US 990 | **Main Information Sheet** | **2008**

For calendar year 2008 or tax year beginning ______ and ending ______

Name: KEYS for the Homeless
Name line 2: Foundation Inc
Address: 4701 Harling Lane
City, State, and Zip Code: Annandale VA 22003-

EIN: 20-1947389
Telephone No: 703-973-5397

Email address ______
Web site address ______
Fiduciary name, if applicable ______
Name of officer signing return: Valerie Johnson
Title of officer/trustee/fiduciary signing return: President
Group exemption number ______
Check if exemption application is pending ☐
Accounting method: Cash: ☒ Accrual: ☐ Other: ☐ Specify: ______
List states desired ______

Type of exempt organization:

☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year (Form 990-EZ)
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 001
Preparer name: Tim Abercrombie
Preparer SSN: 219-98-6278
Firm's name: Abercrombie & Associates LLC
Address: 911 Silver Spring Avenue Suite 104
City, State, ZIP Code: Silver Spring MD 20910

Time in this return: 327 minutes
Date: 04/07/2009
PTIN: ______
Self-employed: ☐
Firm's EIN: 74-3116770
Phone: 301-585-5050

Preparer notes These notes will print and proforma.

Preparer's use fields
1 ______ **2** ______ **3** ______
4 ______ **5** ______ **6** ______

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code
KEYS for the Homeless
Foundation Inc
4701 Harling Lane
Annandale VA 22003-

D Employer identification number 20-1947389
E Telephone number 703-973-5397
F Group Exemption Number . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual Other (specify)

I Website:

H Check [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) - [X] 501(c)(3) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ. $ 172,202.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	172,202.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5 a	Gross amount from sale of assets other than inventory	5 a			
	b	Less: cost or other basis and sales expenses	5 b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule).			5 c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming,** check here [ ]				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6 a			
	b	Less: direct expenses other than fundraising expenses	6 b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6 c	
	7 a	Gross sales of inventory, less returns and allowances	7 a			
	b	Less: cost of goods sold	7 b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
	8	Other revenue (describe)			8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	172,202.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	14,952.
	14	Occupancy, rent, utilities, and maintenance			14	25.
	15	Printing, publications, postage, and shipping			15	889.
	16	Other expenses (describe SEE STMT)			16	147,241.
	17	**Total expenses** Add lines 10 through 16			17	163,107.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	9,095.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	8,746.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	17,841.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	4,635.	22	4,124.
23 Land and buildings		23	
24 Other assets (describe Inventory/Assets)	4,111.	24	13,717.
25 **Total assets**	8,746.	25	17,841.
26 **Total liabilities** (describe)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,746.	27	17,841.

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Procure goods/svcs and deliver

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)
28	Distribution network providing everyday basic household goods to meet real life needs Work with over 30 charities caring for over 25,000 ppl (Grants $) If this amount includes foreign grants, check here	28a	162,767.
29	(Grants $) If this amount includes foreign grants, check here	29a	
30	(Grants $) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	162,767.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instr.)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp.	(e) Expense account and other allowances
Matthew P Burke 1050 Conne Washington DC 20036	Treasurer 2	0		
Joseph A Gargiulo Jr 5826 Semin Falls Chur VA 22041	Director 2	0		
O Lee Gwaltney Jr 6101 Sheri Capitol He MD 20743	Director 2	0		
Valerie Johnson 4701 Harli Annandale VA 22003	President 40	0		
Sandra Lovinguth PhD PO Box 571 Washington DC 20057	Director 2	0		
Colette Marquez 16th and H Washington DC 20006	Director 2	0		
Jennifer L Oakes 2800 Penns Washington DC 20007	VP/Sec 2	0		

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a: 0			
b	Did the organization file Form **1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39 a			
b	Gross receipts, included on line 9, for public use of club facilities 39 b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed. VA

42 a The books are in care of Valerie Johnson Telephone no. 703-973-5397

Located at 4701 Harling Lane VA Annandale ZIP + 4 22003-

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46 - 49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000		

Sign Here

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

Signature of officer — Date: 04/07/2009

Valerie Johnson President

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date 04/07/2009	Check if self-employed ☐	Preparer's Identifying No. (See instr.) 219-98-6278
Firm's name (or yours if self-employed), address, and ZIP + 4	Abercrombie & Associates LLC	EIN	74-3116770
	911 Silver Spring Avenue Suite 10		
	Silver Spring MD 20910	Phone no.	301-585-5050

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

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization
KEYS for the Homeless

Employer identification number
20-1947389

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete the Support Schedule in Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
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** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document? Yes	**(iv)** No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	**(v)** No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	**(vi)** No	**(vii)** Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1500.	171692.	108622.	208818.	172202.	662834.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	1500.	171692.	108622.	208818.	172202.	662834.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						294469.
6 **Public support.** Subtract line 5 from line 4.						368365.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1500.	171692.	108622.	208818.	172202.	662834.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						662834.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 0.00 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 0.00 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ☐

b **10% facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ☐

18 **Private foundation.** If the organization did not check a box in line 13, 16a, 16b, 17a or 17b, check this box and see instructions ..... ☐

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization
KEYS for the Homeless

Employer identification number
20-1947389

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization
KEYS for the Homeless

Employer identification number
20-1947389

Part I **Contributors (see instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Fannie Mae Foundation 4000 Wisconsin Ave NW Washington DC 20016-	$ 9,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	W ONeill Foundation 5454 Connecticut Ave Chevy Chase MD 20815-	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	Holy Trinity Catholic Chu 3513 N Street NW Washington DC 20007-	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	Courtyard by Marriott/Spr 6710 Commerce Street Springfield VA 22150-	$ 31,050.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
5	Four Seasons 2800 Pennsylvania Av NW Washington DC 20007-	$ 25,396.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
6	Hay-Adams 16th and H St NW Washington DC 20006-	$ 20,273.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)

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Name of organization
KEYS for the Homeless

Employer identification number
20-1947389

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Fairmont Hotel 2401 M Street NW Washington DC 20037-	$ 18,130.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
8	Omni-Shoreham 2500 Calvert St NW Washington DC 20008-	$ 18,090.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
9	Pottery Barn Kids 11841U Fair Oaks Fairfax VA 22033-	$ 6,283.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
10	Hilton Garden Inn 1333 N Courthouse Rd Arlington VA 22201-	$ 5,700.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
11	Homewood Suites 1475 Massachusettes Ave Washington DC 20005-	$ 5,500.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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Name of organization
KEYS for the Homeless

Employer identification number
20-1947389

Part II **Noncash Property (see instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	queen mattress sets, king mattress sets, office chairs, mirrors, tvs, sitting chairs, sleep sofas, ottoman, desk chairs, pictures, etc	$ 31,050.	12/31/2008
5	hair dryers, massage tables, cds, bath amenities, twin bedspreads, comforters, mattress covers, sheets mens suits, furniture, sofa, etc	$ 25,396.	12/31/2008
6	uniform clothing, rugs, bathrobes, jackets, pillowcases, mens shirts, bed coverlets, down comforters bedding, sheets	$ 20,273.	12/31/2008
7	linens, coffee maker, bathrobes, tennis shoes, sofas, coffee tables, panel drapes, bath amenities, lamps etc	$ 18,130.	12/31/2008
8	desk chairs,upholstered desk chairs bedding, sheets	$ 18,090.	12/31/2008
9	assorted household goods, misc childrens accessories	$ 6,283.	12/31/2008

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Name of organization
KEYS for the Homeless

Employer identification number
20-1947389

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	king mattress sets, king frames	$ 5,700.	12/31/2008
11	bed coverlets, down comforters	$ 5,500.	12/31/2008
		$	
		$	
		$	
		$	

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2008 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
Form: US Short Exempt Organization Return Pg 1																
Rental Property: N/A																
Depreciation Class: Furniture and fixtures nonrental																
In Service Year: 2007																
Armoir	08/07	600	100		600	MACRS	7.0			151	108		117			
In Service Year: 2008																
Panel Drapes	11/08	1250	100		1250	MACRS	7.0	HY		179	306		134			
		----			----					---	---		---			
Form Totals:		1850			1850					330	414		251			

Detail Sheet 2008

Name: KEYS for the Homeless **ID:** 20-1947389

Description: Printing and postage

Type	Amount
Printing, computer & copying	661.
Postage and Delivery	228.
Total	889.

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Detail Sheet 2008

Name: KEYS for the Homeless **ID:** 20-1947389

Description: Other Assets

Type	Amount
KEYS Assets	1,850.
Inventory for Distribution	11,867.
Total	13,717.

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Detail Sheet 2008

Name: KEYS for the Homeless **ID:** 20-1947389

Description: Excess Contributions over 2%

Type	Amount
Per Support schedule of excess contributions	294,469.
Total	294,469.

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US 990 Other Expenses 2008

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
Travel & Transportation	4,674.			
Equipment-Rental and purchase	4,763.			
Supplies	1,146.			
Telephone and fax	469.			
Conference and Meetings	934.			
Insurance	2,848.			
Dues & Subscriptions	1,900.			
Miscellaneous	1,559.			
In Kind-Redistributed Goods	128,608.			
Other	340.			
	147,241.			

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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning __________, 2008, & ending __________, 20 ____

Do not send to the IRS. Keep for your records.

See instructions.

OMB No. 1545-1878

2008

Name of exempt organization: KEYS for the Homeless

Employer identification number: 20-1947389

Name and title of officer: Valerie Johnson President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, line 12)	1b	
2a	**Form 990-EZ** check here	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	172,202.
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Abercrombie & Associates LL (**ERO firm name**) to enter my PIN 47389 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the returns disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ______________________ Date 04/07/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52086612345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO signature ______________________ Date 04/07/2009

ERO Must Retain This Form - See Instructions

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

For Paperwork Reduction Act Notice, see instructions. Form **8879-EO** (2008)

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