVELOPMENT CORPORATION - 33-1530218, 1415 FAIRMOUNT AVE STE 241, PHILADELPHIA, PA 19130 | REAL ESTATE | PA | PROJECT HOME | C CORP | | | 100% | X | |
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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) 1850 N. CROSKY DEVELOPMENT CORPORATION | B | 191,025. | GIFT AMOUNT |
| (2) 1315 NORTH 8TH LIMITED PARTNERSHIP | B | 50,720. | GIFT AMOUNT |
| (3) KP 15 LIMITED PARTNERSHIP | D | 1,461,321. | LOAN AGREEMENT |
| (4) 1212 LUDLOW LIMITED PARTNERSHIP | D | 1,214,532. | LOAN AGREEMENT |
| (5) PROJECT HOME COMMUNITY DEVELOPMENT CORPORATION | D | 1,148,277. | LOAN AGREEMENT |
| (6) RJD 15 LIMITED PARTNERSHIP | D | 964,567. | 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)1850 N. CROSKY DEVELOPMENT CORPORATION | D | 605,228. | LOAN AGREEMENT |
| (8)1415 FAIRMOUNT LIMITED PARTNERSHIP | D | 1,809,647. | LOAN AGREEMENT |
| (9)2415 NORTH BROAD LIMITED PARTNERHSIP | D | 4,709,791. | LOAN AGREEMENT |
| (10)4225 NORTH PARK LIMITED PARTNERSHIP | D | 682,107. | LOAN AGREEMENT |
| (11)810 ARCH LIMITED PARTNERSHIP | D | 7,945,380. | LOAN AGREEMENT |
| (12)1301 NORTH 8TH LIMITED PARTNERSHIP | D | 1,378,245. | LOAN AGREEMENT |
| (13)1920 EAST ORLEANS LIMITED PARTNERHSIP | D | 401,379. | LOAN AGREEMENT |
| (14)115 EAST HUNTINGDON LIMITED PARTNERSHIP PROJECT HOME COMMUNITY DEVELOPMENT (15)CORPORATION | D | 7,870,892. | LOAN AGREEMENT |
| (16)1415 FAIRMOUNT LIMITED PARTNERSHIP | K | 175,869. | LEASE AGREEMENT |
| (17)MPOWER DEVELOPMENT CORPORATION PROJECT HOME COMMUNITY DEVELOPMENT (18)CORPORATION | K | 119,495. | LEASE AGREEMENT |
| (18)CORPORATION | L | 660,335. | LEASE AGREEMENT |
| (19)RJD 15 LIMITED PARTNERSHIP | L | 95,763. | PROP MANAGEMENT FEES |
| (20)1212 LUDLOW LIMITED PARTNERSHIP | L | 57,834. | PROP MANAGEMENT FEES |
| (21)1212 LUDLOW LIMITED PARTNERSHIP | L | 87,439. | PROP MANAGEMENT FEES |
| (22)1415 FAIRMOUNT LIMITED PARTNERSHIP | L | 176,803. | PROP MANAGEMENT FEES |
| (23)810 ARCH LIMITED PARTNERSHIP | L | 162,829. | PROP MGMT & SUPP SVC FEES |
| (24)2415 NORTH BROAD LIMITED PARTNERHSIP | L | 302,386. | PROP MGMT & SUPP SVC FEES |
| (24)2415 NORTH BROAD LIMITED PARTNERHSIP | L | 95,271. | PROP MGMT & SUPP SVC 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) 115 EAST HUNTINGDON LIMITED PARTNERSHIP | L | 53,753. | PROP MGMT & SUPP SVC FEES |
| (8) MPOWER DEVELOPMENT CORPORATION | L | 64,441. | PROP MANAGEMENT FEES |
| (9) 1850 N. CROSKY DEVELOPMENT CORPORATION PROJECT HOME COMMUNITY DEVELOPMENT | Q | 79,169. | REIMBURSEMENT |
| (10) CORPORATION | Q | 418,461. | REIMBURSEMENT |
| (11) RJD 15 LIMITED PARTNERSHIP | Q | 199,006. | REIMBURSEMENT |
| (12) 1212 LUDLOW LIMITED PARTNERSHIP | Q | 342,276. | REIMBURSEMENT |
| (13) KP 15 LIMITED PARTNERSHIP | Q | 430,069. | REIMBURSEMENT |
| (14) 1415 FAIRMOUNT LIMITED PARTNERSHIP | Q | 214,683. | REIMBURSEMENT |
| (15) 810 ARCH LIMITED PARTNERSHIP | Q | 415,912. | REIMBURSEMENT |
| (16) 2415 NORTH BROAD LIMITED PARTNERHSIP | Q | 321,967. | REIMBURSEMENT |
| (17) 1920 EAST ORLEANS LIMITED PARTNERSHIP | Q | 98,842. | REIMBURSEMENT |
| (18) 1301 NORTH 8TH LIMITED PARTNERSHIP | Q | 48,500. | REIMBURSEMENT |
| (19) 115 EAST HUNTINGDON LIMITED PARTNERSHIP | Q | 163,290. | REIMBURSEMENT |
| (20) MPOWER DEVELOPMENT CORPORATION | S | 605,828. | CASH DISTRIBUTION |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PROJECT HOME

EIN or SSN

23-2555950

Name and title of officer or person subject to tax

**KEVIN NOEL
EXECUTIVE VP & CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|------------------------------------|-------------------------------------|---|---------------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b <u>0.</u> |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CBIZ ADVISORS, LLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

23576412345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

AARON M. FOX

Date

12/18/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section A-F: Name of organization (PROJECT HOME), Employer identification number (23-2555950), Group exemption number, Book value of all assets at end of year (199,470,675).

Form header section G-L: Check organization type (501(c) corporation), Check if filing only to claim, Check if a 501(c)(3) organization filing a consolidated return, Enter the number of attached Schedules A (1), During the tax year, was the corporation a subsidiary, The books are in care of (BETH CROOP, VP OF FINANCE & ACCT).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax amounts.

| Part III Tax and Payments <i>(continued)</i> | | | |
|---|--|-----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i> | | | |
|--|--|-----------------------------------|-----------|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 812930 | \$ 6,069. | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | |
|-------------------------------|--|----------------------|----------|--|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | Title | EXECUTIVE VP & CFO |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | AARON M. FOX | AARON M. FOX | 12/18/25 | P01365820 |
| | Firm's name | Firm's EIN | | |
| | CBIZ ADVISORS, LLC | 88-1478669 | | |
| | Firm's address | Phone no. | | |
| | 1601 MARKET ST. 4TH FLOOR PHILADELPHIA, PA 19103 | (215) 297-2100 | | |

| |
|---|
| May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|--|--|
| A Name of the organization PROJECT HOME | B Employer identification number 23-2555950 |
| C Unrelated business activity code (see instructions) 812930 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **PARKING LOT RENTAL**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|------------------|------------|--------------|----------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance | | | |
| 2 Cost of goods sold (Part III, line 8) | 1c | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 2 | | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 3 | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4a | | | |
| c Capital loss deduction for trusts | 4b | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 4c | | | |
| 6 Rent income (Part IV) | 5 | | | |
| 7 Unrelated debt-financed income (Part V) | 6 | 17,297. | 32,369. | -15,072. |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 7 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 8 | | | |
| 10 Exploited exempt activity income (Part VIII) | 9 | | | |
| 11 Advertising income (Part IX) | 10 | | | |
| 12 Other income (see instructions; attach statement) | 11 | | | |
| 13 Total. Combine lines 3 through 12 | 12 | 17,297. | 32,369. | -15,072. |
| | 13 | | | |

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | | |
|--|--|-----------|--|-----------|
| 1 Compensation of officers, directors, and trustees (Part X) | | | | |
| 2 Salaries and wages | | | | |
| 3 Repairs and maintenance | | | | |
| 4 Bad debts | | | | |
| 5 Interest (attach statement). See instructions | | | | |
| 6 Taxes and licenses | | | | |
| 7 Depreciation (attach Form 4562). See instructions | | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | | 8a | | 8b |
| 9 Depletion | | | | |
| 10 Contributions to deferred compensation plans | | | | |
| 11 Employee benefit programs | | | | |
| 12 Excess exempt expenses (Part VIII) | | | | |
| 13 Excess readership costs (Part IX) | | | | |
| 14 Other deductions (attach statement) | | | | |
| 15 Total deductions. Add lines 1 through 14 | | | | 0. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | | -15,072. |
| 17 Deduction for net operating loss. See instructions | | | | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | | -15,072. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A PARKING LOT RENTAL 1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130

B

C

D

| | A | B | C | D |
|---|---------|---|---|---------|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | 0. | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 17,297. | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | 17,297. | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | | | | 17,297. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) <u>STMT 2</u> | 32,369. | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | | | | 32,369. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A

B

C

D

| | A | B | C | D |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/23 | 1,478. | 0. | 1,478. | 1,478. |
| 06/30/24 | 4,591. | 0. | 4,591. | 4,591. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 6,069. | 6,069. |

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|---------|---------|
| REPAIRS AND MAINTENANCE | | 5,040. | |
| UTILITIES | | 2,506. | |
| OTHER RENTAL EXPENSE | | 19,119. | |
| REAL ESTATE TAXES | | 5,704. | |
| - SUBTOTAL - | 1 | | 32,369. |
| TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4 | | | 32,369. |

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

| | |
|--|--|
| Name of corporation PROJECT HOME | Employer identification number (EIN) 23-255950 |
|--|--|

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|--------------------------------|---------------------------------|--------------------------------|
| 1 Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | | |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | | |
| e Specified additional net income or loss item B. Reserved for future use | 1e | | |
| f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d | 1f | | |
| 2 Adjustments (see instructions): | | | |
| a Financial statements covering different tax years | 2a | | |
| b Corporations that are not included on the taxpayer's consolidated return | 2b | | |
| c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) | 2c | | |
| d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) | 2d | | |
| e Certain taxes | 2e | | |
| f Patronage dividends and per-unit retain allocations (cooperatives only) | 2f | | |
| g Alaska native corporations | 2g | | |
| h Certain credits | 2h | | |
| i Mortgage servicing income | 2i | | |
| j Tax-exempt entities (organizations subject to tax under section 511) | 2j | | |
| k Depreciation | 2k | | |
| l Qualified wireless spectrum | 2l | | |
| m Covered transactions | 2m | | |
| n Adjustments related to bankruptcy and insolvency | 2n | | |
| o Certain insurance company adjustments | 2o | | |
| p Adjustment P - Reserved for future use | 2p | | |
| q Adjustment Q - Reserved for future use | 2q | | |
| r Adjustment R - Reserved for future use | 2r | | |
| s Adjustment S - Reserved for future use | 2s | | |
| z Other | 2z | | |
| 3 Specified adjustment. Reserved for future use | 3 | | |
| 4 Total adjustments. Combine lines 2a through 2z | 4 | | |
| 5 AFSI. Combine lines 1f and 4 | 5 | | |
| 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 | | | 6 |
| 7 3-year average annual AFSI (see instructions) | | | 7 |

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 - Yes.** Continue to line 9.
 - No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 - Yes.** Continue to line 10.
 - No.** Continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended | |
|---|---|--|---|-----------|
| 10 AFSI for purposes of the \$100 million test before adjustments: | | | | |
| a AFSI from line 5 | 10a | | | |
| b Aggregation differences (see instructions) | 10b | | | |
| c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b | 10c | | | |
| 11 Adjustments: | | | | |
| a Income not effectively connected to a U.S. trade or business | 11a | | | |
| b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) | 11b | | | |
| c Reserved for future use - Other adjustments 1 | 11c | | | |
| d Reserved for future use - Other adjustments 2 | 11d | | | |
| 12 Total adjustments. Combine lines 11a and 11b | 12 | | | |
| 13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 | 13 | | | |
| 14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 | | | | 14 |
| 15 3-year average annual AFSI for purposes of the \$100 million test | | | | 15 |

- 16** Is line 15 \$100 million or more?
 - Yes.** Continue to Part II.
 - No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

| | | |
|--|-----------|----------|
| 1 Net income or loss per AFS (see instructions): | | |
| a Consolidated net income or loss per the AFS of the corporation | 1a | -16,072. |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | |
| d Adjustment for certain consolidating entries (see instructions) | 1d | |
| e Specified additional net income or loss item D. Reserved for future use | 1e | |
| f AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | -16,072. |
| 2 Adjustments (see instructions): | | |
| a Financial statements covering different tax years | 2a | |
| b Reserved for future use - Adjustment 2b | 2b | |
| c Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c | |
| d The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 | 2e | |
| f Amounts that are not effectively connected to a U.S. trade or business | 2f | |
| g Certain taxes. Enter the amount from Part III, line 7 | 2g | |
| h Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i Alaska native corporations | 2i | |
| j Certain credits | 2j | |
| k Mortgage servicing income | 2k | |
| l Covered benefit plans described in section 56A(c)(11)(B) | 2l | |
| m Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n Depreciation | 2n | |
| o Qualified wireless spectrum | 2o | |
| p Covered transactions | 2p | |
| q Adjustments related to bankruptcy and insolvency | 2q | |
| r Certain insurance company adjustments | 2r | |
| s AFSI adjustment S - Reserved for future use | 2s | |
| t AFSI adjustment T - Reserved for future use | 2t | |
| u AFSI adjustment U - Reserved for future use | 2u | |
| z Other | 2z | |
| 3 Total adjustments. Combine lines 2a through 2z | 3 | |
| 4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 | -16,072. |
| 5 Financial statement net operating loss (FSNOL) (see instructions) | 5 | |
| 6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 | |
| 7 Multiply line 6 by 15% (0.15) | 7 | |
| 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 | |
| 9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 Regular tax liability (see instructions) | 10 | |
| 11 Base erosion minimum tax (see instructions) | 11 | |
| 12 Combine lines 10 and 11 | 12 | |
| 13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | | |
|--|-----------|--|
| 1 Current income tax provision - Foreign | 1 | |
| 2 Current income tax provision - Federal | 2 | |
| 3 Deferred income tax provision - Foreign | 3 | |
| 4 Deferred income tax provision - Federal | 4 | |
| 5 Income taxes included in equity method investment income | 5 | |
| 6a Adjustment A - Reserved for future use | 6a | |
| b Adjustment B - Reserved for future use | 6b | |
| c Adjustment C - Reserved for future use | 6c | |
| d Adjustment D - Reserved for future use | 6d | |
| e Adjustment E - Reserved for future use | 6e | |
| f Adjustment F - Reserved for future use | 6f | |
| g Adjustment G - Reserved for future use | 6g | |
| h Adjustment H - Reserved for future use | 6h | |
| z Income taxes in other places | 6z | |
| 7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | |

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

| | | | | |
|----------|---|-----------|-----|-----------|
| 1 | Domestic corporation CAMT foreign income taxes: | | | |
| a | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | |
| b | Adjustment | 1b | | |
| c | Adjustment | 1c | | |
| d | Adjustment | 1d | | |
| e | Adjustment | 1e | | |
| f | Adjustment | 1f | | |
| g | Adjustment | 1g | | |
| 2 | Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g..... | | | 2 |
| 3 | Allowable CFC CAMT foreign income taxes: | | | |
| a | Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | |
| b | Other | 3b | | |
| c | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3c | | |
| d | Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c | | | 3d |
| e | Percentage specified in section 55(b)(2)(A)(i) | 3e | 15% | |
| f | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) | 3f | | |
| g | CFC CAMT FTC limitation (multiply line 3e by line 3f) | | | 3g |
| h | Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) | | | 3h |
| 4 | CAMT FTC Line 4 - Reserved for future use | | | 4 |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 |
| 6 | Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8..... | | | 6 |