Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public

Open to Public Inspection

Α	For the	2012 cal	endar year, or tax year beginning , and endin	ng					
В	Check if	applicable	C Name of organization Picture the Homeless, Inc	D Employer is	dentification numl	oer			
	Address	change	Doing Business As	32-0017919	32-0017919				
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone r	number				
同	Initial reti	urn	2427 Morris Avenue, 2nd Floor	(646) 314 64	133				
=	Terminat		City, town or post office, state, and ZIP code	(646) 314-64	23				
=	Amende		Bronx NY 10468	G Gross receip	nte \$	420 007			
씜			I			438,897			
ш	Application	on pending	I ·	i) is this a group returi	=	Yes X No			
) Are all affiliates incli	_	Yes No			
1.	Tax-exem	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	(see instructions)				
J	Website	e: ▶ pict	urethehomeless org H(c	:) Group exemption nu	umber ▶				
		rganization			M State of legal of	dominio 1114			
_				formation 2002	IN State of legal t	domicile NY			
	art I		mmary	 					
	1			y and education	- the				
			ation provides advocacy and education for homeless people, organizing hor	meless					
Š			o change the law that affects their lives through grassroot organizing and						
Activities & Governance		education							
Š	2	Check t	his box ▶ If the organization discontinued its operations or disposed of	more than 25%	of its net asset	s			
• 5	3	Number	of voting members of the governing body (Part VI, line 1a)		3	8			
ies	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	8			
Ē	5	Total nu	imber of individuals employed in calendar year 2012 (Part V, line 2a)		5	11			
Ą	6	Total nu	imber of volunteers (estimate if necessary)	Γ	6	10			
	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a	0			
	b	Net unre	elated business taxable income from Form 990-T, line 34		7b	0			
				Prior Year	Curr	ent Year			
	8	Contribi	utions and grants (Part VIII, line 1h)	505,	428	438,400			
Ž	9	Progran	n service revenue (Part VIII, line 2g)		0	0			
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		99	78			
	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,	181	419			
	12	Total rev	enué—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	507,	708	438,897			
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
	14	Benefits	paidtio or for members (Part-IX) column (A), line 4)		0	0			
ŵ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	263,	471	337,589			
Expenses	16a	Profess	ional fundraising fees (Part IX, collumn (A), line 11e)	<u> </u>	0	0			
ğ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 18,560						
ш	17	Other e	xpenses (PartilX; cotumn (A), lines 11a–11d, 11f–24e)	165,	348	192,211			
	18	Total ex	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	428,	819	529,800			
	19	Revenu	e less expenses Subtract line 18 from line 12	78,	889	-90,903			
٥.	Ses		Ве	ginning of Current Y		of Year			
sets	20	Total as	sets (Part X, line 16)	217,	973	143,578			
Ę.	<u>2</u> 21	Total lia	bilities (Part X, line 26)	15,	100	31,608			
Net Assets	22	Net ass	ets or fund balances Subtract line 21 from line 20	202,	873	111,970			
P	art II	Sig	nature Block						
Und	der penal	ties of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my	knowledge				
and	belief, it	is true, corr	ect, and complete Declaration of preparer (other than officer) is based on all information of which	' ' 					
Si	gn		umlu	5/	12/2014				
	ere		Signature of officer						
			Lynn Lews Executive 1						
			Type or print name and title						
_		Pnn	t/Type preparer's name Preparer's sign						
Pa			SELE DRED						
Pr	epare		SELF-PREP						
Us	e Onl	y Firm	¹'s name ▶						

ANNED JUN 1 2 2014

May the IRS discuss this return with the preparer shown above? (se

Firm's address

	990 (2012)	Picture the Homeless, Inc	<u>32-00</u> 17919	Page 2
Pa	ırt III	Statement of Program Service Accomplishments Chack of School No. Company of the Port III		<u> </u>
1	Drofty de	Check if Schedule O contains a response to any question in this Part III	· ·	· <u> </u>
1		escribe the organization's mission by and education - the Organization provides advocacy and education for homeless		
	people o	organizing homeless people to change the law that affects their lives through		
		of organizing and education	·	
				
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3	Did the diservices	organization cease conducting, or make significant changes in how it conducts, any program	□	
		describe these changes on Schedule O	∐ Yes	X No
4		e the organization's program service accomplishments for each of its three largest program service	es as measured	by
•	expense	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to othe	ers.
		expenses, and revenue, if any, for each program service reported		,
4a	(Code .) (Expenses \$ 449,849 including grants of \$) (Revenu	e \$)
	Advocac	y and organizing - the Organization provides advocacy and education for homeless people,	• • • • • • • • • • • • • • • • • • • •	
	organizir	ng homeless people to change the law that affects their lives through grassroot organizing		
	and edu	cation		
		•		
4b	(Code .) (Expenses \$ including grants of \$) (Revenu	e \$)
4c	(Code .) (Expenses \$ including grants of \$) (Revenu	e\$)
		•••••••••••••••••••••••••••••••••••••••		
			•	
		•		
	·			
4d		ogram services (Describe in Schedule O)		
	(Expens		0)	
<u> 4e</u>	<u>Total pr</u>	ogram service expenses ► 449,849		

		2-001/919	Р	age 3
an	IV Checklist of Required Schedules			·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," complete Schedule C, Part III			V
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	5		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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 deb negotiation services? If "Yes," complete Schedule D, Part IV	t 9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Par	rt X 11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," composite D, Part X Schedule D, Parts XI and XII	امدا		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Y and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> x</u>
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?			
20-2	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	 X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X

32-0017919

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Part IV	C h	ockliet.	∩f	Required 9	chadulae	(continued)	i
1 4111	_ VII	CORIISE	v	ivedanea (CHEGUICS	[COHILINIACO)	4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		``
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	•	24d		$\frac{\hat{x}}{x}$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
_		250		^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	 	 ^`
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		 ^
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	230	(2012)

Par				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 10 1b 0	:		
b	· · · · · · · · · · · · · · · · · · ·			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ.	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	 ^-	╆
~u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			\Box
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," provide an explanation in Schedule O	3b		
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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		 X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	<u> </u>	X
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> 50</u>		╁
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
-	gifts were not tax deductible?	6b		1
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		ــــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		l
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1.
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	\vdash	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	- <u>/ 1</u> 7g	\vdash	 ^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		t
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			T
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
a	Did the organization make any taxable distributions under section 4966?	9a		↓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		₩
10	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders . 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)			
12a	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.		<u>L</u> .	\perp
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ـــ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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 Enter the amount of reserves on hand 13b 13c			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	 x
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a	-	╁

Form 990 (2012) Picture the Homeless, Inc. 32-0017919 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 to any question in this Part VI Section A. Governing Body and Management Yes No

1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
	any other officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	·							
	one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-						
	the year by the following		_					
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	ode)	Yes	No X				
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	Yes	_				
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		_				
10a b 11a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10a		_				
10a b 11a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a	X	_				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a	X	_				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a	X	_				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10a 10b 11a 12a 12b	X	_				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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	10a 10b 11a 12a 12b 12c 13	X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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?	10a 10b 11a 12a 12b 12c 13	X X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	X X X X X	_				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	X X X X X	_				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	X X X X X	_				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10a 10b 11a 12a 12b 12c 13 14	X X X X X	X				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	X X X X	_				

	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			i
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		. 1	1
	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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s c	nly)	
	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 Schedu	le O)		

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the

organization Picture the Homeless (646) 314-6423 2427 Morris Avenue, 2nd Floor, Bronx, NY 10468

Form 990 (2012)	Picture the Homeless, Inc									<u>32-</u> 00179	19 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	s, K	ey	Em	plo	yees	, H	ighest Comp	ensated	
	Employees, and Independent C	ontractors									
	Check if Schedule O contains a re	esponse to any	que	stic	n i	n th	is Pa	ırt \	/II .		
Section A.	Officers, Directors, Trustees, Key	Employees, and	Hig	hes	t C	omj	pensa	itec	f Employees		
1a Complete	this table for all persons required to be									a with or within t	the
organization's	•	•	•						•	•	
List all	of the organization's current officers,	directors, trustee	es (wi	heth	erı	ndiv	/idual:	s oi	r organizations),	regardless of ar	mount
	tion Enter -0- in columns (D), (E), and								,,	Ū	
	of the organization's current key emp										
	organization's five current highest co										
	reportable compensation (Box 5 of Fo	orm W-2 and/or I	30x 7	of I	on	n 1(099-M	IIS	C) of more than	\$100,000 from t	ne
_	and any related organizations										
	of the organization's former officers, ke eportable compensation from the orga								a employees wn	o received more	tnan
	of the organization's former directors	_			_				n, aa a farmar di	rootor or tructoo	of the
	more than \$10,000 of reportable comp										or the
_	n the following order individual trustee			_				-			
	l employees, and former such persons		istitui		ai (i	usic	.cs, o		sis, key employe	ees, riigilest	
	is box if neither the organization nor ai		ızatıo	n co	mr	ens	ated	anv	current officer	director or trust	00
	is sox in ricially the organization nor al	Ty related organ	20110			C)	-	<u> </u>	Carrent Onicer,		
						ition					
	(A)	(B)			neck	more	e than c		(D)	(E)	(F)
	Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation	Estimated amount of
		week (list any		1		\$	g Ţ		from	from related	other
		hours for related	divid	stitu	Officer	y e	nple	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	individual to or director	Institutional	7	륯	ye g	_	(W-2/1099-MISC)	(** - **** **** - ,	organization
		below dotted line)	Individual trustee or director	al trust		yee	嚴				and related organizations
			ê	stee		-	Highest compensated employee				Ū
				Ü			ted				
(1) Rachel	Brumfield										
Co-Chair			X								·
(2) Ryan (Bibbs	ļ									
Co-Chair			X	_	_	<u> </u>	L				
(3) William	Burnett	ļ	١.,								
Treasurer			X	<u> </u>	<u> </u>	-					
(4) Susan	Lob	·									
Secretary 14(1)	Contrat	 	X	\vdash	-	 					
(5) Willie Board memb			х							•	
(6) Jean R		-	 ^-	 	┢	-	-				
Board memb		·	х	l							
(7) Emma			<u> </u>	t	\vdash						
Board memb			х				1			:	
(8) Andres				T							
Board memb			x						1		
(9) Lynn L		35 00		Γ							
Executive Dir	ector				Х				52,500		
(10)					1	1					_
				<u> </u>		<u> </u>					
<u>(11)</u>			Į								
			<u> </u>	ऻ	\vdash	L					
(12)		· 	l								
		1	ı	1	1	I		l	l .	1	

			I		10	21			İ	Ī	1		
	(A) Name and title	(B) Average hours per	box,	unle: er an	Pos eck s pe	(C) osition ck more than or person is both a director/truste			(D) Reportable compensation	(E) Reportable compensation		(F) Estimate imount	
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	ions compensa		e tion ted
(15)													
(16)						_							
(17)													
(18)													
<u>(19)</u>											1		
(20)			-										
(21)													
(22)													
(23)						-							
(24)											1		
(25)													
	Sub-total	Dania - A		1		i		•	52,500	†	0		0
	Total from continuation sheets to Part VII, \$	Section A							52,500		0		0
2 7	Fotal (add lines 1b and 1c) Fotal number of individuals (including but not leportable compensation from the organization		listed	d ab	ove 0) wł	no red	eiv		•	<u>oj</u>		
												Yes	No
	Did the organization list any former officer, di employee on line 1a? <i>If "Yes," complete Sche</i>					yee	e, or h	iigh	est compensate	ed	3	}	×
	For any individual listed on line 1a, is the sum he organization and related organizations gre	•							±				
	ndividual	ator than \$100,	-	••		٠, ٠	.σρ.	0.0			4	1.	x
	Old any person listed on line 1a receive or according services rendered to the organization? If "	-			-				-	ndıvıdual	_		
	on B. Independent Contractors	res, complete	30116	uun	, , ,	OI 3	sucii ț	<i>J</i> E/3	SOIT		5		<u> </u>
1 (Complete this table for your five highest compound to compensation from the organization Report covers	•										ıx	_
	(A) Name and business add	tress							(B) Description of se	ervices		C) ensatio	n
None	е		_										C
		<u> </u>					_						C
								_				<u>.</u>	
2	Total number of independent contractors (incl more than \$100,000 of compensation from the		nited		hos	e lis	sted a		ve) who received	d			

Total revenue. See instructions

Picture the Homeless, Inc. 32-0017919 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (C) Unrelated (D) Total revenue Revenue exempt business excluded from function revenue tax under sections revenue 512, 513, or 514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 0 Membership dues 1b 0 Fundraising events 1c 0 Related organizations 1d 50,000 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 388,400 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 438,400 **Business Code** Program Service Revenue 2a 0 0 0 0 All other program service revenue Total. Add lines 2a-2f 0 3 Investment income (including dividends, interest, and other similar amounts) 78 4 Income from investment of tax-exempt bond proceeds 0 5 Royalties 0 (ı) Real (II) Personal 6a Gross rents Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory 0 **b** Less cost or other basis and sales expenses c Gain or (loss) 0 0 d Net gain or (loss) 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 0 а 0 **b** Less direct expenses c Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 0 а **b** Less direct expenses b 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 0 b Less cost of goods sold 0 Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11a 900099 419 419 0 0 C d All other revenue 0 Total. Add lines 11a-11d 419

438,897

419

78

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete a	Il columns All other	organizatione musi	t complete column (41
Secin				complete column (7	''
	Check if Schedule O contains a response to any not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the	_			
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	ا			
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0			
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	52,500	42,000	5,250	
6	Compensation not included above, to disqualified	32,300	42,000		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ا		,	
7	Other salaries and wages	207,959	191,265	16,694	
8	Pension plan accruals and contributions (include		,		
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	48,523	43,121	4,359	1,043
10	Payroll taxes	28,607	25,956	2,140	511
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	11,500		11,500	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	43,006	20,940	10,310	11,756
12	Advertising and promotion	0			
13	Office expenses	12,987	11,688	1,299	
14	Information technology	0			
15	Royalties	0 27 600	24.040	2.700	
16	Occupancy	27,600	24,840	2,760	
17	Travel	29,208	29,208		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,497	6,497		
20	Interest	0,497			
21	Payments to affiliates	0		+	
22	Depreciation, depletion, and amortization	7,249		725	(
23	Insurance	3,346		3,346	·
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	Equipment lease and maintenance	14,400		1,439	
b	Stipends and participants expense	9,149			
C	Postage and shipping	6,331	5,698		
d	Telephone and communication	4,428		443	
	All other expenses Printing, dues and fees, misc	16,510		493	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	529,800	449,849	61,391	18,560
26	Joint costs. Complete this line only if the			İ	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
	1011011111g 001 00-2 (A00 000-120)	_	L .	L	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 187,588 1 77,931 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3,926 3 47,152 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 7 0 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 3,698 9 894 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 49,199 b Less accumulated depreciation 10b 35.468 18,891 10c 13,731 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities See Part IV, line 11 ol 12 0 13 Investments-program-related See Part IV, line 11 ol 0 13 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 3,870 15 3,870 16 Total assets. Add lines 1 through 15 (must equal line 34) 217,973 16 143,578 17 Accounts payable and accrued expenses 15,100 17 31,608 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 22 Liabilities Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 0 Total liabilities. Add lines 17 through 25 15,100 31.608 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 127.873 27 42,815 28 Temporarily restricted net assets 75,000 28 69,155 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and 6 complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 202,873 33 111,970 34 Total liabilities and net assets/fund balances 217,973 34 143,578

Form 9	990 (2012) Picture the Homeless, Inc	32-	0017919	Paç	ge 12
Part	XI Reconciliation of Net Assets				 -
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		438	3,897
2	Total expenses (must equal Part IX, column (A), line 25)	2		529	,800
3	Revenue less expenses. Subtract line 2 from line 1	3		-90	,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		202	,873
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10		111	,970
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				١.
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				i t
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		x 1
	If the organization changed either its oversight process or selection process during the tax year, explain	n			
	Schedule O				١,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

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.

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pictu	re th	e Homeless, I	nc							32-00	17919		
Pai	t I	Reason	for Public Cha	arity Status (All org	anızatıor	ns must c	omplete	this par	l.) See in	struction	าร		
The	o <u>rga</u> r	nization is not	a private founda	ition because it is (Fo	r lines 1 t	hrough 11	, check c	nly one b	ox)				
1	Щ			ches, or association o			ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	ospital service organiz	zation des	cribed in	section	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	tion operated in conju ite	nction wit	h a hospit	al descrit	ed in se	ction 170	(b)(1)(A)	(iii). En	ter the	
5		An organizat	ion operated for	the benefit of a colleg	e or unive	ersity own	ed or ope	rated by	a governr	nental un	ıt descr	ıbed	
6	\Box	A federal, sta	ate, or local gove	ernment or governmer	ntal unit de	escribed in	section	170(b)(1)(A)(v).				
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community	trust described	in section 170(b)(1)(A)(vi). (C	omplete F	Part II)						
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	ion organized ai	nd operated exclusive	ly to test f	or public s	safety Se	e sectio	n 509(a)(4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a 🔲 Type	I b 🔲 T	ype II 🕻 🔲 Type	III–Funct	tionally int	egrated	d 🔲 T	ype III-N	on-functio	nally in	tegrate	ed
е		persons other		that the organization on managers and other?)			_		•		•		on
f		_		written determination	from the	IRS that i	t is a Typ	e I, Type	II, or Type	e III supp	orting		_
		_	, check this box										
g				the organization accep	oted any g	gift or cont	ribution f	om any c	of the				
		following per (i) A pers		or indirectly controls, e	author alor	ne or togo	thor with	norcone c	locaribad	ın (u)		Yes	No
		• •	_	erning body of the su		-		persons c	iescribed	171 (11)	11g(i)	142	NO
				person described in (i)		3a					11g(ii)		
				y of a person describe		(II) above	?				11g(iii)		
<u>h</u>		Provide the f	following informa	ation about the suppor	ted organ	ızatıon(s)							
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify sization in of your oort?	organiza (i) organi	Is the tion in col ized in the S ?	(vii) An	nount of ma support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
<u> </u>									-	ļ	├		
(B)									ļ				
(C)												-	
(D)													
(E)													
Tota													0

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)

Sect	on A. Public Support		•			-	
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(5) 2005	(6) 2010	(4) 2011	(0) 2012	(i) rotal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	349,225	463,871	384,364	505,428	438,400	2,141,288
2	Tax revenues levied for the organization's	349,225	400,071	304,304		430,400	2, 141,200
-	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3.	349,225	463,871	384,364	505,428	438,400	2,141,288
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						606 000
c	column (f) Public support. Subtract line 5 from line 4			-			606,888
6 Soot	ion B. Total Support		1				1,534,400
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	349,225	463,871	384,364	505,428	438,400	2,141,288
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	337	533	73	99	78	1,120
9	Net income from unrelated business					,,,	1,120
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)			90	2,181	419	
11	Total support. Add lines 7 through 10						2,145,098
12	Gross receipts from related activities, etc (s					12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c	
	organization, check this box and stop here		_				▶
	ion C. Computation of Public Support						
14	Public support percentage for 2012 (line 6, c	` '		column (f))		14	71 53%
15	Public support percentage from 2011 Sched			line 12 and lin	aa 14 aa 22 1/2	15 C	72 30%
16a	33 1/3% support test—2012. If the organization qualifies as				10 14 IS 33 1/3	% or more, che	ECK this box ►X
b	33 1/3% support test—2011. If the organization				and line 15 is 3	3 1/3% or more	
V	box and stop here . The organization qualifie					3 1/3 /0 01 111011	e, check this ▶
17a	•	•			no 12 16a or	16h and line 1	- —
11a	10%-facts-and-circumstances test—2012 is 10% or more, and if the organization mee	-					
	Part IV how the organization meets the "fact						
	organization	.s-and-oncomis	ances test in	ie organization	quannes as a	publicly suppo	⊾ □
b	10%-facts-and-circumstances test—2011	. If the organiza	ation did not ch	eck a box on li	ne 13. 16a. 16	b. or 17a and	line
_	15 is 10% or more, and if the organization m	-					
	Part IV how the organization meets the "fact					-	•
	supported organization					. ,	▶□
18	Private foundation. If the organization did i	not check a box	on line 13, 16	a. 16b. 17a. or	17b. check thi	s box and see	
	instructions		, 10		,		▶□
				•			

	Idle A (Form 990 of 990-E2) 2012 FICIDITE (TIE HOTT)					32-001/91	9 Page 3	
Par	t III Support Schedule for Organizati	ions Describe	ed in Section	509(a)(2)				
	(Complete only if you checked the	box on line 9	of Part I or if t	he organizati	on failed to q	ualify under P	art II	
	If the organization fails to qualify ui	nder the tests	listed below,	please comp	lete Part II)	-		
Sec	tion A. Public Support				•	•		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
			(2, 200	(3, 23.13	(4/ 20) .	(0) = 0 1.2		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished					j		
	in any activity that is related to the organization's tax-exempt purpose						0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0	
4	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf						0	
5	The value of services or facilities					1		
	furnished by a governmental unit to the organization without charge						0	
6	Total. Add lines 1 through 5	ol	0	0	0	0		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received			-			0	
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						0	
С	Add lines 7a and 7b	0	0	0	0	o	0	
8	Public support (Subtract line 7c from							
	line 6)						0	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
9	Amounts from line 6	0	0	0	0	0	0	
10a	Gross income from interest, dividends,	<u> </u>				" "		
	payments received on securities loans,							
	rents, royalties and income from similar sources						0	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975						0	
С	Add lines 10a and 10b	0	0	0	. 0	0	0	
11	Net income from unrelated business							
	activities not included in line 10b, whether						_	
40	or not the business is regularly carried on						0	
12	Other income Do not include gain or loss from the sale of capital assets							
	(Explain in Part IV)]					0	
13	Total support. (Add lines 9, 10c, 11,						0	
13	and 12)	l ol	اه	0	0	ا	0	
14	First five years. If the Form 990 is for the organization							
	organization, check this box and stop here			,		5)(5)	▶□	
Sec	tion C. Computation of Public Support	Percentage		 _				
15	Public support percentage for 2012 (line 8, column		12 column (f)			15	0.00%	
16	Public support percentage from 2011 Schedule A,	•	5 13, Column (1 <i>))</i>			16	0.00% 0.00%	
	tion D. Computation of Investment Inco		<u> </u>			10	0.00%	
17	Investment income percentage for 2012 (line 10c,			mn (fl)		17	0 00%	
18	Investment income percentage from 2011 Schedul		-	(1))	•	18	0.00%	
19a	33 1/3% support tests—2012. If the organization			and line 15 is mo	ore than 33 1/3%		0.0070	
	not more than 33 1/3%, check this box and stop h						ightharpoons	
b	33 1/3% support tests—2011. If the organization	_			•			
_				•		•	▶□	
	Inne 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							

	990 or 990-EZ) 2012 Picture the Homeless, Inc	32-0017919 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require	d by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any addition	
	instructions).	
-	man denotia).	
		•••••
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

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

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

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

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

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

		rganizations Complete Part III			
Nam	ne of organization			Employ	er identification number
	ure the Homeless, Inc				32-0017919
Pa		he organization is exempt und			organization.
1		the organization's direct and indirect	political campaigr		
2	Political expenditures			> :	\$
3	Volunteer hours				
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 ▶ 3	\$0
2	Enter the amount of any	excise tax incurred by organization r	managers under s	ection 4955	\$0
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this yea	rን	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV			
		he organization is exempt und	er section 501(c), except section 50	1(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 ex	kempt function	
	activities			> :	\$
2	Enter the amount of the	filing organization's funds contributed	d to other organiza		
	for section 527 exempt for	unction activities		> :	\$
3	Total exempt function ex line 17b	penditures Add lines 1 and 2 Enter	here and on Forn	n 1120-POL, ▶ :	\$0 Yes No
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification num	ber (EIN) of all se	ction 527 political organi	zations to which the filing
	organization made paym	ents For each organization listed, e	nter the amount p	aid from the filing organia	zation's funds Also enter
		ontributions received that were promi			
	as a separate segregate	d fund or a political action committee	(PAC) If addition	nal space is needed, prov	vide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lulius il libile, eliler -o-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
					
(2)					
(3)					
(4)					
(5)			, <u>-</u>		
(6)					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) O Other exempt purpose expenditures (add lines 1c and 1d) I Lobbying nontaxable amount Enter the amount from the following table in both columns O O O If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$10,000,000 but not over \$1,000,000 Si100,000 plus 15% of the excess over \$500,000 Over \$17,000,000 Over \$17,000,000 Si225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 Over \$17,000,000 Si100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Si100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Si100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Si100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1	Sch	edule C (Form 990 or 990-EZ) 2012			Page 2				
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check	P	•	is exempt under section 501(c)(3) and filed	Form 5768 (elect	ion				
name, address, EIN, expenses, and share of excess lobbying expenditures). Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns of the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S100,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S10,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,5									
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) 0 Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 If from line 1a If zero or less, enter -0- i Subtract line 1g from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Apriling organization checked box A and "Ilmited control" provisions apply (b) Affiliated group totals (b) Affiliated group repair totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (c) Affiliated group totals (b) Affiliated group totals (c) Affiliated group totals (a) Affiliate group totals (a) Affil	Α				o member's				
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- Jif there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No	_								
(The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures (add lines 1c and 1d) Cotal exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 Sover \$1,500,000 but not over \$1,500,000 Sover \$1,	<u></u>	<u></u>	·	ppiy					
Total lobbying expenditures to influence public opinion (grass roots lobbying) Dotal lobbying expenditures to influence a legislative body (direct lobbying) Country of the amount purpose expenditures (add lines 1a and 1b) Other exempt purpose expenditures (add lines 1c and 1d) Cother exempt purpose ex		-			• •				
to tall lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns if the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S10,000,000 Over \$1,000,000 Fig. 300,000 but not over \$1,500,000 Over \$1,000,000 It is 1f the excess over \$1,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 To O O O O O O O O O O O O O		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals				
C Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$17,000,000 Over \$17,000,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 In Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1g from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No	1a	Total lobbying expenditures to influence pub	ilic opinion (grass roots lobbying)		0				
d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$500,000 Over \$1,000,000 Diff the amount on line 1e Over \$500,000 Over \$1,500,000 Over \$1,500,000 Over \$1,500,000 Over \$17,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$17,000,000 S175,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 Over \$17,000,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S175,000,000 S175,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 Over \$1,500,000 Over \$17,000,000 Over \$17,000,000 S175,000 plus 10% of the excess over \$1,500,000 Over	b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)		0				
Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	C	Total lobbying expenditures (add lines 1a ar	nd 1b)	0	0				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:	d	Other exempt purpose expenditures		0					
Columns	е	Total exempt purpose expenditures (add line	0	0					
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? The lobbying nontaxable amount is: 20% of the amount is: 20% of the excess over \$500,000 \$100,000 plus 15% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 \$0 0 0 0 0 0 0 0 1 Yes No	f	Lobbying nontaxable amount. Enter the amount							
Not over \$500,000		columns	l o	0					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 0 h Subtract line 1g from line 1a If zero or less, enter -0- 0 i Subtract line 1f from line 1c If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 0 0 Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No		Not over \$500,000	20% of the amount on line 1e		Į				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Grassroots nontaxable amount (enter 25% of line 1f) 0 0 Subtract line 1g from line 1a If zero or less, enter -0- 0 0 0 i Subtract line 1f from line 1c If zero or less, enter -0- 0 0 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
Over \$17,000,000 \$1,000,000 \$0 g Grassroots nontaxable amount (enter 25% of line 1f) \$0 \$0 h Subtract line 1g from line 1a If zero or less, enter -0- \$0 \$0 i Subtract line 1f from line 1c If zero or less, enter -0- \$0 \$0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- Jif there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No	\Box	Over \$17,000,000	\$1,000,000						
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No	g	Grassroots nontaxable amount (enter 25% of	of line 1f)	0	0				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No	h	Subtract line 1g from line 1a If zero or less,	enter -0-	0	0				
section 4911 tax for this year?	i	Subtract line 1f from line 1c If zero or less, e	enter -0-	o	0				
,	j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4	720 reporting					
4-Year Averaging Period Under Section 501(h)		section 4911 tax for this year?		Ĺ	Yes No				
4- real Averaging Ferrou Onder Section Strin		4.40	ar Averaging Period Under Section 501/h)						
(Some organizations that made a section 501(h) election do not have to complete all of the five				nlete all of the five					
columns below. See the instructions for lines 2a through 2f on page 4.)		•	* *	-					

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
2a	Lobbying nontaxable amount				0				
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures				o				
d	Grassroots nontaxable amount				0				
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2012

Par	Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T filed	Form	n 5768
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
a	Volunteers?	X	\sqcup	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	 	-
G	Media advertisements? Mailings to members, legislators, or the public?	X	-X-	4 242
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?	-	x	1,312
f	Grants to other organizations for lobbying purposes?		 x 	·
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		11,812
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
j	Other activities?		X	
j	Total Add lines 1c through 1i			13,124
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912	1		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	14 14 77	1. 1	
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	l(c)(5),	, or se	ection
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
	till-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	OR (b) Pari	t III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1	
а	Current year		2a	
b	Carryover from last year		2b	-
C	Total		2c	C
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible			
_	lobbying and political expenditure next year?		4	
_5	Taxable amount of lobbying and political expenditures (see instructions)	_	5	
Part		_		
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information	, Part II	-A (affi	iliated group
noty, i	r archi-A, line 2, and Farch-B, line T Also, complete this part for any additional information			

	Pictur	re the Homeless, Inc	32-0017919
		orm 990 or 990-EZ) 2012	Page 4
Part	IV	Supplemental Information (continued)	
		•	
		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
		•••••••••••••••••••••••••••••••••••••••	

		•••••	
			•••••
			•••••
	 .		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Picture the Homeless, Inc. 32-0017919 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Nο Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year а Total number of conservation easements 2a ь Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	ule D (Form 990) 2012 Picture the Homeless, In	ıc					32-0017	919	Page 2
Part	III Organizations Maintaining Colle	ctions of A	rt, Histor	ical Trea	asures, or C	Other S	imilar Assets	(continue	
3	Using the organization's acquisition, access		r records,	check ar	ny of the follo	wing tha	it are a significa	nt	
	use of its collection items (check all that ap	ply)	. —						
а	Public exhibition		゚゚╚	Loan	or exchange	program	IS		
þ	Scholarly research		е 📙	Other					
C	Preservation for future generations								
4	Provide a description of the organization's of Part XIII	collections and	d explain	how they	further the or	rganızatı	on's exempt pu	rpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes [☐ No
Part	IV Escrow and Custodial Arrange IV, line 9, or reported an amount		•	_	ization ansv	vered "	Yes" to Form 9	90, Part	
1a b	Is the organization an agent, trustee, custor included on Form 990, Part X? If "Yes," explain the arrangement in Part XI			-		other as	ssets not	Yes [☐ No
D	ii res, explain the arrangement in Fatt XI	ii and comple	te the lon	owing tab	ie			mount	
С	Beginning balance					1c		anount	-
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			(
2a	Did the organization include an amount on	Form 990. Pa	rt X. line :	21?				Yes	X No
b	If "Yes," explain the arrangement in Part XI	•	-		has been nro	vided in	Part XIII		₩
Part					•	-			
rare		Current year	(b) Pri		(c) Two years		(d) Three years back	T	ears back
1a	Beginning of year balance	0		0			(1)	(0,1 00.7	Tai o Baok
b	Contributions								
c	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0		0	(
2	Provide the estimated percentage of the cu	rrent year end		(line 1g,	column (a)) h	eld as			
a	Board designated or quasi-endowment	•	<u>%</u>						
b	Permanent endowment	%							
С	Temporarily restricted endowment	% 	00/						
2-	The percentages in lines 2a, 2b, and 2c sho			an that a					
3a	Are there endowment funds not in the poss	ession of the	organizat	ion that a	re neid and a	administe	erea for the	Ye	no No
	organization by (i) unrelated organizations							3a(i)	es No
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ins listed as re	equired or	Schedul	e R?			3b	-
4	Describe in Part XIII the intended uses of the		-						
Part							-		
***	Description of property	(a) Cost or ot	her basis	(b) Co	est or other s (other)		Accumulated epreciation	(d) Book	value
1a	Land	 	,		0				
h	Buildings		0		0				

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings .	o	0	0	0
c Leasehold improvements	0	26,597	18,618	7,979
d Equipment	0	22,602	16,850	5,752
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part 2	X, column (B), line 10(c	c)) >	13,731

Part VII	Investments—Other Securiti	ies. See Form 990, Part X,	line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	il derivatives	0		
	held equity interests	0		
(g)				
(D) 755		•		
(E)		· · · · · · · · · · · · · · · · · · ·		
(F)				
(G)				
(H)				
<u>(l)</u>				****
	b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Rela	i ted. See Form 990, Part X		
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	b) must equal Form 990. Part X. col. (B) line 13.)			
Part IX	ob) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990,	<u> </u>		
Partix	Other Assets. See Form 990,	(a) Description		(b) Book value
(1)		(u) Becomplien		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> <u>(9)</u>				
(10)				
	umn (b) must equal Form 990, Part X,	col (B) line 15)	•	
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federa	al income taxes	0		
(2)			1	
(3)				
(4)			1	
(5)			1	
<u>(6)</u> <u>(7)</u>			1	
(8)			1	
(9)]	
(10)]	
(11)]	
	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	1	
	SC 740) Footnote In Part XIII, provide the text tax positions under FIN 48 (ASC 740) Check			ganization's liability

Sched	ule D (Form 990) 2012 Picture the Homeless, Inc		;	32-0017919	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per l	Return	
1	Total revenue, gains, and other support per audited financial statements			1	438,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	_		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		ŀ	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1		_ [3	438,897
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		_ 1	
С	Add lines 4a and 4b .			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12))		5	438,897
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	ith Expenses pe	er Return	
1	Total expenses and losses per audited financial statements			1	529,800
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. [
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	529,800
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ		[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)		5	529,800
Par	t XIII Supplemental Information				
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b A ional information				nd 2b,
			••••		

Schedule D (Form	1 990) 2012	Picture the Homeless, Inc	32-0017919	Page 5
Part XIII	Supple	emental Information (continued)		

		•••••••••••••••••••••••••••••••••••••••		
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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.

OMB No 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

32-0017919 Picture the Homeless, Inc. Form 990 VI Section B Line 11b The governing board reviews and approves the Form 990 before it is filed Form 990 VI Section B Line 12c The policy is reviewed frequently by all board members at board meetings Form 990 VI Section B Line 15 a & b The governing board reviews and approves the compensation of the Executive Director and key employees using current salary guidelines and other relevant Form 990 VI Section C Line 19 All governing documents, conflict of interest policy and financial statements are available upon request

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

Chanties Bureau - Registration Section

2 0 12

(re	This form used for e 7-A, EPTL and dual filers places forms CHAR 497, IAR 010 and CHAR 006)			120 Broad New York, NY http://www.chant	10271			Open to Public Inspection
1. G	Seneral Information							
	or the fiscal year beginn	VC.		and ending (mm	/dd/yyyy) 12/31/	/2012		
ρГ	Check if applicable for NY Address change	YS c	Name of organization				d Fed employer I	Ono (EIN) (##-#######)
-	_						32-0017919	
-	Name change						e NY State registra	ition no (## ##-##)
ᆫ	Initial filing	-	Picture the Homeless Number and street (or P.O. box is	<u> </u>	4	Room/sui	20-75-85	
L	Final filing	1	•		to street address)	Room/sui		
	X Amended filing		2427 Morris Avenue, City or town, state or country and			<u> </u>	(646) 314-6	423
	NY registration pendi	ina		4 2 p · 4			y Cilibii	
			Bronx, NY 10468			-		
2. C	Certification - Two Sign	natures Req	uired					
true,	certify under penalties of correct and complete in a President or Authorize	n accordance	=	_			_	d belief, they are
			Signature	<u></u>	Printed Name		Title	Date
	 b. Chief Financial Officer 	er or Treas	>					
			Signature		Printed Name		Title	Date
3. A	Check \$2	port exemption total contributions and the contributions are corporated of the contributions are contr	ion (Article 7-A registran	cluding residen engage a profe o PFR or FRC ontributions fro ent agency to val registrants) oo and assets	ts, foundations, issional fund rais was used and emother sources which it submitte (market value) d	ser (PFR) sther 1) it did not e d an anni	or fund raising counsel treceived an allocation exceed \$25,000 or 2) it is ual report similar to that ceed \$25,000 at any time	from a federated fund, received all or required by Article 7-A ne during this fiscal year
		_	simply complete part 1 (General		-	_	-	· • • • • • • • • • • • • • • • • • • •
		<u>Do not</u>	submit a fee do not complete	the following sched	ules and do not sub	mıt any attac	chments to this form	
	Article 7-A Schedules							
If you a b	* If "Yes", complete Sch	a professiona hedule 4a. eive governme	ort exemption above, compli I fund raiser, fund raising α ent contributions (grants)?	•		or fund raisi	ng activity in NY State?	Yes* X No
5. F	Fee Submitted: See last	t page for su	ummary of fee require	ments.				
<u> </u>	cate the filing fee(s) you				 -	\neg		
a	Article 7-A filing fee .		.g =1011g 111111 111111		\$2	5 Subi	mit only one check or	money order for the
ь	EPTL filing fee				\$5	0 total	fee, payable to "NYS	Department of Law"
С	Total fee		<u></u>	<u></u>	\$7	5		
					·—— <u>·</u> —			

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments

		0017919				
Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)						
	If you checked the box in question 4.a. on page 1, complete the following schedule for each PF fund raising activity in NY State	FR, FRC or CCV that the organization engaged for				
1.	Type of fund raising professional (FRP)					
	Professional fund raiser	🖵				
	Fund raising counsel					
	Commercial co-venturer					
2.	2. Name of FRP					
	Number and street (or P O box if mail is not delivered to street address) City or town, state or country and zip + 4					
3.	3. FRP telephone number					
4.	Services provided by FRP (provide description)					

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the

through

(mm/dd/yyyy)

(mm/dd/yyyy)

6. Dates of contract .

7. Amount paid to FRP

Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately

Government Agency Name		Amount
NYC Department of Housing Preservation and Development	\$	50,000
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	-
	\$	
·	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Government Con		50,000