For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Inter	mal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
A	For the 2018 of	calendar year, or tax year beginning , and ending		
_	Check if applicable	C Name of organization	D Employe	er identification number
	Address change	HOMELESS ADVOCACY PROJECT	ł	
\exists	·	Doing business as	☐ 23-2	619480
\sqsubseteq	Name change	Number and street (or P O box if mail is not delivered to street address) Room/sulte	E Telephor	ne number
	Initial return	1429 WALNUT STREET 15TH FLOOR	<u>215-</u>	<u>523-9595</u>
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		
님	terminated	PHILADELPHIA PA 19102	G Gross red	eipts \$ 1,703,295
Ш	Amended return	F Name and address of principal officer		
	Application pending	MARSHA I. COHEN	a group return for s	subordinates? Yes X No
			I subordinates incl	luded? Yes No
			"No," attach a list	
_				,
<u>+</u>	Tax-exempt status	TOTAL DESCRIPTION OF STREET, OR ST		
<u>J</u> _			exemption number	
	Form of organization		1990	M State of legal domicile PA
F	Part I Su	ummary		
	1 Bnefly de	escribe the organization's mission or most significant activities.		,
ě	SEE	SCHEDULE O		
Activities & Governance				
Ĩ]	·		
Š	2 Check th	nis box I if the organization discontinued its operations or disposed of more than 25% of its net	accetc	• •
ŏ	1	· · · · · · · · · · · · · · · · · · ·	3	40
∞ 5 ∨	1	of voting members of the governing body (Part VI, line 1a)		40
ţį	1	of independent voting members of the governing body (Part VI, line 1b)	4	
Ξ	5 Total nur	mber of individuals employed in calendar year 2018 (Part V, line 2a)	5	15
Ac	6 Total nur	mber of volunteers (estimate if necessary)	6	500
,		related business revenue from Part VIII, column (C), line 12	7a	0
	b Net unre	elated business taxable income from Form 990-T, lipe 38	7b	13,918
			Year	Current Year
63	8 Contribut	tions and grants (Part VIII, line 1n)	85,080	1,646,137
2013 Revenue	9 Program	ent income (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, land 70 MAY 2 1 2019		0
Š	10 Investme	ent income (Part VIII, column (A), lines 3, 4 land 7 dMAY 2 1 2019	40,983	9,875
770	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9e-10c, and 11e)		0
3	13 Total ray	/enue – add lines 8 through 11 (must equal Part (Capitan M), line 3)	26,063	1,656,012
	 		20,000	1,030,012
⊣	1	and similar amounts paid (Part IX, column (A), lines 1–3)		- 0
٠		paid to or for members (Part IX, column (A), line 4)		1 100 11
JUL enses	15 Salaries,	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	.54,144	1,433,147
28	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)		0
Expe	b Total fun	ndraising expenses (Part IX, column (D), line 25) ▶ 150,233		
Щ	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,853	267,616
	1		75,997	1,700,763
	1	· · · · · · · · · · · · · · · · · · ·	50,066	-44,751
58	6		Current Year	End of Year
Net Assets or	20 Total ass		31,516	1,462,914
ASS	21 Total list		35,970	
Zet Z	27 Iotarilat	, , , , , , , , , , , , , , , , , , ,	95,546	1,319,663
			93,340	1,515,005
		gnature Block		_
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		lowledge and belief, it is
	ue, correct, and c	complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	eage	
		Marka Cala	5	114/19
Sig	gn 🖊 s	Signature of officer	Date	1 - 1 - 1
He		MARSHA I. COHEN EXECUTIVE D	IRECTOR	₹
_		Type or print name and title		
_	Pnnt/Tvp	pe preparer's name Preparer's signature/	Check	X if PTIN
Pai	``ا س		J Oncon	-
	DATE	DAUTE C. TANK COM	06/19 self-em	
	· Fillistia		Firm's EIN	23-2701559
U\$6	e Only	998 OLD EAGLE SCHOOL ROAD, SUITE 1221		
	Firm's ad	idress WAYNE, PA 19087	Phone no	610-687-8160
May	y the IRS discus	ss this return with the preparer shown above? (see instructions)		X Yes No
For	Paperwork Red	uction Act Notice, see the separate instructions.		Form 990 (2018)

	HOMELESS ADVO		23-261948	30		Page
		n Service Accomplishments ontains a response or note to an	v line in this Part III			X
1 Briefly descr	ribe the organization's miss		y mie iii tiis i ait iii			يبسا
SEE SCH	EDULE O					
		•				
7 D.J.L				AL		
_	inization undertake any sigi 190 or 990-EZ?	nificant program services during the yea	ir which were not listed on	rne	Yes	X No
if "Yes," des	scribe these new services o			•		_
3 Did the orga services?	inization cease conducting,	or make significant changes in how it of	onducts, any program		Yes	X No
•	scribe these changes on Sc	hedule O.				
expenses. S	Section 501(c)(3) and 501(c	ervice accomplishments for each of its to)(4) organizations are required to report , for each program service reported.				
4a (Code: SEE ATT) (Expenses \$ ACHED SUMMARY	1,385,551 including grants of AND PRO BONO HOURS) (Revenue \$		
		•				
		•				
					•	
41 (0-1	\/F	Labelia a secondo a	£ @) (D		
4b (Code ⁻) (Expenses \$	including grants o	· •) (Revenue \$	•	
	•					
				•		
	•					
		•			•	
			·			
						
4c (Code: N/A) (Expenses \$	including grants o	f \$) (Revenue \$		
,						
			•	••		
					•	
				•		
						٠
					,	
					•	
	ım services (Describe in Sc	•				
(Expenses 9	\$ m service expenses ▶	including grants of \$ 1,385,551) (Revenue S			
TE TOWN PROGRAM	Jorvice expenses					

D D (Ob 1-1! - 4	- f D! d	0 - 1 - 4 - 1
Part IV	Checklist	ot Keauirea	Schedules

P	art IV Checklist of Required Schedules			
1	Is the exception described in coston E01(a)(2) or 4047(a)(1) (ather than a private foundation)? If "Vec "		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	X	_
Ь	,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	· · · · · · · · · · · · · · · · · · ·			•
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	44.4	l	v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		_
f	· · · · · · · · · · · · · · · · · · ·	445		x
12~	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		^
124	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	i	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
-	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X

`_Pa	art IV Checklist of Required Schedules (continued)						
	•					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	ils on			Ì		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensations and the second of the	ed					•
24-	employees? If "Yes," complete Schedule J				23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin		_				
	through 24d and complete Schedule K. If "No," go to line 25a	IES 241	D		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?		٠		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the	vear			240		
•	to defease any tax-exempt bonds?	year			24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		
25a			efit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25a	[x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	а рпо	эг				ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	-					
	If "Yes," complete Schedule L, Part I				25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a	ıny		·			
	current or former officers, directors, trustees, key employees, highest compensated employees, or]	
	disqualified persons? If "Yes," complete Schedule L, Part II			,	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed]]	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	Ł,					ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):						•
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			•	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				28b		x
С	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member the	areof	`	•	200	\vdash	
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	iei eui j	,		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul	le M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie		•		<u> </u>		
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N, ı	Par	rt I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				[
	complete Schedule N, Part II				32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulation	S		İ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I				33	\sqcup	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	II, III,					l
	or IV, and Part V, line 1				34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	ie			20		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2		_		36	\vdash	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F				37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1			•		\vdash	
50	19? Note . All Form 990 filers are required to complete Schedule O.	TO all	•		38	x	ı
Pa	art ¥ Statements Regarding Other IRS Filings and Tax Compliance					1	
^ =	Check if Schedule O contains a response or note to any line in this Part V						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	ַן	11			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C				į
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				7		
	reportable gaming (gambling) winnings to prize winners?				1c	X	
					Fo	ա 99 0	(2018)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	,		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	, ,	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		X
b				
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			x
	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	—		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	·		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		٠	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44		75
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـ ـ ا		v
	excess parachute payment(s) dunng the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^_
	If "Yes," complete Form 4720, Schedule O		<u></u>	سسن

Form 990 (2018) HOMELESS ADVOCACY PROJECT 23-2619480 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes Νo 40 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 40 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure PA List the states with which a copy of this Form 990 is required to be filed 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. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records > PHILADELPHIA BAR ASSOCIATION 1101 MARKET STREET

215-238-6300

PA 19107

PHILADELPHIA

DAA

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"	7	_	っ	6	1	9	4	R	n	

Page 7

Form 990 (2018)

	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	adapandant Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for	(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	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/033-Wi3C)	organization and related organizations
(1) SEE LIST - 100%	VOLUNTE:	ER	BC	AR	D					
(,,	1.00						1			
SEE LIST	0.00	x						o	ol	C
(2) MARSHA I. COHEN		<u> </u>								
	40.00	ĺ			ĺ	1 1				
EXECUTIVE DIRECTOR	0.00			Х				138,000	0	6,400
(3) MICHELE LEVY						П				
	40.00									
MANAGING ATTORNEY	0.00					x		128,000	o	5,760
(4) PATRICIA MALLEY										
	40.00					1 1				
ATTORNEY	0.00					X		101,300	0	4,559
(5) LAURA KOLB	l	1				1 1				
	40.00									
ATTORNEY	0.00					X		101,000	0	4,545
(6)										
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10)							_			
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11)							\neg			

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
•	(A) Name and title	week (list any			Pos heck ss pe	erson	than c is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti ame comp	(F) mated ount of ther ensation m the	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-WI3C)	orgai and orgar		
	·												
		·											
					,								
												_	
											· ·		<u>.</u>
1b c	Sub-total Total from continuation she	ets to Part VII, S	Sect	ion A	١	<u>-</u>		> >	468,300			21,	
d 2	Total (add lines 1b and 1c) Total number of individuals (in				thos	e lis	ted a	bov	(e) who received more than	\$100,000 of	<u> </u>	21,	<u> 204</u>
3	reportable compensation from Did the organization list any for				trust	ee, i	key e	mpl	loyee, or highest compensa	ted		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	able	com	pens	atio			3		X
5	individual Did any person listed on line 1 for services rendered to the or	ganization? If "Y								ındıvıdual	5		x
Section 1	Complete this table for your five	e highest compe	ensa	ited i	ndep	end	ent c	onti	ractors that received more t	han \$100,000 of			
	compensation from the organi Name and	(A) business address	omp	ensa	uon	TOF U	ne ca	liend		In the organization's tax ye (B) Ion of services		(C) Compensa	tion
		· · · · · · · · · · · · · · · · · · ·		-			•		* ************************************				
		-											
				_	_								•
2	Total number of independent of received more than \$100,000								se listed above) who	0		, ,	
DAA					<u></u>						F	om 990	(2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue exempt business excluded from tax revenue revenue 512-514 24,126 1a Federated campaigns 1a **b** Membership dues 1b 171,213 c Fundraising events 1c d Related organizations 1d 1e 318,476 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,132,322 g Noncash contributions included in lines 1a-1f 1,646,137 h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 9,875 and other similar amounts) 9,875 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less, rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 171,213 (not including \$ of contributions reported on line 1c). See Part IV, line 18 47,283 47,283 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ь c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b C All other revenue Total. Add lines 11a-11d

1,656,012

0

9,875

Total revenue. See instructions

Form 990 (2018)

HOMELESS ADVOCACY PROJECT 23-2619480 Page 10 Form 990 (2018) Statement of Functional Expenses Part IX 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 (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, Management and Fundraising Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 45,540 45,540 46,920 138,000 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 861,585 60,248 56,079 977,912 Other salaries and wages Pension plan accruals and contributions (include 38,087 30,961 3,611 3,515 section 401(k) and 403(b) employer contributions) 17,185 151,351 17,651 186,187 Other employee benefits 75,568 8,580 92,961 8,813 Payroll taxes Fees for services (non-employees): a Management b Legal 6,425 6,425 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 48,350 4,250 52,600 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 59,627 48,471 5,652 5,504 13 Office expenses Information technology 14 Royalties 117,131 95,216 11,104 10,811 16 Occupancy 5,287 5,287 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,781 8,781 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 6,222 726 706 7,654 22 Depreciation, depletion, and amortization 933 8,219 959 10,111 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d All other expenses 164,979 150,233 1,700,763 1,385,551 Total functional expenses. Add lines 1 through 24e 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 ▶

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 279,716 322,764 Cash—non-interest bearing 2 Savings and temporary cash investments 205,177 2 205,762 230,741 335,256 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 44,555 62,074 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 43,827 other basis. Complete Part VI of Schedule D 10a 28,305 18,920 b Less accumulated depreciation 10b 15,522 10c 647,892 626,051 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,531,516 1,462,914 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 135,970 17 143,251 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 135,970 143,251 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,258,546 27 1,259,385 Unrestricted net assets 137,000 60,278 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,395,546 1,319,663 Total net assets or fund balances 33 1,462,914 1,531,516 Total liabilities and net assets/fund balances

Form 990 (2018)

	990 (2018) HOMELESS ADVOCACY PROJECT	23-2619480			Pa	ge 12		
Pa	Reconciliation of Net Assets				_			
	Check if Schedule O contains a response or note to any line	e in this Part XI				\Box		
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,6	56,	012		
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,7	00,	763		
3	Revenue less expenses. Subtract line 2 from line 1		3		44,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	1,395,				
5	Net unrealized gains (losses) on investments		5		31,	132		
6	Donated services and use of facilities		6					
7	Investment expenses	~	7					
8	Pnor penod adjustments		8					
9	Other changes in net assets or fund balances (explain in Schedule O)	•	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must	equal Part X, line			_			
,	33, column (B))		10	1,3	19,	663		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line	e in this Part XII						
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accounting	rual Other						
	If the organization changed its method of accounting from a prior year or chec	cked "Other," explain in						
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an inde	pendent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for th	e year were compiled or			' '	,		
	reviewed on a separate basis, consolidated basis, or both:				<u> </u>			
	Separate basis Consolidated basis Both consolidated ar	nd separate basis						
b	Were the organization's financial statements audited by an independent acco	untant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for th	e year were audited on a		ľ				
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated ar	nd separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume	s responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection o	f an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process of	luring the tax year, explain in						
	Schedule O.	•						
За	As a result of a federal award, was the organization required to undergo an ac	udit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization	nization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps ta	ken to undergo such audits.		3ь				

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization HOMELESS ADVOCACY PROJECT Reason for Public Charity Status (All organizations must complete this part.) See instructions

23-2619480

Employer identification number

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(II). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(III). A chool described in section 170(b)(1)(A)(III). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV). A norganization that normally receives a substantial part of its support from a governmental unit or from the general governmental unit or from the general governmental organization described in section 170(b)(1)(A)(IV). (Complete Part II.) A norganization and section 170(b)(1)(A)(IV). (Complete Part II.) An argicultural research organization described in section 170(b)(1)(A)(IX) operated in conjunction with a land-grant or university or a non-land-grant college of agniculture (see instructions). Enter the name, city, and state of the college university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activates related to its severity functions—subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 501(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the profit of the profit of the profit of the profit of the profit of the college from a child of the profit of the profit of the profit of the supported organization organization organization organization o	19 111	COITIPIC	e triis part. / See tristructions.										
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Entericity, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community from the general processes of the section 170(b)(1)(A)(v). (Complete Part II.) A community from section 170(b)(1)(A)(v). (Complete Part II.) A community from section 170(b)(1)(A)(v). (Complete Part II.) A community from described in section 170(b)(1)(A)(v). (Complete Part II.) A community from a government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from a activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and urrelated business taxabile income (less section 501(a)(1) as section 501(a)(1). An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the profile or one or more publicly supported organizations of the supporting organization organization organization organization operated exclusively for the benefit of, to perform the functions of, or to carry out the profile or one or more publicly supported organizations operated organization and complete lines 12e, 12 and Type II. A supporting organization operated, supervised, or controlled by its	2, che	only one	DX.)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process of the section 170(b)(1)(A)(v). (Complete Part II.) An administrative described in section 170(b)(1)(A)(v). (Complete Part II.) An arginizative research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the profice or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 500 (check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12c. Type II. A supporting organization operated, supervised, or controlled by its supported organization and complete lines 12c. Type II. A supporting organization operated in section 500(a)(1) or section 500(a)(2). See section 500 (check the box	ed in	ion 170()(1)(A)(i).										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A organization that normally receives a substantial part of its support from a governmental unit or from the general generated in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community instal described in section 170(b)(1)(A)(vi). (Complete Part III.) An arginization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of state or support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the profit one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50 one or more publicly supported organization seed exclusively for the benefit of, to perform the functions of, or to carry out the profit one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50 Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, and the supporting organization organizat	orm 9	or 990-EZ	(i) '+										
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entericity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general prescribed in section 170(b)(1)(A)(v). (Complete Part II.) A community furst described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the coligiour university. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activates related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% or support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 504(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the profine or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 500 (Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12 a Type I. A supporting organization on supervised or controlled in connection with its supported organization(s), by becoming organization organization. Supporting organization operated in sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization (s), evince in the			1 / 1										
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A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general process of the support of the support from a governmental unit or from the general process of the support of the support from a governmental unit or from the general process of the support from governmental unit or from the general process of the support from governmental unit or from the general process of the support from governmental unit or from the general process of the support from governmental unit or from the general process of the support from governmental unit or from the general process of the support from governmental unit or from the functions. First the name, city, and state of the college university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of support from governmental unit or from the functions of the support from governmental unit or from the functions of the support from governmental unit or from the functions of the support from governmental unit or from the functions of the support from governmental unit or from the functions of the support from governmental unit or from the functions of the functions of or for or or from the functions of the functions of organization organization organization described in section 509(a)(1) or section 509(a)(1). 10 An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the profit of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of organization operated in section 509(a)(1) or section 509(a)(2). See section 500 Check the box in lines 12a through 12d that describes of the supporting organization operated in connection with its supp	ed or	rated by	governmental unit described in										
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Schedule A (Form 990 or 990-EZ) 2018 HOMELES:
Part II Support Schedule for Organiza

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.)

Sec	tion A. Public Support	Tano io quamy		, -	<u> </u>			*******
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,391,317	1,350,334	1,285,239	1,485,080	1,646	5,137	7,158,107
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					·		
5	Total. Add lines 1 through 3 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	1,391,317	1,350,334	1,285,239	1,485,080	1,646	5,137	7,158,107
	shown on line 11, column (f)							160,046
6	Public support. Subtract line 5 from line 4			__				6,998,061
	tion B. Total Support	(-) 2044	(h) 0045	(=) 2010	(4) 0047	(=) 204	<u>. </u>	46 T-4-1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201		(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,391,317	1,350,334	1,285,239	1,485,080	1,646	0,137	7,158,107
9	Net income from unrelated business activities, whether or not the business is regularly carned on					_ 		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10			<u>_</u>				7,248,853
12	Gross receipts from related activities, etc.	,					12	
13	First five years. If the Form 990 is for the	-	, second, third, fou	urth, or fifth tax yea	r as a section 501	(c)(3)		
<u> </u>	organization, check this box and stop her							•
	tion C. Computation of Public Su	_ ' -						
14	Public support percentage for 2018 (line 6	• • •		n (t))		•	14	96.54%
15 45-	Public support percentage from 2017 Scho		•	12. and line 44 a 2	2 4/20/		15	96.73%
104	33 1/3% support test—2018. If the organ box and stop here. The organization quality				3 1/3% of more, c	neck triis		▶ X
h	33 1/3% support test—2017. If the organi	•			5 is 33 1/3% or mo	re check		<u> </u>
	this box and stop here. The organization of				J 13 33 1/3 /6 01 1110	ire, oriect		▶ □
17a	10%-facts-and-circumstances test—201				a. or 16b. and line	14 is		
	10% or more, and if the organization meet	-						
b	Part VI how the organization meets the "fa organization 10%-facts-and-circumstances test—201	cts-and-circumstar . 7. If the organization	nces" test. The org	anization qualifies	as a publicly supp a, 16b, or 17a, and	orted .		▶ [
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me	eets the "facts-and-	circumstances" te	st. The organizatio	n qualifies as a pu	blicly		_
40	supported organization	d nad aback a bess -	m limo 12 46a 46i	170 or 17h sh-	ak this hav sed			🏲 🗀
18	Private foundation. If the organization did instructions	not cneck a box o	ın ıine 13, 16a, 16i -	o, i/a, or 1/b, che	ck this dox and se	e		▶ □
							_	

Schedule A (Form 990 or 990-EZ) 2018 HOMELESS ADVOCACY PROJECT 23-2619480 Page 3 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 (a) 2014 Calendar year (or fiscal year beginning in) (e) 2018 (b) 2015 (c) 2016 (d) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2016 (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total Amounts from line 6 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests-2018. 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

33 1/3% support tests—2017. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Supporting Organizations

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

Section A. All Su	pporting Organizations
-------------------	------------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer За (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and h satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			40
	1		
	2		
	3a		
			-
	3ь		
	-		
	3c		
	4a		
	4b		
	75		
	4c		
	5a		······
	5b		
	5c		
	6		
	7		
	8		
	9a_		
	9b		
	Ðυ		
	9c		
	10a		····
\ (Fc	10b rm 99	or 990-E	Z) 2018

		3-2619480		Page !
<u>. Pa</u>	tt IV Supporting Organizations (continued)		T :	Т
44	the Harmonian and the first the first transfer of	- -	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	,		
а	, , , , , , , , , , , , , , , , , , , ,	44-	1	1
L	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above?	11b	 	- -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	ــــــــــــــــــــــــــــــــــــــ	
Oeci	ion B. Type I Supporting Organizations		T V	T
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
,	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported	į		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
Soct	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations		L	<u>L</u>
Seci	ion C. Type if Supporting Organizations		T	
	Manage and of the agreement and also above as touch as the decision of the decision of the agree	F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	1
Sect	the supported organization(s) ion D. All Type III Supporting Organizations		1	L
<u> </u>	on b. All Type in Supporting Organizations			T
1	Did the arganization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
'	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 ta			
	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?		Ì	
2		1		
4	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	İ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	-	
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below	inisu ucuons)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instructions)		
•	The organization deposited a governmental duty beautiful first Prinow you dappointed a government onto	ty (See mondenons).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> 4d</u>		-
U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	25		
•	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		l.
	OF Its SUUDOIDED OF CANIZATIONS! IF THES DESCRIPE IN PART VETNE POR DIAVER BY THE PROPRIETATION IN THIS FEMARA	12h /		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat		400 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			ee
instructions. All other Type III non-functionally integrated supporting organizations must		* *	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1_1_		
2 Recovenes 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) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		_ ,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		•	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for pnor 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 Check here if the current year is the organization's first as a non-functionally integrated instructions).	Type III	supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

	lle A (Form 990 or 990-EZ) 2018 HOMELESS ADVOCACY	PROJECT	23-2619	480 Page 1
Par	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions			
_ 9	Distributable amount for 2018 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			,
	instructions.			
3	Excess distributions carryover, if any, to 2018			····
	From 2013			
	From 2014			*************************************
	From 2015			
	From 2016		····	***************************************
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>_</u> _ <u>h</u>	Applied to 2018 distributable amount		***************************************	
_ <u>_i</u> _	Carryover from 2013 not applied (see instructions)	<u> </u>		
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		**************************************	**************************************
4	Distributions for 2018 from		`	
	Section D, line 7:			······
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			······································
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			***************************************
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017		,	

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III	<u></u>			
	e of organization			Employer ident	ification number
	HOMELESS ADVOCACY P	ROJECT		23-26194	80
Pai	ft I-A Complete if the organization is exem	npt under section 501(c) or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. (see ins	tructions for	
	definition of "political campaign activities")	, , ,	•		
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru	ictions)		•	
Pai	t I-B Complete if the organization is exem)(3).		
1	Enter the amount of any excise tax incurred by the organiz	cation under section 4955	-	▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	·
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a coπection made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the organization is exem	npt under section 501(c), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organizati	on for section 527 exempt fund	tion		
	activities		•	▶ \$	•
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2 En	ter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	r,			Yes No
5	Enter the names, addresses and employer identification no	umber (EIN) of all section 527 p	political organizatio	ns to which the filing	
	organization made payments. For each organization listed	, enter the amount paid from th	e filing organizatioi	n's funds. Also enter	
	the amount of political contributions received that were pro-	mptly and directly delivered to	a separate political	l organization, such	
	as a separate segregated fund or a political action commit	tee (PAC). If additional space is	s needed, provide i	nformation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
		1		funds If none, enter -0-	delivered to a separate
					political organization
					If none, enter -0-
(1)					
		<u> </u>			
(2)					
(3)					
	<u> </u>				
(4)					
(5)					
(6)	,			ļ	
	d B d di A A N d d d d d d d d d	000 000 57			

che	dule C (Form 990 or 990-EZ) 2018 HOMELE	SS ADVOCA	CY PROJEC	r	23-261948	0 Page 2
Pa	rt II-A Complete if the organiza	tion is exempt	under section	501(c)(3) and	filed Form 5768 (e	lection under
	<u>section 501(h)).</u>					 _
A (Check ▶ ☐ if the filing organization b	_			ch affiliated group men	nber's name,
	address, EIN, expenses,			•		
3 (Check Filing organization c		· ······	provisions apply	y.	
	Limits on Lobb				(a) Filing organization's totals	(b) Affiliated group totals
4-	(The term "expenditures" me				Organization's totals	group totals
	Total lobbying expenditures to influence publi	· ·		·		
	Total lobbying expenditures to influence a leg		t lobbying)			
	Total lobbying expenditures (add lines 1a and	(סו נ		· · ·		
	Other exempt purpose expenditures	- 1 1\	•	-		
	Total exempt purpose expenditures (add line	•	table in beth	⊢		
	Lobbying nontaxable amount. Enter the amo columns.	unt from the followin	ig table in both			
L	If the amount on line 1e, column (a) or (b) is:	The lobbying nont	axable amount is:			
L	Not over \$500,000	20% of the amount	on line 1e			
Ļ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$5	500,000		•
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$,000,000		
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% c	f the excess over \$1,	500,000		
Ĺ	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% o	f line 1f) _.		L		
h	Subtract line 1g from line 1a. If zero or less,	enter -0-		L	<u>.</u> .	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-		L		
j	If there is an amount other than zero on either	er line 1h or line 1i, o	did the organization	file Form 4720	•	
	reporting section 4911 tax for this year?					Yes No
		4-Year Averagin	g Period Under	Section 501(h)		
	(Some organizations that made	a section 501(h)	election do not	have to comple	te all of the five colu	mns below.
	See	the separate in	structions for li	nes 2a through	2f.)	
	Lobi	ying Expenditu	es During 4-Yea	ir Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount				· "	
	(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2018

f Grassicots lobbying expenditures

Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No description of the lobbying activity. Amount 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. X a Volunteers? X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X 550 g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? 550 j Total. Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 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." Dues, assessments and similar amounts from members 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 2c c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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. SCHEDULE C, PART II-B, LINE 1 HAP ENGAGES IN A DE MINIMUS AMOUNT OF LOBBYING ON AN ANNUAL BASIS. SEE

ATTACHED "ADVOCACY EFFORTS & HAP STAFF TIME"

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

н	OMELESS ADVOCACY PROJECT		23-2619480
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Said: Barrisa rains	(a) taras and said accounts
2	•		
3	Aggregate value of contributions to (during year)		
_	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 tha		
_	funds are the organization's property, subject to the organization's excl	_	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	-	
	only for chantable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	П., П.,
	conferring impermissible private benefit?		Yes No
P#	Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant 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 conse	rvation contribution in the form of a conse	rva <u>tion</u>
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	on during the
	tax year ▶		
4	Number of states where property subject to conservation easement is l	ocated >	
5	Does the organization have a written policy regarding the periodic mon	toring, 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	f violations, and enforcing conservation ea	asements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(i)	<u>_</u>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemen	t, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes the
	organization's accounting for conservation easements	<u> </u>	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for public	•	
	public service, provide, in Part XIII, the text of the footnote to its financial		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet
-	works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:	c.a	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	• •	other similar assets for financial gain, pro	γide the
2	If the organization received or held works of art, historical treasures, or following amounts required to be reported under SFAS 116 (ASC 958)		AIGE IIIE
_		relating to these fleths.	► ' ¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• • · · · · · · · · · · · · · · · · · ·
L)	esseis nucloneu in Form 350. Fatt A		– .n

Sche	edule D (Form 990) 2018 HOMELESS	ADVOCACY	PROJECT		23-2619480	Page 2
PE	ut 間 Organizations Maintainii	ng Collections of	Art, Historical	Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	ls, check any of the f	ollowing that a	are a significant use of its	
а	Public exhibition	d 🗍	Loan or exchange p	rograms		
Ь	Scholarly research	e 🗍	Other	_		
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explain	n how they further the	e organization	's exempt purpose in Part	
5	XIII.	t resolve desettene	of art. bustorical trans	uraa ar atha-	. aumulas	
3	During the year, did the organization solicit assets to be sold to raise funds rather than					☐ Yes ☐ No
Pa	Escrow and Custodial A		balt of the organization	orra conecuon	<u></u>	les NO
• •	Complete if the organization	_	" on Form 990 F	Part IV line	9 or reported an amo	ount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions	or other asse	ets not	
	included on Form 990, Part X?					∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table:			
	_				 	Amount
	Beginning balance				1c	
	Additions during the year		•	•	1d	·
_	· · · · · · · · · · · · · · · · · · ·				1e	
f 2-	Ending balance	F 000 Part V Iva	. 04 . 6		1f	
	Did the organization include an amount on				•	Yes No
	If "Yes," explain the arrangement in Part XI Endowment Funds.	III. Check here if the e	xpianation has been	provided on F	art Alli	
	Complete if the organization	on answered "Yes	" on Form 990 F	art IV line	10	
		(a) Current year	(b) Prior year	(c) Two ye		back (e) Four years back
1a	Beginning of year balance	(a) comon year	(2)	1 3-7	((47 7
	Contributions -			†		
	Net investment earnings, gains, and			-		·
_	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cu	uπent year end balanc	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► %)				
С	Temporanly restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.				
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held an	d administere	d for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	•				3b
4	Describe in Part XIII the intended uses of the		owment funds.	<u>-</u>		
Pa	et VI Land, Buildings, and Equ	•		. (B/ P.,	44 0 - 5 000 5	5 (V Pag 40
	Complete if the organization					
	Description of property	(a) Cost or other	1 ''	r other basis	(c) Accumulated	(d) Book value
		(investment)		ther)	depreciation	
	Land .				 	
Ь	Buildings	<u> </u>			 	
C 	Leasehold improvements			12 027	20 205	15 522
	Equipment	.		43,827	28,305	15,522
	Other I. Add lines 1a through 1e (Column (d) mus.	t equal Form 000. Por	t X column (R) line	10c)	•	15,522
·	n Add lines ta dilough te (Columni (U) musi	. oquar i orili 330, Fali	C_{N} , condition (D), in C_{N}	,,		1 10,044

	_
	- 9
Page	

Part VII	Investments—Other Securities.	on Form 000. Bort IV/ lis	20 11h Soo Form 000 [Dort V. line 10
 ·	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book value	Cost or end-of-ye	
(1) Financial	denvatives		 	
	eld equity interests			
(3) Other		-		
(A)				
(B)				
			 	
(C)	•		 	
(D)			+	
(E)	•		 	· · · · · · · · · · · · · · · · · · ·
(F)			 	
(G)	•		 	
(H)			-,	
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		<u> </u>	
Part VIII	Investments—Program Related.	5 000 D 1 N 1 "	44 0 5 000 5	
	Complete if the organization answered "Yes"	···		
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			T	
(7)			T	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.		<u> </u>	<u> </u>
, ,,,	Complete if the organization answered "Yes"	on Form 990 Part IV Jir	ne 11d. See Form 990. F	Part X line 15
	(a) Description	<u> </u>	10 114. 000 1 0111 000, 1	(b) Book value
(1)	(7)			(-,
(2)				
				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15.)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11e or 11f. See Form	990, Part X,
	line 25.			,, <u></u>
1	(a) Description of liability	(b) Book value	_	
(1) Federal	income taxes		_]	
(2)		-		
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·		7	
(6)			1	
(7)			1	
			- [
(8)			-	
(9)	(h)		-	
	n (b) must equal Form 990, Part X, col (B) line 25.) ▶		Constant of the constant of th	
•	uncertain tax positions In Part XIII, provide the text of the	-	· ·	_
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the	tootnote has been provided in	Part XIII

4a

4b

Part XIII Supplemental Information.

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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.

1,700,763

1,700,763

3

4c

5

Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public

Employer identification number Name of the organization HOMELESS ADVOCACY PROJECT 23-2619480 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (i) Yes No 10 Total

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

Schedule G (Form 990 or 990-EZ) 2018 HOMELESS ADVOCACY PROJECT Part # Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts of	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL BENEFIT (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
nue			(event type)	(SVEIR (JPC)	(total tidilibely	
Revenue	1	Gross receipts	218,496			218,496
		Less: Contributions	171,213			171,213
	3	Gross income (line 1 minus line 2)	47,283			47,283
	4	Cash prizes				1
	•					
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	34,603			34,603
	8	Entertainment	450			450
	9	Other direct expenses	12,230			12,230
	10	Direct expense summary.	Add lines 4 through 9 in column (d	n	•	47,283
	11	Net income summary Sul	btract line 10 from line 3, column (d	d)	<u> </u>	
P	art		olete if the organization ansv n Form 990-EZ, line 6a.	vered "Yes" on Form 990	, Part IV, line 19, or repor	ted more
	<u>πιαιτ ψτο,οσο σ</u>		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 5.11.95	bingo/progressive bingo	(c) Sales gaining	col (a) through col (c))
~	_1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash рпzes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
		•	Add lines 2 through 5 in column (d		•	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, co	lumn (d)	<u> </u>	<u> </u>
9	Ent	П., П.,				
		he organization licensed to No," explain:	Yes No			
		ere any of the organization's				

Sche	edule G (Form 990 or 990-EZ) 2018 HOMELESS ADVOCACY PROJECT	23-2619480	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	•	
	formed to administer chantable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	
b 14	·	130	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶ .		•
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
b		and the	
_	amount of gaming revenue retained by the third party > \$	21.00	
_			
С	If "Yes," enter name and address of the third party:		
	Mar. N		
	Name ▶ .		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	,		
	Description of services provided ▶		
	bescription of services provided P		
	Description Description		
	Director/officer		
17	Mandatory distributions:		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (v);	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac		
	See instructions.		
	•	•	
		•	
	•		
		••	
		•	
•		,	
		•	
	•		
			
		Schedule G (Form 990)	or 990-F7\ 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOMELESS ADVOCACY PROJECT

Employer identification number

23-2619480

FORM 990 - ORGANIZATION'S MISSION

THE HOMELESS ADVOCACY PROJECT (HAP) EXISTS TO MEET THE

LEGAL AND ADVOCACY NEEDS OF HOMELESS INDIVIDUALS AND

FAMILIES THROUGH COORDINATION OF A PROGRAM IN WHICH ATTORNEYS AND OTHER

MEMBERS OF THE LEGAL COMMUNITY DONATE THEIR TIME TO PROVIDE LEGAL

ASSISTANCE TO THE HOMELESS OF THE CITY OF PHILADELPHIA.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING WITH IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
IN ADDITION TO AN ANNUAL SIGN-OFF AND DISCLOSURE STATEMENT, PERIODIC
REVIEWS ARE MADE CONCERNING POTENTIAL CONFLICTS OF INTEREST. THE POLICY IS
MONITORED CLOSELY BY THE AGENCY'S EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ALL THREE OF THESE KEY FACTORS ARE CONSIDERED WHEN COMPENSATION LEVELS ARE

DECIDED BY THE EXECUTIVE BOARD FOR THE EXECUTIVE DIRECTOR, WHO IS

CONSIDERED THE TOP MANAGEMENT OFFICIAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

NO OTHER OFFICERS ARE COMPENSATED AND THERE ARE NO OTHER KEY EMPLOYEES AS

DEFINED BY THE 990 INSTRUCTIONS.

Name of the organization

HOMELESS ADVOCACY PROJECT

23-2619480

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS INCLUDING POLICY STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.