990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For	the	2013 calend	lar year, or	tax year begir	nning			, 2013, and er	nding			, 20	
В	Chec	ck if a	pplicable:	C Name of o	rganization KEYS	for the Homel	less Foundation	n Inc	<u> </u>			D	Employer iden	tification no.
	Addr	ress cl	hange	Doing Bus	iness As								0-1947389	
	Nam	ne cha	nge			oox if mail is not delivered	d to street address)			Room/su	ıite	Е	Telephone num	ber
	Initia	al retur	'n		Harling Lar		,					(703)973-53	397
	Term	ninate	d			e, country, and ZIP or for	reign postal code			1			350,	
П		nded			dale, VA 22	•	3 1					G	Gross receipts	
П			n pending		_	cipal officer: Valeri	ie Johnson					_	0.000.000	
_					as C above	.,				H(a)	Is this a gro subordinate	up returr	n for	res X No
	Tax-	exemi	pt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	•	H(b)				
<u>. </u>		site:			omeless.org	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		H(c)	If "No," attac Group exem	ch a list.	(see instructions)
				Corporation	\neg	sociation Other	•		ear of formation: 2		M State of	•		
	rt l		Summar		IIust As	Sociation Other F		-	ear or formation. 2		W Otate C	n iegai u	officie. VII	
1 6	$\overline{}$			•	nization'e mieei	on or most significan	at activities:	id uo	meless Servi	ao 0ra	rani zati	ona		
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Governance					J	n discontinued its op	•	a or mo	ore than 25% of its	s net ass	ets.			_
જ				J	J	ning body (Part VI, I	,					3		8
Activities &				•	J	s of the governing bo	, , ,)			• • • •	4		8
₹						calendar year 2013	(Part V, line 2a)	•			• • • •	5		1
Act					rs (estimate if r	• ,						6		
						Part VIII, column (C)	•					7a		0
	_	b	Net unrelated	d business ta	axable income	from Form 990-T, lin	ne 34		<u> </u>			7b		0
										Р	rior Year		Current Y	/ear
		8	Contributions	and grants	(Part VIII, line	1h)					322	,386		350,897
Revenue		9	Program serv	vice revenue	(Part VIII, line	2g)								0
ē	1	10	Investment in	ncome (Part	VIII, column (A), lines 3, 4, and 7d)								0
æ	1	11	Other revenu	ue (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10c	, and 11e)							0
	1	12	Total revenue	e - add lines	8 through 11 (must equal Part VIII,	column (A), line 12	2)			322	,386		350,897
	1	13	Grants and s	imilar amour	nts paid (Part I)	X, column (A), lines	1-3)							0
	1	14												0
	1	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								15	,800		16,903
Expenses	1	16a	Professional	fundraising f	ees (Part IX, c	olumn (A), line 11e)								0
Sen.				_		umn (D), line 25)	>		2,366					
ă						es 11a-11d, 11f-24e	e)				293	,141		315,367
						equal Part IX, colum						,941		332,270
					Subtract line 1	10 frame line 40						,445		18,627
5										Beginning	of Current		End of Y	
Net Assets or		20	Total assets	(Part X. line	16)							,596		46,089
ASS	2 2		Total liabilitie		,							,134		0
Š	2				,	ine 21 from line 20						,462		46,089
Pa	rt l	_		re Block										
Unde	r pen	nalties	of perjury, I decl	lare that I have	examined this retu	urn, including accompany				knowledge	and belief, it	is		
true,	corre	ect, an	d complete. Dec	laration of prepare	arer (other than of	ficer) is based on all infor	rmation of which prepare	er has an	y knowledge.			_		
			Vale	rie Johns	on									
Sig	n			re of officer								Date		
He			Vale	rie Johns	on. Execut	ive Director								
	•		—	print name and	-	110 21100001								
			, <u>. </u>	eparer's name		Preparer's signature		1	Date		Check	if PT	'IN	
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U31	J	, i i i y	Firm's addres	55 F						Phone n		1_505	-5050	
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iviay	u ie	これり	uiscuss this r	elum with th	e preparer sno	wn above? (see inst	uuclions)						Yes	∠y NO

KEYS for the Homeless Foundation Inc
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	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	
b	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
С	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
d	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

REYS for the Homeless Foundation Inc
Checklist of Required Schedules (continued) Part IV

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 11 11" vs. complete Schedule I, Parts I and III 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United Stotes on Part IX, column (A), line 21 11" vs. complete Schedule I, Parts I and III 22 X 23 Did the organization care and other organization care and other officers, directors, between the organization care and other officers, directors, but the organization care and other officers, directors, but the organization of the organization have a trave-very tool issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Vss." amove lines 24b through 24d and complete Schedule I, "I Niv." go to line 25a				Yes	No
22 Did the organization report more than \$5.000 of grants or other assistance in individuals in the United States on PATIX. COUNTINE, (In 2012 IT Views: complete Standbulle, Parts It and Itil Itil 2 Did the organization asswer? Yes" to PATIX IV. Section A, Inc. 9.4, or 5 about compensation of the organization asswer? Yes" to PATIX IV. Section A, Inc. 9.4, or 5 about compensation of the organization have a tax-exempt bord issue with an outstanding principal amount of none than \$100,000 as of the last day of the year, incl was issued after December 3.1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002? If "Yes", answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 1, 2002 If "Yes", answer lines 24b through 24d and complete Schedule View and a schedule 1, 2002 If "Yes", answer lines 24b through 24b and a schedule 1, 2002 If "Yes", answer lines 24b and a schedule 1, 2002 If "Yes", and a schedule 2, 2002 If "Yes", and a schedule 2, 2002 If "Yes", and a schedule 2, 2002 If "Yes	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
no PRETIX, coclumn (A), line 27 lif. "Yes," complete Schedule I, Parels I and III parels and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J II parels and III pa		government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		X
23 Did the organization answer "Yea" to Part VII, Section A, Jins 3, 4, or 5 about compensation of the organizations current and form officers, directors, rustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Strong Did never a lixe-exempt bond beyond a mount of more than \$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 I, "No," go to line 25s	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees. If "Yes," complete Schedule J 23 X Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. It "No.", go to line 25e 24b through 24d and complete Schedule K. It "No.", go to line 25e 24b through 24d and complete Schedule K. It "No.", go to line 25e 24b Did the organization with an escowa occount other than a refunding escrow at any time during the year to delease any tax exempt bonds? 24d Did the organization are as mist not behalf of issuer for bonds outstanding at any time during the year? 25d Did the organization are some the lengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25e 3 X 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 25e 3 X Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 sprior Forms 990 or 990-EZ? 16 The Yes, "complete Schedule L. Part I 25e 3 X Did the organization propries Schedule L. Part I 25e 3 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or desqualified persons? If so, complete Schedule L. Part II 26e 3 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, assistantial contributor or employee thereof, a grant end the resistance of the organization endine of the provide schedule L. Part II 27e 3 X Did the organization provide a provide a schedule A 27e 3 X Did the organization organizat		on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
emphysees? If "Yes," complete Schedule J. 23 X. 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Dd the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(40) and 501(40) organization should be acceptance and acceptanc	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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 25s Did the organization mismains an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Did the organization aware than one helad of "issuer for bonds outstanding a story at yime during the year? Did the organization and 5016(x) and solid (x) and 5016(x) a		organization's current and former officers, directors, trustees, key employees, and highest compensated			
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through 244 and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and an info hehalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and 501(c/4) organizations. Did the organization on gage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 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 organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part I Sib Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, futuseles, key employees, shighest compensated employees, or disqualified persons? If so, complete Schedule I., Part II Zib Id the organization provide a grant or other assistance to an officer, director, futusele, key employee, substantial contributor or employee thereat, a grant selection committee member, or as 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III Zib A Immily or family member of any of these persons? If "Yes," complete Schedule I., Part III Zib A Immily or family member of any of these persons? If "Yes," complete Schedule I., Part IV Zib A Immily or family member of any of these persons? If "Yes," complete Schedule I., Part IV Zib A Immily or family member of any of these persons? If "Yes," complete Schedule I., Part IV Zib A Immily or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV Zib A Immily or which a current or former officer, director, trustee, or key employee? If "Y	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24c d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by hor Forms 990 or 980-627 If "Yes," complete Schedule L, Part I 25a		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			34		X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a		35a		Х
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		·			
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			35b		X
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
	38				
		· · · · · · · · · · · · · · · · · · ·	38	X	

Form 990 (2013) 20-1947389 KEYS for the Homeless Foundation Inc Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ 4a 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. Χ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Χ organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Χ Did the organization make any taxable distributions under section 4966? Χ Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources

	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				

С Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

the organization is licensed to issue qualified health plans

Χ 14a 14b Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in the Part VI

Sec	tion 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 1a 8			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		٦,
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ_	
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
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
000	The Division of this occion birequests information about policies not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				v
	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	46h		
500	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule 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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
-	Valerie Johnson (703)973-5397, 4701 Harling Lane, Annandale, VA 22003			

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related or	rganization co	ompen	sate	d an	y cu	irrent o	ffice	r, director, or trustee	9.	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations	per (do not check more than one st any for box, unless person is both an ed officer and a director/trustee)			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization			
	below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) J_Gargiulo Jr 	2.00_	Х						0	0	0
(2) O Lee Gwaltney Treasurer	2.00_	Х		X				0	0	0
(3) J Oakes VP/Secretary	2.00	Х		Х				0	0	0
(4) J. Brown Director	2.00	Х						0	0	0
(5) S Deam Director	2.00	X						0	0	0
(6) M. Kazlausky Director	2.00_	X						0	0	0
(7) H. Bekanovic Director	2.00	Х						0	0	0
(8) L. Abrams Director	2.00_	Х						0	0	0
(9) Valerie Johnson President & Founder	60.00_			Х				15,000	0	1,000
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2013)

Part	(A) Section A. Officers, Directors, Trustees,	(B)	yees,	and	(0	;)	t Com	pen	(D)	(E)		(F)	
	Name and title	Average hours per	,			ore th	nan one both an		Reportable compensation	Reportable compensation from		nount of	
		week (list any hours for related organizations below dotted line)			•		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f orç an	other apensation from the ganization d related anizations	
(15)													
<u>(17)</u> _													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b c	Sub-total	n A.						>	15.000			1 00	_
d 2	Total (add lines 1b and 1c)							tha	15,000 n \$100,000 of	0		1,00	0
	reportable compensation from the organization									0		Yes N	No
3	Did the organization list any former officer, director		-	nplo	yee,	or h	nighes	t cor	mpensated				
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repor								n from the		3	2	X
	organization and related organizations greater than \$1 individual							for s	such		4	,	X
5	Did any person listed on line 1a receive or accrue com	npensation fro	om any	unr	elate	d or	ganiza	tion	or individual		4		
Secti	for services rendered to the organization? If "Yes," cor on B. Independent Contractors	mplete Sched	lule J f	or su	ıch p	ersc	on				5	2	<u>X</u>
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.									n's tax			
	(A)								(B)	sorvices		(C)	
	Name and business address								Description of	SEI VILES	Comp	ensation	
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			e list	ed al	oove	e) who		'				

Part VIII

Statement of R	evenue
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		Check if Schedule O contains a response	or note	to any line in this F				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္ဆ	1a	Federated campaigns	1a					
ant	b	Membership dues	1b					
ອັຊ	С	Fundraising events	1c					
ifts ar A	d	Related organizations	1d					
ອັ≒ຼ	е	Government grants (contributions)	1e					
Sis	f	All other contributions, gifts, grants,						
her të		and similar amounts not included above	1f	350,897				
<u>₽</u>	g	Noncash contributions included in lines 1a-11		264,588				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			350,897			
				Business Code	220,007			
ne	2a							
ever	b							
8 2	C							
ērĶ	d							
S	e							
Program Service Revenue	_	All other program service revenue						
Ē		Total. Add lines 2a-2f						
		Investment income (including dividends, intere						
		and other similar amounts)						
		Income from investment of tax-exempt bond p						
		Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents		(.,, : :::::::::::::::::::::::::::::::::				
	b	Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enne	8a	Gross income from fundraising						
-		events (not including \$	_					
Other Re		of contributions reported on line 1c).						
her		See Part IV, line 18	. а					
ð	b	Less: direct expenses	. b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gaming activities		<u> </u>				
		Gross sales of inventory, less returns and allowances	. а					
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			350,897	0	0	0

Page **10**

Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, 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 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	15,000	15,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,000	1,000		
10	Payroll taxes	903	903		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,361		5,361	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	22,794	17,362	5,432	
12	Advertising and promotion				
13	Office expenses	3,817	1,695	2,122	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,053	8,053		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	280	174		106
20	Interest	337		337	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	741	741		
23	Insurance	5,204		5,204	
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	Fundraising	1,758			1,758
b	Dues and Subscriptions	1,577	804	271	502
С	Goods redistributed in kind	264,588	264,588		
d	Equiptment Rental	329	329		
е	All other expenses	528		528	
25	Total functional expenses. Add lines 1 through 24e .	332,270	310,649	19,255	2,366
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110111111111111111111111111111111111				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,662	1	45,897
	2	Savings and temporary cash investments	=:,::=	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
	•	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
`	-			9	
	10a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D 10a 11,850 Less: accumulated depreciation 10b 11,658	024	100	100
	b		934	10c	192
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,596	16	46,089
	17	Accounts payable and accrued expenses		17	
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
iii l		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,134	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,134	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	27,462	27	46,089
Ва	28	Temporarily restricted net assets		28	
Net Assets of Fund Balances	29	Permanently restricted net assets		29	
Ŧ		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	27,462	33	46,089
	34	Total liabilities and net assets/fund balances	28,596	34	46,089

Form	1990 (2013) KEYS for the Homeless Foundation Inc 2	0-1947389		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		350,	897
2	Total expenses (must equal Part IX, column (A), line 25)	2		332,	270
3	Revenue less expenses. Subtract line 2 from line 1	3		18,	627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,	462
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		46,	089
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	and the desired and the condition of the Condition Condition of the condition of the condition of the condition		3b		
EEA	- · · · · · · · · · · · · · · · · · · ·		Form	990 (2013)

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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.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of th	e organization							Employer	identificatio	n number	į.	
KEY	3 fc	or the Homeless	Foundation Ind	3					20-19	947389			
Pai	rt I	Reason for F	Public Charity	Status (All organiza	ations m	ust comp	olete this	part.) S	ee instru	uctions.			
The	orgai	nization is not a private	e foundation becaus	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, conventio	n of churches, or a	association of churches of	described in	section '	170(b)(1)(۹)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research	organization opera	ated in conjunction with a	a hospital d	escribed ir	n section '	170(b)(1)(A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization oper	ated for the benefit	of a college or university of	wned or op	erated by a	a governme	ental unit d	escribed in				
		section 170(b)(1)(A	A)(iv). (Complete P	art II.)									
6		A federal, state, or le	ocal government o	r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	/).					
7	X	An organization that	normally receives a	substantial part of its supp	port from a	governmen	ntal unit or f	rom the ge	neral public				
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	lescribed in sectio	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9		An organization that	normally receives: (1) more than 33 1/3% of it	ts support fr	om contrib	utions, mer	nbership fe	es, and gro	oss			
		receipts from activitie	es related to its exen	npt functions - subject to c	ertain exce	ptions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income a	nd unrelated business tax	able incom	e (less sect	tion 511 tax) from bus	inesses				
		acquired by the orga	anization after Jun	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization organization	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509	(a)(4).					
11		An organization orga	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry or	ut the				
		purposes of one or	more publicly supp	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	e box that describe	es the type of supporting	organizatio	on and con	nplete line:	s 11e thro	ugh 11h.				
		a Type I	b 🗌 Тур	e II c Type	III-Function	ally integra	ted	d	Type III-	Non-funtion	nally inte	grated	
е		By checking this box	, I certify that the org	ganization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	าร			
		other than foundation	n managers and oth	er than one or more public	cly supporte	ed organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization red	ceived a written dete	ermination from the IRS th	at it is a Ty	pe I, Type I	I, or Type I	II supportir	ng				
		organization, check t	his box										$\ldots \square$
g		Since August 17, 200	06, has the organiza	ation accepted any gift or o	contribution	from any o	f the						
		following persons?											
		(i) A person who d	directly or indirectly of	controls, either alone or to	gether with	persons de	escribed in	(ii) and				Yes	No
		(iii) below, the g	overning body of th	e supported organization?	? .						11g(i)		
		(ii) A family member	er of a person descr	ribed in (i) above?							11g(ii))	
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) abor	ve? .						11g(iii))	
h		Provide the following	information about t	he supported organization	n(s).								
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	-	(v) Did yo		(vi) Is		(vii) Amo	unt of mo	netary
		organization		(described on lines 1-9 above or IRC section	in col. (i) list governing of		the organi		organizati (i) organiz			support	
				(see instructions))	governing			port?		S.?			
					Yes	No	Yes	No	Yes	No			
(A)												'	
(B)													
(C)													
<u>(D)</u>													
(D)													
(E)													
Tota	I												

20-1947389

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	202,307	249,331	265,415	322,386	350,897	1,390,336
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	202,307	249,331	265,415	322,386	350,897	1,390,336
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)						82,472
6	Public support. Subtract line 5 from line 4						1,307,864
	tion B. Total Support	(-) 2000	(h) 2040	(=) 2044	(4) 2042	(=) 2042	(f) T-+-I
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	202,307	249,331	265,415	322,386	350,897	1,390,336
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 .						1,390,336
12	Gross receipts from related activities, etc. (see	instructions) .				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
	tion C. Computation of Public Su		_				
14	Public support percentage for 2013 (line 6, col	• •	***			14	94.07 %
15	Public support percentage from 2012 Schedul					15	96.06 %
16a							▶ 🏻
h	box and stop here. The organization qualifi 33 1/3% support test - 2012. If the organiz	• •					· · · · · · · · · · · · · · · ·
b	check this box and stop here. The organiza					с , 	▶ □
17a	10%-facts-and-circumstances test - 2013	•		-			' 🗀
174	10% or more, and if the organization meets	· ·		·	•		
	Part IV how the organization meets the "facts-				-		
	organization		=				▶ □
b	10%-facts-and-circumstances test - 2012						
-	15 is 10% or more, and if the organization n	-				-	
	Explain in Part IV how the organization meets				•		
				-			▶ □
18	Private foundation. If the organization did						
	instructions						🕨 🗍

20-1947389

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Sup	•					
15	Public support percentage for 2013 (line 8, colu					15	%
16	Public support percentage from 2012 Schedule					16	%
	ction D. Computation of Investmen					T .= 1	
17	Investment income percentage for 2013 (line						%
18	Investment income percentage from 2012 Sc	· ·					%
	33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qu	alifies as a publicly	y supported organia	zation	▶ □
b	33 1/3% support tests - 2012. If the organiz line 18 is not more than 33 1/3%, check this line 18 is not more than 33 1/3%.	box and stop here	e. The organization	n qualifies as a pul	blicly supported or	ganization	. =
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns	<u> ▶ </u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

KEYS for the Homeless Foundation Inc

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Employer identification number

20-1947389

Organi	zation type (check one):				
Filers o	of:	Section:			
Form 99	90 or 990-EZ	∑ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	90-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 cove	ered by the General Rule or a Special Rule .			
Note. Construction		s), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	al Rule				
X		orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ntributor. Complete Parts I and II.			
Specia	l Rules				
	under sections 509(a)(1) ar	anization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.			
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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.				
	during the year, contribution not total to more than \$1,00 year for an exclusively relapplies to this organization	, or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ns for use exclusively for religious, charitable, etc., purposes, but these contributions did 00. If this box is checked, enter here the total contributions that were received during the ligious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or			
	-	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its			

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Hay-Adams 16th and H St NW Washington, DC 20006	\$12,905	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Fairmont Hotel 2401 M Street NW Washington, DC 20037	\$7,481	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	Pottery Barn Kids 11841U Fair Oaks Fairfax, VA 22033	\$6,350	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	Georgetown University 37th & O St NW Washington, DC 20007	\$16,900	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	J Willard & Alice S Marriott 10400 Fernwood Road Bethesda, MD 20817	\$25,000	Person 🗵 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Morris & Gwendolyn Cafritz 1825 K Street NW Washington, DC 20006	\$15,000	Person 🗵 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	W. O'Neil Foundation 5454 Wisconsin Ave Chevy Chase, MD 20815	\$12,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Hotel Dupont Circle 1500 New Hampshire Ave NW Washington, DC 20036	\$5,100	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Hyatt Arlington 1325 Wilson Boulevard Arlington, VA 22209	\$7,470	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	George Washington University 2100 M Street Ste. 310 Washington, DC 20052	\$21,867	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Pottery Barn Kids Tysons 8084-L Tysons Corner Center K7L Mc Lean, VA 22102	\$10,786	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	Community Foundation National Capit 1201 15th Street, NW Suite 420 Washington, DC 20005	\$10,000	Person X Payroll Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Good 360 1330 Braddock Place Suite 600 Alexandria, VA 22314	\$23,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Hamilton Crown Plaza 1001 14th Street NW Washington, DC 20005	\$6,800	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Hampton Inn Convention 901 6th Street NW Washington, DC 20001	\$6,315	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Hotel Madera 1310 New Hampshire Avenue Washington, DC 20036	\$6,732	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	J Jill Clothing 8070 Tyson's Corner Mc Lean, VA 22102	\$5,050	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Restaurant Associates 1100 Independence Avenue SW	\$ 5,500	Person ☐ Payroll ☐ Noncash ☒

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 30 St. John's Episcopal Church **Payroll** X Noncash 7,835 1525 H Street NW (Complete Part II for noncash contributions.) Washington, DC 20005 (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 31 The W Hotel **Payroll** X Noncash 515 15th Street NW 9,365 (Complete Part II for noncash contributions.) Washington, DC 20004 (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person 32 Turning the Page **Payroll** Noncash 1625 K Street NW 10,055 (Complete Part II for noncash contributions.) Washington, DC 20006 (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 33 Washington Marriott **Pavroll** X 1221 22nd Street NW 6,645 Noncash (Complete Part II for noncash contributions.) Washington, DC 20037 (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Ño. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	, , ,	<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Bedding, books, rugs, and		
1	mens clothing	—	
	mens crothing	-	
		— <u>*</u>	
		\$12,905	08-29-2013
(a) No.		(c)	
	(b)		(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	makh amandadan		
	Bath amenities,	<u> </u>	
4_	toilettries, clothing,		
	and linens		
		\$7,481	04-15-2013
		_	
(a) No.	(b)	(c)	(d)
from		FMV (or estimate)	
Part I	Description of noncash property given	(see instructions)	Date received
		(122 1121 1121 1121)	
	Linen, room accessories,		
5	and bathroom items		
	-	\$ 6,350	12-07-2013
		•	
(a) No.	(1.)	(c)	(1)
from	(b)	FMV (or estimate)	_ (d)
Part I	Description of noncash property given	(see instructions)	Date received
- arti		(See Ilistructions)	
	Furniture, household		
7	items, kitchen items, and		
	clothing	—	
	CIOCHING	\$ 16,900	05-22-2013
		\$16,900	
(a) No.		(c)	_
from	(b)	FMV (or estimate)	(d)
	Description of noncash property given		Date received
Part I		(see instructions)	
	Duvets and linens		
11			
		—	
		_ _	
		\$5,100	03-05-2013
(a) No.		(6)	
	(b)	(C)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	Dillow lines and laws	+	
	Pillows, linen, and lamps	<u> </u>	
13			
		\$ 7,470	04-19-2013
		1	i .

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Wardrobes, chairs, and		
14	refridgerators		
		\$ 21,867	12-31-2013
		()	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	, , , , , , , , , , , , , , , , , , ,	(see instructions)	
	Room accessories,		
21	childrens items, and		
	furnishings		
		\$ 10,786	12-13-2013
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Boothplion of Honodon property given	(see instructions)	Date : 0001104
	1380 Pillow pets		
24			
		\$ 23,000	12-31-2013
		4	
		()	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	Bath Amenities, storage		
25	bins, personal items, and		
	irons		
		\$ 6,800	06-19-2013
		_ '	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	2000pon or nonodon property given	(see instructions)	! O O ! ! O O
	Linen, duvet, sofas, and		
26	chairs	—	
		—	
		\$ 6,315	11-21-2013
		+	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Boothplion of Honough property given	(see instructions)	Dato 10001100
	Glassware, books, and		
27	pillows		
	F		
		\$ 6,732	06-04-2013
		+	
	l .		

art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	, , , , , , , , , , , , , , , , , , , ,	· .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Clothing		
28		_	
	-	_	
		\$ 5,050	09-25-2013
		\Pi	
(a) No.	//->	(c)	(-1)
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(eco men denone)	
	Food, flatware, and		
29_	refrigerator		
		\$ 5,500	10-09-2013
		_ `	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncasti property given	(see instructions)	Date received
-	01-11-	-	
	Clothing	_	
		_	
		_ _	
		\$7,835	11-20-2013
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(eee men deneme)	
	Clothing and linen		
31			
		\$ 9,365	11-08-2013
(a) Na		(0)	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	the first of the second females of Second	(see instructions)	
	Books		
32	- <u>-</u> -	_	
	-	—	
		\$ 10,055	10-03-2013
		_ •	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncasti property given	(see instructions)	Date received
	Bath towels, tables, and	_	
33	chairs	_	
		_ _	
			06-21-2013

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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to F

2013

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

20-1947389 KEYS for the Homeless Foundation Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 4 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? 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? 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 Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) С 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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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

Pai	rt III Organizations Maintaining Col					sets (continued)
3	Using the organization's acquisition, accession, and	other records, check any of	the following that are	a significant	use of its	
	collection items (check all that apply):					
а	Public exhibition	d Loan or exch	nange programs			
b	Scholarly research	e U Other				
С	Preservation for future generations					
4	Provide a description of the organization's collections	and explain how they furth	er the organization's e	exempt purpo	ose in Part	
	XIII.					
5	During the year, did the organization solicit or receive	e donations of art, historical	treasures, or other sim	nilar		
	assets to be sold to raise funds rather than to be mai	ntained as part of the orgar	nization's collection?			🗌 Yes 🗌 No
Pai	rt IV Escrow and Custodial Arrange	ments.				
	Complete if the organization answ 990, Part X, line 21.	vered "Yes" to Form	990, Part IV, line	9, or rep	orted an amou	nt on Form
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary for contribu	itions or other assets r	not		
	included on Form 990, Part X?					🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and con	nplete the following table:				
					Ar	mount
С	Beginning balance			1	С	
d	Additions during the year			1	d	
е	Distributions during the year			1	е	
f	Ending balance			1	f	_
2a	Did the organization include an amount on Form 990), Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation has	been provided in Part	XIII		
Pai	rt V Endowment Funds.					
	Complete if the organization answ	vered "Yes" to Form	990, Part IV, line	10.		
		(a) Current year (b)	Prior year (c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	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					
2	Provide the estimated percentage of the current year	r end balance (line 1g, colu	mn (a)) held as:		1	<u> </u>
а	Board designated or quasi-endowment	%	· //			
b	Permanent endowment %					
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should equa	 I 100%.				
3a	Are there endowment funds not in the possession of		eld and administered for	or the		
	organization by:	ŭ				Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizations listed a	as required on Schedule R?				. 3b
4	Describe in Part XIII the intended uses of the organize	•				
Pai	rt VI Land, Buildings, and Equipmer					
1 0	Complete if the organization answ		990. Part IV. line	11a. See	e Form 990. Pa	art X. line 10.
-	Description of property	(a) Cost or other basis	(b) Cost or other basi		Accumulated	(d) Book value
	2000 page of property	(investment)	(other)		depreciation	(a) Dook value
1a	Land					
b	Buildings					
c	Leasehold improvements	600)		574	26
d	Equipment	10,000			10,000	
e	OtherSTMD1E	1,250			1,084	166
_	I. Add lines 1a through 1e. (Column (d) must equa					192
. 5.0			(=), 10(0)./			

Investments - Other Securities

Part VII

	Complete if the organization answe	red "Yes" to Form 990, Pa	art IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial de	erivatives			
(2) Closely-held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answe	red "Yes" to Form 990, Pa	art IV, line 11c. See Form 990, Part I	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	,
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answe	red "Yes" to Form 990. Pa	art IV. line 11d. See Form 990. Part	X. line 15.
-		Description		b) Book value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X	Other Liabilities. Complete if the organization answelline 25.		art IV, line 11e or 11f. See Form 990	, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statements With Revenue per	itetuiii.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	_
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, lines 1b and 2b and 2b; Part V, lines 1b and 2b and	ino	_
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	II IC	
2,10	sit XI, lines 20 and 45, and 1 art XII, lines 20 and 45. Also complete this part to provide any additional information.		
			_

EEA Schedule D (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection

KEYS for the Homeless Foundation Inc

Employer identification number

20-1947389

Pai	rt I Types of Property			·				
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method	of dete	rminin	g
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash co	ntributio	on amo	ounts
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	x		264,588	Estimated	l FMV		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory				1			
20	Drugs and medical supplies				1			
21	Taxidermy				1			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • (
27	Other ()							
28	Other • ()							
29	Number of Forms 8283 received by	the organization o	luring the tax year for contributio	ns for				
	which the organization completed Fo	•	•		29			
			-				Yes	No
30a	During the year, did the organization	receive by contril	oution any property reported in F	Part I, lines 1-28 that				
	it must hold for at least three years fr							
	used for exempt purposes for the en					30a		Х
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc		at requires the review of any no	n-standard				
						31		
32a	Does the organization hire or use thi							
		•	•			32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an a	mount in column	(c) for a type of property for which	ch column (a) is checked,				
	describe in Part II.			· ·				

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received the information of contributions, the number of items received the information of contributions.					
	or a combination of both. Also complete this part for any additional information.				
01. Th	ird party arrangements (Part I, line 32b)				
A small p	ortion of donated items are sold by a thrift shop and the proceeds are split 50%				
to each o	rganization				

EEA Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KEYS for the Homeless Foundation Inc 20-1947389 01. Form 990 governing body review (Part VI, line 11) 990 drafts are provided to the governing body before submission to the IRS. 02. Governing documents, etc, available to public (Part VI, line 19) Available on organizations website

IRS e-file Signature Authorization for an Exempt Organization

		-	_	
or calendar year 2013.	or fiscal year beginning			. and ending

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

2013

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

20-1947389

KEYS for the Homeless Foundation Inc Name and title of officer

Valerie Johnson, Executive Director

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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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 \blacktriangleright \boxtimes b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		350,89
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
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)		
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
	<u></u>	

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 2013 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 acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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

Χ	I authorize	Abercrombie & Associates LL	to enter my PIN	47389	as my signature
		ERO firm name		Enter five numbers, but do not enter all zeros	
	being filed v	inization's tax year 2013 electronically filed return. If I have i with a state agency(ies) regulating charities as part of the IF er my PIN on the return's disclosure consent screen.			
	If I have ind	er of the organization, I will enter my PIN as my signature or dicated within this return that a copy of the return is being file	ed with a state ag	ency(ies) regulating ch	•

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 05-13-2014

Certification and Authentication Part III

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

520866 16770 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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.

Tim Abercrombie ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So