

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| • | For the | e 2009 calen | dar year, | or tax year beginning | 3 | , 20 | 09, and endir | ng | , | |
|------------------------------|---------------|---------------------------------------|-------------------------|---|--------------------|--------------------------|--------------------|---------------|----------------------------|---|
| | | applicable | | C | - | | | | D Employer Identifi | cation Number |
| | $\overline{}$ | lress change | Please use IRS label | HOMEFREE USA, | INC. | | | | 52-18851 | 32 |
| | □ Nan | ne change | or print or type | 3401A EAST-WE | | ΙΑΥ | | | E Telephone numbe | |
| | \vdash | al return | Sée specific | HYATTSVILLE, | MD 20782 | ! ! | | | (301) 89 | 1-8400 |
| | \vdash | mination | Instruc- tions. | | | | | | (33,37,32 | |
| | H | ended return | 40.151 | | | | | | G Gross receipts \$ | 11,975,199. |
| | \vdash | olication pending | F Name a | and address of principal offic | er | | | H(a) Is this | a group return for affilia | |
| | | incation pending | | AS C ABOVE | | | | | affiliates included? | Yes No |
| _ | Tav | exempt statu | | | ert no.) | 4947(a)(1) or | 527 | If 'No,' | attach a list (see instri | uctions) |
| <u>'</u> | | | | FREEUSA.ORG | eit no) [|] 4547 (a)(1) 01 | 327 | | | |
| ĸ | | | | | | ner ► | 1 Year of Carres | • | exemption number | |
| Pa | | of organization Summa | Corpora | ation Irust Ass | ociation Oth | ier = | L Year of Forma | tion | M State of leg | jai domicile |
| Га | | | | ganization's mission o | or most signif | icant activities | TO THEOD | M EDII | CATE AND DE | בסאסב בווייווסב |
| | | | | OMEOWNERS FOR | | | | | | |
| ည္ဆ | | SUCCESS. | | OMEOMNEYS LOU | COUNTY | PED TANKIGM | GE VEENO | <u>የውጥ ውጠ</u> | 7 TTLETONG 1 | CTNVACTVT |
| | _ | DOCCHOO. | | | | | - | | | |
| Šī | 2 (| Check this bo | x ► | if the organization dis | scontinued its | operations or d | lisposed of mo | ore than 2 | 5% of its assets | |
| (Q) | 3 1 | | | bers of the governing | | | | | 3 | 8 |
| | 4 1 | Number of in | dependen | it voting members of | the governing | j body (Part VI, | line 1b) | | 4 | 6 |
| | 5 | | | yees (Part V, line 2a | | | | | 5 | 53 |
| 西 | 6 | Total number | of volunt | eers (estimate if nec | essary) | | • | | 6 | 0 |
| 6 | /a | lotal gross u | nrelated t | ousiness revenue from | Part Wille | | 2 | | 7a | 0. |
| REVENYALED APPIECES BORPHOCE | DI | vet unrelated | business | taxable income from | Form 990 | 31ne 34 | 70 } | | 7b | 0. |
| 3 | | | | | - | | Ø. | | rior Year | Current Year |
| 9 | . 8 (| Contributions | and gran | its (Part VIII, line 1h) | ₩ NOV | 1 6 2010 | O Ø | 4 | ,507,147. | 11,136,715. |
| 3 | 9 1 | | | ue (Part VIII, line 2g) | | 7-1 | 02 | | 279,679. | 838,484. |
| & //2 |)10 l | | | art VIII, column (A), li | | | | | | |
| | | | | III, column (A), lines ! nes 8 through 11 (mu | | | 12) | <u> </u> | ,786,826. | 11,975,199. |
| \dashv | | | | ounts paid (Part IX, c | | |), line 12) | | 1, 100, 020. | 11,373,133. |
| | | | | members (Part IX, co | | | | | | |
| | | - | | nsation, employee be | | | noc 5 10) | | 959,338. | 1,981,181. |
| ş | | | • | | • | | 1165 3-10) | | 939,330. | 1,901,101. |
| Expenses | | | | ng fees (Part IX, colui | | | | | - | |
| 꿃 | | | | nses (Part IX, columr | • • • • | | 47,669. | | | |
| | | | | X, column (A), lines | | | | | 3,974,989. | 9,522,964. |
| | | · · | | nes 13-17 (must equa | | umn (A), line 25 | 5) | 4 | ,934,327. | 11,504,145. |
| _ | 19 F | Revenue less | s expense | s Subtract line 18 fro | om line 12 | | | | -147,501. | 471,054. |
| sets or alancos | | | | | | | | Begir | nning of Year | End of Year |
| Solo | 20 | Total assets | (Part X, Iı | ne 16). | | | | | ,437,473. | 1,858,048. |
| Net As | 21 | Total liabilitie | s (Part X | , line 26) | | | | 2 | 2,983,784. | 2,933,305. |
| | | Net assets or | r fund bala | ances Subtract line 2 | 21 from line 2 | 00 | | -1 | ,546,311. | -1,075,257. |
| Pa | rt II | Signat | ure Blog | ck | | | | | | |
| | | Under penaltie | s perun. | I declare that I have examin Declaration of preparer tot | ed this return inc | luding accompanying | schedules and sta | tements, and | to the best of my know | rledge and belief, it is |
| | | lide, context, | | JAHAM I | | bases of all fill of the | nion of which prep | aler has ally | W 2 / 10 | 7 |
| Sig | jn / | 1 11 | | ATTHUM. | UH- | APC | | | 11 12 10 | , |
| He | re 🖊 | Signature | of officer | | 4 | 11/1/ | | Da | ite / | |
| | | - | A | KAMA | T// | //// | | | | |
| | | Iype-orp | rint nable an | d title | | / // | | | · | |
| | | | | | 1 | V | Date | | (see | parer's identifying number instructions) |
| Pai | | Preparer's | _ (| | -11 | | 1,1 | ei 20 | mployed PX | |
| Pre | | signature | | In W | W | | 1'/9//0 | <u> </u> | N/ | Α |
| Us | rer's e | Firm's name (| or <u>ISA</u> | AC REITBERGER | , CPÀ | | | | | |
| On | | yours if self employed), | | YEATMAN COURT | | | | E | IN ► N/A | |
| | | employed), address, and ZIP + 4 | SIL | VER SPRING, M | D 20902 | | | Р | hone no ► (301 | |
| May | the IF | RS discuss th | nis return | with the preparer sho | own above? (s | see instructions) | | | | X Yes No |
| BA | A For | Privacy Act | and Pape | rwork Reduction Act | Notice, see t | he separate inst | ructions. | | TEEA0113L 12/29/0 | 9 Form 990 (2009) |





| Form | 990 (2 | 009) | HOM | EFREE | E USA, | INC. | | | | | | | | | | | 5 | 52-1 | 8851 | 32 | | Page 2 |
|------|-----------------------------|----------------------------|-----------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|---|------------------------------|--------------------------|--------------------|-------------------|----------------|-----------------|-----------------|-------------------|--------------------|-------------------|-------------------|--------------------|-------------------|-----------|
| Par | t III 👝 | Sta | teme | nt of F | rograr | n Serv | ice Ac | com | plish | ment | S | | | | | | | | | | | |
| 1 | TO I | NFO | RM, E | DUCA' | zation's r TE_AND ELONG | PREF | CIAL | SUCC | CESS | | | | | | | | | | NTEEI | | | GE |
| | , | | | | | | | | | | | | | | | | | | | | | |
| 2 | Did the | - | | | take any | significa | ant prog | ram se | | | g the HEDU | - | | were | not lis | sted o | n the p | prior | [X] | Yes | | No |
| | If 'Yes | ,' desc | cribe th | ese nev | w service | s on Scl | nedule (|) | | | | | | | | | | | _ | | | |
| 3 | | _ | | | conductions | | _ | nıficar | nt char | nges ir | n how | ıt con | ducts | , any | progra | am se | rvices | 7 | | Yes | X | No |
| 4 | Descrit and 50 expens | be the 1(c)(4 ses, a | exemp) organ nd reve | ot purpo nization nue, if | se achie s and se any, for e | vements ction 49 each pro | for eac 47(a)(1) gram se | h of th trusts ervice | ne orga are re reporte | nızatı equired ed. | on's th d to re | nree la port t | arges he an | t prog nount | ram s of gra | ervice ints ai | es by e nd allo | expeni ocation | ses Se ns to o | ection : thers, | 501(c) the tot | (3) al |
| 4a | BE E | RAM CONC | TO D | EVELO | enses \$ DP_WIT STRONG ELING | HIN A | LL PE SUCCE | OPLE SSFU | THE | E KN | OWLE WNER | DGE S Al | , _SF ND 1 | (ILL O P | S_AN ROVI | DE 1 | RACT FORE | ICES CLOS | THE | Y NE | | |
| | | | | | | . | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 4 b | (Code: | | | (Expe | nses \$_ | | | | :nclud: | ng gra | ants of | f \$_ | | | |) | (Revei | nue | \$ | | |) |
| | | | | | . – – – – | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 4c | (Code | | |) (Expe | nses \$_ | | | | | ng gra | ants of | f \$_ | | | | | (Rever | nue | \$ | | | |
| | | | | | . _ | | | | | | | | | | | | | | | | | |
| | Other p | | m servi | | escribe i | | ule O.) | grants | of | \$ | | | | - | Rever | nue é | | | | |) | |
| | | | | | enses ► | | 11, | | | - | | | | | , ICACI | ,ac 4 | <u> </u> | | | | / | |
| 46 | rotar p | ogra | II SCI VI | cc exp | <u> </u> | | | <u>~ ~ ' </u> | | | | | | | | | | | | | | |

| | | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | Х | |
| • | • Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI | · · · , | 3,3 .1 2- 1,6 | |
| • | 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 | 15. | | では |
| • | 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 | , c3 | | |
| | 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 | | 12 P | |
| • | • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | | 25.4 | 歌河 |
| | 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? If'Yes,' complete Schedule D, Part X | s eds | , , , | 八八八 |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | | Х |
| 12/ | A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X | ٠, ٠ | | i i |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| ŧ | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. | 17 | | <u>x</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | <u> </u> |
| | 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 |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | <u> </u> |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|------|--|------|----------|-------|
| | | 1 | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | X | |
| 24 a | a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ↓ | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| t | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | 1 1 1 |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | \vdash | Х |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35 | | Х |
| 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 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BAA | | Form | 990 (2 | 2009) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|-------------------------|--|--|----------|----------|---|
| | | | | Yes | No |
| 1 a Ente | er the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. rmation Returns. Enter -0- if not applicable | 1a 70 | | | |
| | er the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| c Did | the organization comply with backup withholding rules for reportable payments to vendonbling) winnings to prize winners? | ors and reportable gaming | 1c | X | |
| 2a Enter | the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the dar year ending with or within the year covered by this return | 2a 53 | 7 | 1, | 17 . |
| | least one is reported on line 2a, did the organization file all required federal employme | | 2b | X | اسسما |
| | e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re | | | + · | ا د د د د د د د د د د د د د د د د د د د |
| 3a Did | the organization have unrelated business gross income of \$1,000 or more during the ye return? | | 3a | Art. 112 | Х |
| b If 'Y | es' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C |) | 3b | | |
| 4a At a finar | ny time during the calendar year, did the organization have an interest in, or a signature ocial account in a foreign country (such as a bank account, securities account, or other | e or other authority over, a financial account)? | 4a | | Х |
| | es,' enter the name of the foreign country | ŕ | | | , i |
| See Fina | the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of α | f Foreign Bank and | | | |
| 5 a Was | the organization a party to a prohibited tax shelter transaction at any time during the tax | ax year? | 5 a | | X |
| b Did | any taxable party notify the organization that it was or is a party to a prohibited tax shel | ter transaction? | 5 b | | X |
| c If 'Ye Tax | es,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Shelter Transaction? | ntity Regarding Prohibited | 5 c | | |
| 6a Does | s the organization have annual gross receipts that are normally greater than \$100,000, and contributions that were not tax deductible? | and did the organization | 6a | | Х |
| | es,' did the organization include with every solicitation an express statement that such cuclible? $. \\$ | contributions or gifts were not | 6Ь | | |
| 7 Orga | anizations that may receive deductible contributions under section 170(c). | | 10,40 | , | |
| a Did 1 prov | he organization receive a payment in excess of \$75 made partly as a contribution and pided to the payor? | partly for goods and services | 7a | - , - | X |
| b If 'Ye | es,' did the organization notify the donor of the value of the goods or services provided? | , | 7 b | | |
| | he organization sell, exchange, or otherwise dispose of tangible personal property for w n 8282? | which it was required to file | 7 c | | Х |
| | es,' indicate the number of Forms 8282 filed during the year | 7d | | _,_ , | , r = 17 1 |
| bene | he organization, during the year, receive any funds, directly or indirectly, to pay premiu fit contract? | • | 7 e | | X |
| | he organization, during the year, pay premiums, directly or indirectly, on a personal bei | ľ | 7f | | <u> X</u> |
| 3 | all contributions of qualified intellectual property, did the organization file Form 8899 as | ' | 7g | | |
| | contributions of cars, boats, airplanes, and other vehicles, did the organization file a For | | 7h | | |
| supp | nsoring organizations maintaining donor advised funds and section 509(a)(3) supportion organization, or a donor advised fund maintained by a sponsoring organization, lings at any time during the year? | nave excess business | 8 | <u>.</u> | ر ب أهروناسيس |
| 9 Spor | nsoring organizations maintaining donor advised funds. | ĺ | 41 **** | | |
| a Did t | he organization make any taxable distributions under section 4966? | | 9a | | |
| b Did t | he organization make any distribution to a donor, donor advisor, or related person? | | 9ь | | |
| | ion 501(c)(7) organizations. Enter: | | <i>'</i> | , | |
| | ition fees and capital contributions included on Part VIII, line 12 | 10a | | | 5 (6,74) |
| | s Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | , | | |
| | ion 501(c)(12) organizations. Enter | ا | | | , ' (, ; |
| | s income from other members or shareholders | 11a | | , | |
| amo | s income from other sources (Do not net amounts due or paid to other sources against unts due or received from them) ion 4947(aX1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or | 11b | 123 | · | : ا |
| | ion 4947(axi) non-exempt charitable trusts. Is the organization filing Form 990 in fled to es,' enter the amount of tax-exempt interest received or accrued during the year | 12b | 12a | | |
| | 55, enter the amount of tax-exempt interest received of accided during the year | 1 1-21 | 7* | | |

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.

| Sec | ction A. Governing Body and Management | | | |
|------|--|--------------------|-----------|-------------|
| | | | Yes | No |
| 1 a | a Enter the number of voting members of the governing body . 1a | 8 2000 | 1 | 350.00 |
| ı | b Enter the number of voting members that are independent 1b | 6 | ر پوونه ا | 94.30 PM |
| 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? SEE SCHEDULE O | r . <u>2</u> | X | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervis of officers, directors or trustees, or key employees to a management company or other person? | ion 3 | | х |
| 4 | Did the organization make any significant changes to its organizational documents | 4 | | Х |
| | since the prior Form 990 was filed? | | | Γ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | <u> </u> | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7 a | a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | <u>x</u> |
| t | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7 b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following: | у , | , | |
| â | a The governing body? | 8a | X | |
| t | b Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director or 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 | ction B. Policies (This Section B requests information about policies not required by the Inter | nal | | |
| Reve | enue Code) | | | , |
| | | | Yes | No |
| | a Does the organization have local chapters, branches, or affiliates? | 10 a | | X |
| t | b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with those of the organization? | s, . <u>10b</u> | _ | |
| | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | <u> </u> |
| | A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE | · — | | |
| | a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | ļ | X |
| | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| C | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does 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 independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | t | | , , |
| | a The organization's CEO, Executive Director, or top management official | 15 a | | X |
| b | b Other officers of key employees of the organization | 15 b | | <u>X</u> |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) | | | , ,, |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal entity during the year? | able 16a | х | |
| ŧ | b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exert status with respect to such arrangements? | tion pt 16b | | Χ, |
| Sec | ction C. Disclosures | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only inspection. Indicate how you make these available. Check all that apply | /) avaılab | le for p | oublic |
| | Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest statements available to the public SEE SCHEDULE O | policy, ar | nd fina | incial |
| | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- 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 the organization did not compensate any current officer, director, or trustee. | | | | | | | | | | | |
|--|---------------|--------------------------------|--|---------|--------------|------------------------------|----------|---|--|------------------------------|--|
| (A) | (B) | | | | c) | | | (D) | (E) | (F) | |
| Name and Title | Average hours | - | _ | _ | | that app | | Reportable compensation from | Reportable compensation from | Estimated amount of other | |
| | per week | individual trustee or director | nstit | Officer | Key employee | High, | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the | |
| | | ecto | l in | 띡 | amp! | est co | er | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | organization and related | |
| | | าใกมร | lal tr | | oyee | ompe | | | ļ | organizations | |
| | ļ | tee | Institutional trustee | | | Highest compensated employee | | | | | |
| | | | | | | ed | <u> </u> | | | | |
| KATHY CUMMINGS | 1 | ١., | | | | İ | l | | | • | |
| DIRECTOR CIPES | 10 | X | | | | | | 0. | 0. | 0. | |
| LORI JONES GIBBS CHAIRMAN | 10 | Х | | | | | | 0. | 0. | 0 | |
| SCOTT REED | 10 | _^ | \vdash | | | | | 0. | 0.1 | 0. | |
| CHAIRMAN | 10 | X | | | | | | 0. | 0. | 0. | |
| GWENDOLYN THOMAS | | | | | \vdash | | | 0. | <u> </u> | <u> </u> | |
| TREASURER | 10 | Х | | | İ | | | 0. | 0. | 0. | |
| PAUL WYLIE | | | | | | | | | | | |
| DIRECTOR | 10 | Х | | | | | | 0. | 0. | 0. | |
| MARCIA J. GRIFFIN | | | | | | | | | | | |
| PRESIDENT | 50 | | | X | | | | 147,317. | 0. | 7,366. | |
| EARLENE M. FIELDS | | | | | | | | | | | |
| SECRETARY | 40 | | | Х | | | | 58,260. | 0. | 2,913. | |
| JAMES GRIFFIN | | | | | | | | | | | |
| CEO | 40 | | | X | | | | 0. | 109,543. | 5,477. | |
| | | | | | | | | | | | |
| | | | - | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | \vdash | | | | | | | · | |
| | | | | ŀ | | | | | | | |
| | | | | | - | | | | - | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trus | tees, Ł | (ey | En | ıplo | oye | es, | an | d Highest Cor | npensated Emp | oloyee | s (cc | ont) |
|---|------------------------|----------------|-----------------------|-------------|----------|------------------------------|-------------|-------------------------------------|--|--|-----------------------|-------------|
| (A) | (B) | | | | c) | | | (D) | (E) | | (F) | |
| Name and Title | Average hours | | | - | | | | compensation from | Reportable compensation from | | Estimate ount of c | |
| • | per week | ndivi | Institutional trustee | Officer | ey e | Highest compensated employee | orm T | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | l co | mpensat | ion |
| | | ector ector | ğ | " | employee | est co | 먹 | | | 1 8 | ganızatı ınd relat | ed |
| | | trust | 함 | | yee | mg | | | | or | ganızatı | กร |
| | | _ e | stee | | | nsat | | | | | | |
| | | | İ | | | ă. | | | | | | |
| | | | | | | | | | | | | |
| | | | | _ | <u> </u> | | | | | <u> </u> | | |
| | | | | | | | | | | 1 | | |
| | | | | | - | | | <u> </u> | | 1 | | |
| | | | | | | | | | | | | |
| | | | | | | | | - | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | ' | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | <u> </u> | | |
| | | ĺ | | | | | ł | | | | | |
| | | | \dashv | | | _ | \dashv | | | | | |
| | | | | | | ŀ | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | - | i | Ì | | | | | | |
| | | | | | _ | _ | | | | | | |
| | | l | | | | | | | | | | |
| | | + | | | | | | | | | | |
| | | | | | - 1 | ŀ | - | | | | | |
| | | Ī | | | Ī | | | | | | | |
| | | | | | | | | | | | _ | |
| 1 b Total | | | | | | | > | 205,577. | 109,543. | | 15, | |
| 2 Total number of individuals (including but not limited from the organization. | to thos | se lis | sted | abo | ve) | who | rec | ceived more than | \$100,000 in reporta | able co | mpens | ation |
| from the organization 1 | | | | | | | | | | | Yes | No |
| • | | | | | | | | | | | 162 | ٠٠, |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in | or truste Idividual | ee, k I | ey (| emp | loye | e, c | or hiç | gnest compensate | ed employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the | ortable | con | nper | nsati | ion i | and | othe | er compensation t | rom | | | |
| the organization and related organizations greater the individual | ian \$150 | 0,00 | ו ייט | t Ye | es' c | :om | olete | e Schedule J for s | uch | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue co | mnens | atıor | fro | m a | nv i | ınre | lated | d organization for | SADVICAS | | · | |
| rendered to the organization? If 'Yes,' complete Sch | edule J | for : | sucl | n pe | rsor | 7 | - C | | | 5 | X | |
| Section B. Independent Contractors | ماليمالي | | | | L | | 41 4 | | £100,000 - (| | | |
| Complete this table for your five highest compensate compensation from the organization | ea inaep | епа | ent | соп | trac | tors | tnat | received more tr | an \$100,000 of | | | |
| (A) | | | | | | | | (B) | | (| C) | |
| Name and business address | | | | | | | | Description o | f Services | Compe | nsatio | |
| MABUHAY ALLIANCE 9630 BLACK MOUNTAIN RD SAN D | IEGO, | CA | 921 | 26 | | | ∤- | ***** | | 1 | 20,8 | 350. |
| | | | | | | | \dashv | | | | | |
| | | | | | | | \dashv | | - | | | |
| | | | | | | | \dashv | | | | | |
| | | | | | | | \dashv | | | | | |
| 2 Total number of independent contractors (including l | out not I | limite | ed t | o the | ose | liste | ed al | bove) who receive | ed more than | | | , ; |
| \$100,000 in compensation from the organization > | 1 | | | | | | | |] | | | • |

| Pa | rt VIII Statement of Revenue | | · · · · · · · · · · · · · · · · · · · | | |
|--|---|--|--|---|---|
| 1 | · · · · · · · · · · · · · · · · · · · | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| IS, GRANTS AMOUNTS | 1 a Federated campaigns1 ab Membership dues1 b50,359c Fundraising events1 c |) | , असीरे के प्रकृति रही है है | A SHIP SHIP | , (), |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 1,214,666 | | -75, -42, | | |
| CONTRIB AND OT | g Noncash contributes included in Ins 1a-1f h Total. Add lines 1a-1f | 11,136,715. | | | |
| 필 | Business Code | | | | |
| N. | 2a HOUSING COUNSELING | 801,427. | 801,427. | | |
| ឨ | | | | | |
| PROGRAM SERVICE REVENUE | b PROJECT REBOUND | 37,057. | 37,057. | | |
| ξ | c | | | | <u> </u> |
| Ē | d | | | | |
| S | | | | | |
| Æ | e | | | | |
| 90 | f All other program service revenue | | <u> </u> | | |
| PR | g Total. Add lines 2a-2f | ► 838,484. | | , | |
| | Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds | > | | | |
| ì | 5 Royalties | <u> </u> | | | |
| | (i) Real (ii) Personal | | | | , , ; |
| | 6a Gross Rents | 7 | | | |
| | | - ` ; | | , | |
| | b Less rental expenses | <u> </u> | , , | | - , 1 |
| | c Rental income or (loss) | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1 | , , | |
| | d Net rental income or (loss) | > | | | |
| | · | | | | |
| | 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other | | | | , , |
| | b Less cost or other basis and sales expenses | | - ` ' | - | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | <u> </u> | | | |
| ENUE | 8a Gross income from fundraising events (not including \$ | | , | | |
| OTHER REVEN | • | , | | | |
| 2 | See Part IV, line 18 | - | | , | |
| Εl | b Less. direct expenses b | . 4 | _ * * . | | |
| ٥ | c Net income or (loss) from fundraising events | ▶ | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | b Less: direct expenses b | | ., | | |
| | c Net income or (loss) from gaming activities | ▶ | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold. | | | | 4 |
| | • | | - ' | | |
| | c Net income or (loss) from sales of inventory | - | | | |
| ļ | Miscellaneous Revenue Business Code | | | | |
| | 11 a | | | | |
| | b | | | | |
| | | | | | |
| | ` | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | - | | | |
| | 12 Total revenue. See instructions | ► 11,975,199. | 838,484. | 0. | 0. |
| | | | | | |

2009) HOMEFREE USA, INC.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| All other organizations must | complete column (A) but are not re | equired to complete columns | s (B), (C), and (D). |
|------------------------------|------------------------------------|-----------------------------|----------------------|
| | | | |

| Do i | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|------|---|-----------------------|------------------------------|--|--|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | Same of the second seco | MET WE WIND |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | 100 21 3 | the second secon |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | The second secon | and the second s |
| 4 | Benefits paid to or for members | | | · | - 11 C3 34 11 7 |
| 5 | Compensation of current officers, directors, trustees, and key employees | 205,577. | 29,463. | 139,284. | 36,830. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 1,562,712. | 1,505,415. | 57,297. | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 44,568. | _32,897. | 9,829. | 1,842. |
| 10 | Payroll taxes | 168,324. | 150,469. | 15,038. | 2,817. |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | · · · · · · · · · · · · · · · · · | |
| d | Lobbying | _ | | | |
| е | Prof fundraising svcs See Part IV, In 17 | | | | |
| f | Investment management fees | | | <u></u> | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 144,835. | 126,115. | 18,720. | |
| 14 | Information technology | 184,001. | 184,001. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 277,452. | 258,910. | 12,362. | 6,180. |
| 17 | Travel | 88,520. | 88,520. | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings. | 191,520. | 191,520. | | |
| 20 | Interest | 122,590. | 122,590. | <u>.</u> | - / |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 40,394. | 38,374. | 2,020. | |
| | Insurance | 44,135. | 36,213. | 7,922. | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed | , | , | | |
| | 5% of total expenses shown on line 25 | | | , , | 4. 4. 4. 4. 4. 4. |
| _ | below) SUBGRANTS | 5,478,453. | 5,478,453. | | |
| | PROFESSIONAL FEES | 1,091,181. | 1,050,067. | 41,114. | |
| | CONSULTING | 785,859. | 785,859. | 31,111. | |
| | NFMC PROGRAM SUPPORT | 552,033. | 552,033. | | |
| | MARKETING AND ADVERTISING | 273,146. | 273,146. | - | |
| | All other expenses | 248,845. | 223,061. | 25,784. | |
| | Total functional expenses Add lines 1 through 24f | 11,504,145. | 11,127,106. | 329,370. | 47,669. |
| | Joint costs. Check here ► If following | | 11,12,,100. | 323,31,01 | 17,005. |
| | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | | | Form 990 (2009) |

| Pa | art X | Balance Sheet | | | | | |
|-----------------------|-------|---|---------------------|---|---|---|---------------------------------------|
| | | , | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 16,896. | 1 | 813,958. |
| | `2 | Savings and temporary cash investments. | | | | 2 | |
| | 3 | Pledges and grants receivable, net . | | | | 3 | _ |
| | 4 | Accounts receivable, net | | | 1,046,764. | 4 | 88,143. |
| | 5 | Receivables from current and former officers, director and highest compensated employees. Complete Part | rs, trus II of S | stees, key employees, Schedule L | 9,970. | _ 5 | |
| | 6 | Receivables from other disqualified persons (as defin | ed un | der section 4958(f)(1)) | | 1. 1. | |
| | | and persons described in section 4958(c)(3)(B). Com | plete f | Part II of Schedule L | | 6 | |
| Š | 7 | Notes and loans receivable, net | | | 1,059. | 7 | |
| A S S E T | 8 | Inventories for sale or use | | | | 8 | |
| T S | 9 | Prepaid expenses and deferred charges | | | _ | 9 | |
| | 10 a | Land, buildings, and equipment cost or other basis | 10a | 490,814. | | | : |
| | | Complete Part VI of Schedule D | | | , | | ٠. |
| | l t | Less, accumulated depreciation. | 10Ь | 375,343. | 131,944. | | 115,471. |
| | 11 | Investments — publicly-traded securities . | • | , <u>, , , , , , , , , , , , , , , , , , </u> | • | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | | 5,000. | 12 | 5,000. |
| | 13 | Investments – program-related. See Part IV, line 11. | | , | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | ľ | 225,840. | 15 | 835,476. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | İ | 1,437,473. | 16 | 1,858,048. | |
| | 17 | Accounts payable and accrued expenses | | 970,115. | 17 | 1,010,347. | |
| | 18 | Grants payable . | | | 18 | , | |
| | 19 | Deferred revenue | | . | | 19 | |
| Ļ | 20 | Tax-exempt bond liabilities | | · | | 20 | |
| Å | 21 | Escrow or custodial account liability. Complete Part I | V of S | Schedule D | | 21 | |
| ABILIT | 22 | Payables to current and former officers, directors, trushighest compensated employees, and disqualified per | | , , , , , , , , , , , , , , , , , , , | , | | 7 |
| - 1 | | of Schedule L | | | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated th | urd pa | rties | 2,008,961. | 23 | 1,920,265. |
| | 24 | | | | · · · · · · · · · · · · · · · · · · · | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | • | | 4,708. | 25 | 2,693. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,983,784. | 26 | 2,933,305. |
| И | | | X ar | nd complete lines | , | | 1,11,1 |
| Ĕ | | 27 through 29 and lines 33 and 34. | ш | · | - | 1 | , , |
| Ş | 27 | Unrestricted net assets | | | -1,671,311. | 27 | -1,466,748. |
| Ē | 28 | Temporarily restricted net assets | | | 125,000. | 28 | 391,491. |
| ĐĘ₹S | 29 | Permanently restricted net assets | | | · · · · · · · · · · · · · · · · · · · | 29 | · · · · · · · · · · · · · · · · · · · |
| Q R | | Organizations that do not follow SFAS 117, check he | re 🟲 | and complete | , | | |
| 1 | | lines 30 through 34. | | · | | i , | |
| עבכיו | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equip | fund | | 31 | | |
| Ě | 32 | Retained earnings, endowment, accumulated income, | | | - | 32 | |
| の可つるシーク印 | 33 | Total net assets or fund balances. | | | -1,546,311. | 33 | -1,075,257. |
| Š | 34 | Total liabilities and net assets/fund balances | | | 1,437,473. | 34 | 1,858,048. |

Form **990** (2009)

| Thiancial Statements and Reporting | | | |
|---|-----------|--|-------|
| | | Yes | No |
| 1 Accounting method used to prepare the Form 990 \square Cash \square Accrual \square Other | | , | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | , - | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | , | X |
| b Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2 c | Х | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 連 |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | , ,,,, | | |
| Separate basis X Consolidated basis Both consolidated and separate basis | | 12. At 1 | 14,25 |
| 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Х | |
| | | | |

Form 990 (2009)

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.

2009

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number HOMEFREE USA. INC 52-1885132 Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II **b** | c | Type III - Functionally integrated Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g (i) a family member of a person described in (i) above? 11g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (ii) EIN (iii) Type of organization (described on lines 1-9 (vi) Is the organization in col (vii) Amount of Support above or IRC section (i) organized in the (see instructions)) governing document? your support? No Yes Yes No Yes Nο Total

| Pa | rt II Support Schedule for | - | | | (b)(1)(A)(iv) ar | nd 170(b)(1)(A |)(vi) |
|------|---|--|---|-----------------------------------|-------------------------|--|-------------------|
| Sec | (Complete only if you check ction A. Public Support | ted the box on lin | e 5, 7, or 8 of Pa | rt I) | | | |
| Cale | endar year (or fiscal year | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 | Total. Add lines 1-through 3 | | | | | | |
| 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) | | | | | A STATE OF THE STA | |
| 6 | Public support. Subtract line 5 from line 4 | | 7 | 73 | | | |
| Sec | tion B. Total Support | | | | 3,7 | 1 | 1 |
| Cale | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | , , | 3 ² 3 3 | , , , | , _ ; , | | |
| 12 | Gross receipts from related activ | ities, etc (see ins | structions) | | | 12 | |
| 13 | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, c | or fifth tax year as | a section 501(c) | (3) |
| Sec | tion C. Computation of Pub | olic Support P | ercentage | | | | |
| | Public support percentage for 20 | | · · | e 11, column (f) | | 14 | % |
| | Public support percentage from 2 | · | • | | | . 15 | % |
| 16 a | 33-1/3 support test – 2009. If the and stop here. The organization | e organization did qualifies as a pub | not check the bo plicly supported or | x on line 13, and ganization | the line 14 is 33- | 1/3 % or more, cl | heck this box |
| b | 33-1/3 support test — 2008. If the and stop here. The organization | e organization did qualifies as a pub | not check a box of olicly supported or | on line 13, or 16a, ganization | , and line 15 is 33 | 3-1/3% or more, c | heck this box |
| 17 a | 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts | meets the 'facts-a | ınd-cırcumstances | s' test, check this l | box and stop her | e. Explain in Part | IV how |
| b | 10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and | neets the 'facts-a | ınd-cırcumstances | s' test, check this l | box and stop here | e. Explain in Part | IV how the |
| 18 | Private foundation. If the organiz | | | | | | |
| BAA | | | | | Sch | nedule A (Form 99 | 0 or 990-EZ) 2009 |

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

| Sec | tion A. Public Support | | | | | ··· ···· · | · · · · · · · · · · · · · · · · · · · |
|--|---|--|--|---|---|--|---|
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | | (a) 2003 | (b) 2000 | (0) 2007 | (u) 2008 | (6) 2003 | (i) rotal |
| • | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | 1,839,126. | 1,785,258. | 1,811,367. | 4,507,147. | 11136715. | 21,079,613. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | 338,229. | 274,000. | | | | 612,229. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | , | | | | 0. |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 2,177,355. | 2,059,258. | 1,811,367. | 4,507,147. | 11136715. | 21,691,842. |
| | Amounts included on lines 1, 2, 3 received from disqualified | 0. | 0. | 0. | 0. | 0. | 0. |
| b | persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | 23,226. | 0. | 0. | 0. | 0. | 23,226. |
| _ | Add lines 7a and 7b | 23,226. | 0. | 0. | 0. | 0. | 23,226. |
| _ | Public support (Subtract line | 23,220. | <u> </u> | · · | , , | | 23,220. |
| 0 | 7c from line 6) | 1 3 | | | Ţ | | 21,668,616. |
| Sec | tion B. Total Support | <u> </u> | | | | | 22,000,0201 |
| | | | | | | | |
| | | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| Cale | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total 21, 691, 842 |
| Cale | | 2,177,355. | (b) 2006 2,059,258. | (c) 2007 1,811,367. | (d) 2008 4, 507, 147. | (e) 2009 11136715. | 21,691,842. |
| Cale 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form | 2,177,355. 91. | 2,059,258. | 1,811,367. | 4,507,147. | 11136715. | 21,691,842. 91. |
| Cale 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses | 2,177,355. | | | | | 21,691,842. 91. |
| Caler 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 2,177,355. 91. | 2,059,258. | 1,811,367. | 4,507,147. | 11136715. | 21,691,842. 91. |
| Caler 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is | 2,177,355. 91. | 2,059,258. | 1,811,367. | 4,507,147. | 11136715. | 91. 0. 91. |
| Caler 9 10 a b c 11 12 13 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) | 91. | 0. | 0. | 0. | 0. | 21,691,842. 91. 0. 91. 0. 21,691,933. |
| Caler 9 10 a b c 11 12 13 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 91. | 0. | 0. | 0. | 0. | 21,691,842. 91. 0. 91. 0. 21,691,933. |
| Caler 9 10 a b c 11 12 13 14 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) | 91. 91. s for the organizatop here | 0. | 0. | 0. | 0. | 21,691,842. 91. 0. 91. 0. 21,691,933. |
| Caler 9 10 a b c 11 12 13 14 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | 91. 91. s for the organization here | 0. o. ation's first, secon | 0. | 0. 0. | 0. | 21,691,842. 91. 0. 91. 0. 21,691,933. |
| Caler 9 10 a b c 11 12 13 14 Sec 15 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul | 91. 91. s for the organization here blic Support P | 0. ation's first, seconercentage (f) divided by lin | 0. | 0. 0. | 0. s a section 501(c) | 21,691,842. 91. 0. 91. 0. 21,691,933. (3) ► □ |
| Caler 9 10 a b c 11 12 13 14 Sec 15 16 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of 20 | 91. s for the organization here blic Support P 09 (line 8, column 2008 Schedule A, | 0. ation's first, seconercentage of divided by line Part III, line 15 | 0. nd, third, fourth, one 13, column (f)) | 0. 0. | 0. 0. s a section 501(c) | 21,691,842. 91. 0. 91. 0. 21,691,933. (3) ► □ |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 1 | 91. 91. 91. 91. 91. 91. 91. 91. | 0. otion's first, seconercentage (f) divided by line Part III, line 15 ne Percentage | 0. 0. 1,811,367. | 0. | 0. 0. s a section 501(c) | 21,691,842. 91. 0. 91. 0. 21,691,933. (3) ► □ |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from tion D. Computation of Invition D. Computation of Invition 1. | 91. 91. 91. s for the organization here blic Support Proposition (line 8, column 2008 Schedule A, restment Incorror 2009 (line 10c, | 0. otion's first, secondercentage of divided by line Part III, line 15 ne Percentage column (f) divided | 0. 0. third, fourth, one 13, column (f)) | 0. | 0 . 0 . 115 16 | 21,691,842. 91. 0. 91. 0. 21,691,933. (3) ► □ 99.9% 99.6% |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlines support percentage from the support income percentage from 1. Investment income percentage from 1. Investment income percentage from 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, | 91. 91. 91. 91. 91. 91. 91. 91. | 0. 0. ation's first, seconercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on | 0. 0. 1,811,367. 0. d, third, fourth, one 13, column (f)) d by line 13, column 17 | 0. O. mn (f)) | 0. 0. 11136715. 15 16 17 18 %, and line 17 is no | 91. 0. 91. 0. 21,691,933. (3) 99.9% 99.6% 0.0% 0.0% |
| Calei 9 10 a b c 11 12 13 14 Sec 17 18 19 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from thouse the income percentage from the sale of support support percentage from the support percentage from the support percentage from the support tests — 2009. If the comore than 33-1/3%, check this bis 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this bis not more than 33-1/3%, check | 91. 91. 91. 91. 91. 91. 91. 91. | o. 0. 0. ercentage (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line check the box on I The organization d not check a box p here. The organ | 0. 0. 0. d, third, fourth, one 13, column (f)) d by line 13, column (f) and third, fourth, one 14, and line 15, column (f) con line 14 or 19, ization qualifies a | or fifth tax year as more than 33-1/3 iblicly supported ca, and line 16 is not a publicly support | 0. 0. 11136715. 0. 15 16 17 18 %, and line 17 is no organization more than 33-1/3% orted organization. | 91. 0. 91. 0. 21,691,933. 3) 99.9% 99.6% 0.0% 0.0% 1t x and line 18 |
| Calei 9 10 a b c 11 12 13 14 Sec 17 18 19 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlivisher income percentage from the support tests — 2009. If the comore than 33-1/3 support tests — 2009. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3%, check this box 33-1/3 support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. If the comore than 33-1/3% support tests — 2008. | 91. 91. 91. 91. 91. 91. 91. 91. | o. 0. 0. ercentage (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line check the box on I The organization d not check a box p here. The organ | 0. 0. 0. d, third, fourth, one 13, column (f)) d by line 13, column (f) and third, fourth, one 14, and line 15, column (f) con line 14 or 19, ization qualifies a | or fifth tax year as more than 33-1/3 iblicly supported ca, and line 16 is not a publicly support | 0. 0. 11136715. 0. 15 16 17 18 %, and line 17 is no organization more than 33-1/3% orted organization. | 21,691,842. 91. 0. 91. 0. 21,691,933. (3) ▶ □ 99.9% 99.6% 0.0% 0.0% t p, and line 18 |

| Schedule / | A (Form 99 | 0 or 990 |)-EZ) 2 | 2009 | HOME | EFREE | USA, | INC. | | | | 52 | 2-1885 | 132 | Page 4 |
|------------|------------|------------|---------|------|-----------|--------------------|---------|--------|------------|--------|-----------------------------|-----------|---------|-------------|-------------|
| Part IV | Suppler | nenta | l Info | rmat | ion. C | omple [.] | te this | part t | o provid | e the | explanation r additional | s require | d by Pa | art II, lır | ne 10; |
| | Part II, | line 17 | a or | 17b; | and P | art III, | line 1 | 2. Pro | vide any | / othe | r additional | ınformat | ion. Se | e instru | ctions. |
| | • | | | | | | | | | | | | | | _ |
| | | . – – – | | | | | | | | | | | | | |
| , | | | | | | | | | | | | | | | |
| | | | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | . – – – | | | | | | | | | | - |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | - - | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | · - |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | . – – – - | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | . – – – - | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | . _ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | . | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

| HON | MEFREE USA, INC. | | 50 1005100 | |
|----------|--|---|---|--------|
| <u> </u> | 1110 | 41: 15 1 01 0 11 5 | 52-1885132 | |
| Pai | the organizations Maintaining Donoi the organization answered 'Yes' to | Advised Funds or Other Similar Funds of Form 990, Part IV, line 6. | or Accounts Complete if | |
| | | (a) Donor advised funds | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | _ |
| 4 | Aggregate value at end of year . | | | |
| 5 | Did the organization inform all donors and dor funds are the organization's property, subject | or advisors in writing that the assets held in donor to the organization's exclusive legal control? | advised Yes No | |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for purpose conferring impermissible private bene | rs, and donor advisors in writing that grant funds m he benefit of the donor or donor advisor or for any fit?? | ay be other Yes No | |
| Par | t II Conservation Easements Comple | te if the organization answered 'Yes' to F | orm 990, Part IV, line 7. | _ |
| 1 | Purpose(s) of conservation easements held by | the organization (check all that apply). | | |
| | Preservation of land for public use (e.g , re | ecreation or pleasure) Preservation of an | historically important land area | |
| | Protection of natural habitat | Preservation of ce | rtified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | on held a qualified conservation contribution in the | form of a conservation easement on the | ∍ — |
| | | | Held at the End of the Year | _ |
| a | Total number of conservation easements | | 2a | |
| | Total acreage restricted by conservation easer | | 2b | |
| | : Number of conservation easements on a certif | · · · · · · · · · · · · · · · · · · · | 2c | _ |
| | Number of conservation easements included in | - | 2d | _ |
| 3 | Number of conservation easements modified, | transferred, released, extinguished, or terminated b | y the organization during the tax | |
| | year ► | | | |
| 4 | Number of states where property subject to co | nservation easement is located > | | |
| 5 | Does the organization have a written policy regard enforcement of the conservation easement | garding the periodic monitoring, inspection, handlin tit holds? | g of violations, Yes No | |
| 6 | during the year ► | g, inspecting, and enforcing conservation easemen | uts | |
| 7 | Amount of expenses incurred in monitoring, in during the year ► | specting, and enforcing conservation easements | \$ | |
| 8 | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | line 2(d) above satisfy the requirements of section | Yes No | |
| 9 | include, if applicable, the text of the footnote t | conservation easements in its revenue and expense sto the organization's financial statements that descr | atement, and balance sheet, and ibes the organization's accounting for | |
| | conservation easements | | | _ |
| Par | Complete if the organization answ | ctions of Art, Historical Treasures, or Othvered 'Yes' to Form 990, Part IV, line 8. | ner Similar Assets | _ |
| 1 a | If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme | SFAS 116, not to report in its revenue statement a cexhibition, education, or research in furtherance into that describes these items | and balance sheet works of art, historica of public service, provide, in Part XIV, | al |
| b | treasures, or other similar assets held for publi amounts relating to these items | SFAS 116, to report in its revenue statement and lic exhibition, education, or research in furtherance | balance sheet works of art, historical of public service, provide the following | |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | ► \$ | _ |
| | (ii) Assets included in Form 990, Part X | | * \$ | _ |
| 2 | If the organization received or held works of a amounts required to be reported under SFAS | t, historical treasures, or other similar assets for fir 116 relating to these items | nancial gain, provide the following | |
| а | Revenues included in Form 990, Part VIII, line | 1 | > \$ | |

b Assets included in Form 990, Part X

►\$

| • | | | | | | |
|--|---------------------------|--|--------------------------|--------------------------|---------------|--------------------------------|
| Schedule D (Form 990) 2009 HOMEF | | | | 52-188 | | Page |
| Part III Organizations Maintai | | | | | | |
| 3 Using the organization's acquisition items (check all that apply) | on accession and otl | her records, check a | ny of the following tha | at are a significant use | of its collec | tion |
| a Public exhibition | | d Loan or e | xchange programs | | | |
| b Scholarly research | | e Other _ | | | | |
| c Preservation for future genera | | | | | | |
| 4 Provide a description of the organ Part XIV | nization's collections | and explain how th | ey further the organiza | ation's exempt purpos | e in | |
| 5 During the year, did the organizat assets to be sold to raise funds ra | | | | | Yes | No |
| Part IV Escrow and Custodial 9, or reported an amou | Arrangements on Form 990, | Complete if orga , Part X, line 21. | nization answered | d 'Yes' to Form 99 | 0, Part IV, | , line |
| 1a Is the organization an agent, trust included on Form 990, Part X? | ee, custodian, or ot | her intermediary for | contributions or other | assets not | Yes | □No |
| b If 'Yes,' explain the arrangement | in Part XIV and com | plete the following t | able | _ | _ | |
| | | | | | Amount | |
| c Beginning balance | | | | 1c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization include an ar | nount on Form 990, | Part X, line 21? | | [| Yes | No |
| b If 'Yes,' explain the arrangement in | | | | | | |
| Part V Endowment Funds Con | nplete if organiza | ation answered ' | <u>Yes' to Form 990,</u> | Part IV, line 10. | , | |
| <u> </u> | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four yea | irs back |
| 1 a Beginning of year balance | | | 1.73 - 5.0 | | .5 1 | - 41 |
| b Contributions | | | 1 | | 27.4 | |
| c Net Investment earnings, gains, and losses | | | | | | (1900) (1900) (1900) (1900) |
| d Grants or scholarships | | | ۱ د د اهر | | (* (| <i>-</i> |
| Other expenditures for facilities and programs | | | a control of | | 1 | 9 - PA |
| f Administrative expenses | | | 1 1 5 - 25 | | 1 × 1 3 × 4 | , . |
| g End of year balance | | | | , , , , | | |
| 2 Provide the estimated percentage | of the year end bala | ance held as | | | | |
| a Board designated or quasi-endowi | ment ▶ | <u> </u> | | | | |
| b Permanent endowment ► | | | | | | |
| c Term endowment ► | 8 | | | | | |
| 3a Are there endowment funds not in organization by | the possession of t | he organization that | are held and adminis | tered for the | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b if 'Yes' to 3a(u), are the related or | nanizations listed as | required on Sched | ıle R? | | 3h | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

| Part VI Investments-Land, Buildings | , and Equipment. See | Form 990, Part X | , line 10. | |
|---|--------------------------------------|---------------------------------|---------------------------------|----------------|
| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 58,039. | 58,039. | 0. |
| d Equipment | | 101,286. | 43,623. | 57,663. |
| e Other | | 331,489. | 273,681. | 57,808. |
| Total. Add lines 1a through 1e (Column (d) must | equal Form 990, Part X, o | column (B), line 10(c)) | ▶ | 115,471. |

BAA

Schedule **D** (Form 990) 2009

| Schedule D (Form 990) 2009 HOMEFREE USA, INC | | 52-188513 | 32 Page 3 |
|---|-------------------------------|---|----------------------------|
| Part VII Investments—Other Securities See F | orm 990, Part X, line | 12. N/A | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market v | alue |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | ļ | | |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Table (Calumy (b) much aggs Form 000 Back V and (P) line 12) | 1 | • | |
| Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ► Part VIII Investments—Program Related (See | L I Form 990 Part X June | 13) N/A | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value | alue |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | | 5] |
| Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) | line 15) | , | . , , |
| Part IX Other Assets (See Form 990, Part X, | | | h) Daale value |
| ADVANCES TO AFFILIATES | escription | | b) Book value 819, 378. |
| SECURITY DEPOSIT | | | 4,136. |
| SECORITI DEL'OSIT | | | 4,150. |
| | | | |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B), I. | ıne 15) | • | 835,476. |
| Part X Other Liabilities (See Form 990, Part | X, line 25) | | |
| (a) Description of Liability | (b) Amount | , | |
| Federal Income Taxes | | 1 | |
| CAPITALIZED LEASES PAYABLE | 2,693. | | , |
| | | | ; |
| | | , | • |
| | | , | |
| | | | |
| | | | 4, |
| | | - | , |
| | | | , |
| | | . ' | 2. |
| | | , ,, | , |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► | 2,693. | <u> </u> | ` , |
| 2. FIN 48 Footnote In Part XIV, provide the text of the foot | note to the organization's fi | nancial statements that reports the orga | nization's liability |

| Schedule D (Form 990) 2009 HOMEFREE USA, INC. | 52· | -1885132 Page 4 |
|--|---|---|
| Part XI Reconciliation of Change in Net Assets from Form 99 | 0 to Financial Statements | |
| 1 Total revenue (Form 990, Part VIII,column (A), line 12) | • | 11,975,199. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25). | | 11,504,145. |
| 3. Excess or (deficit) for the year Subtract line 2 from line 1 | | 471,054. |
| 4 Net unrealized gains (losses) on investments | | |
| 5 Donated services and use of facilities | | |
| 6 Investment expenses | | |
| 7 Prior period adjustments | | |
| 8 Other (Describe in Part XIV) SEE PART XIV | | 28,015. |
| 9 Total adjustments (net) Add lines 4 through 8 | | 28,015. |
| 10 Excess or (deficit) for the year per audited financial statements Combine | | 499,069. |
| Part XII Reconciliation of Revenue per Audited Financial State | ements With Revenue per Re | |
| 1 Total revenue, gains, and other support per audited financial statements | <u> </u> | 1 13,003,797. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 1 |
| a Net unrealized gains on investments | 2 a | *, |
| b Donated services and use of facilities | 2 b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIV) SEE PART XIV | 2d 1,028,598. | |
| e Add lines 2a through 2d | - | 2e 1,028,598. |
| 3 Subtract line 2e from line 1 | , , , <u> </u> | <u>3</u> 11,975,199. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investments expenses not included on Form 990, Part VIII, line 7b. | 4a | |
| b Other (Describe in Part XIV) | 4b | |
| c Add lines 4a and 4b | · | 4c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | <u>5</u> 11,975,199. |
| Part XIII Reconciliation of Expenses per Audited Financial Sta | <u>itements With Expenses per F</u> | |
| 1 Total expenses and losses per audited financial statements | Ļ | 1 12,504,728. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | , , | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | 2 b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIV) SEE PART XIV | 2d 1,000,583. | |
| e Add lines 2a through 2d | Ĺ | 2e 1,000,583. |
| 3 Subtract line 2e from line 1 | <u> </u> | 3 11,504,145. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investments expenses not included on Form 990, Part VIII, line 7b. | 4a | |
| b Other (Describe in Part XIV) | 4b | , i |
| c Add lines 4a and 4b | Ĺ | 4c |
| 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, lin | e 18) | <u>5</u> 11,504,145. |
| Part XIV Supplemental Information | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part XI, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIII, lines 2d and 4b, and All XIIII, lines 2d and 4b, and All XIIII, lines 2d and 4b, and All XIIIII, lines 2d and All XIIIII, lin | d 9, Part III, lines 1a and 4, Part IV, I es 2d and 4b Also complete this part | lines 1b and 2b, Part V, t to provide any additional |
| PART X - FIN 48 FOOTNOTE | | |
| | | |
| THE COMPANY IS NOT SUBJECT TO INCOME TAXES IN A | ACCORDANCE WITH THE INCO | OME TAXES TOPIC |
| OF FASB ASC (FORMERLY FIN 48). THE INCOME TAXES | TOPIC OF FASB ASC 740- | -10 CLARIFIES |
| THE ACCOUNTING FOR INCOME TAXES, BY PRESCRIBING | A MINIMUM RECOGNITION | THRESHOLD A |
| TAX POSITION IS REQUIRED TO MEET BEFORE BEING F | RECOGNIZED IN THE FINANC | CIAL |
| STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DERECO | OGNITION, MEASUREMENT AL | ND |
| CLASSIFICATION_OF_AMOUNTS_RELATING_TO_UNCERTAIN | N TAX POSITIONS, ACCOUNT | ring for and |
| | | |

| Schedule D (Form 990) 2009 HOMEFREE USA, INC. | 32-1883132 | Page : |
|--|---------------------|-----------------|
| Part XIV Supplemental Information (continued) | | |
| PART X - FIN 48 FOOTNOTE (CONTINUED) | | · - |
| TRANSITION RELATING TO THE ADOPTION OF THE NEW ACCOUNTING STAND | ARDS. THE COMPANY | |
| ADOPTED FASB ASC 740-10 AS OF JANUARY 1, 2009, AS REQUIRED, AND | DETERMINED THAT I | TS |
| ADOPTION DID NOT HAVE A MATERIAL IMPACT ON THE COMPANY'S FINANC | IAL POSITION AND | |
| RESULTS OF OPERATIONS. | | |
| | | |
| MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS OF ITS CONSO | LIDATED FOR-PROFIT | |
| SUBSIDIARIES AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL S | TANDARDS_AND_BELIE | VES |
| THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION | N_IN_THE_FINANCIAL | |
| STATEMENTS | | |
| | | |
| MANAGEMENT DOES NOT BELIEVE ITS EVALUATION OF TAX POSITIONS WILL | L_SIGNIFICANTLY | |
| CHANGE WITHIN TWELVE MONTHS OF DECEMBER 31, 2009. ANY CHANGES II | N TAX POSITIONS WII | ĹŢ |
| BE RECORDED WHEN THE ULTIMATE OUTCOME BECOMES KNOWN. THE COMPANY | Y'S INCOME TAX | |
| RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERAL | LLY FOR THE YEARS | |
| ENDED_DECEMBER_31, 2006, 2007_AND_2008 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT HOMEFREE

HOMEFREE USA, INC.

52-1885132

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET INCOME FROM CONSOLIDATED ENTITIES

TOTAL \$ 28,015. \$ 28,015.

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

AMOUNTS FROM CONSOLIDATED ENTITIES

TOTAL \$ 1,028,598.
\$ 1,028,598.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

AMOUNTS FROM CONSOLIDATED ENTITIES

TOTAL \$ 1,000,583.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

HOMEFREE USA, INC.

Employer identification number

52-1885132

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|-------|-----------|--|
| | | | Yes | No |
| 1 | a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. | | - 21-5-4- | ale with |
| | First-class or charter travel Housing allowance or residence for personal use | İ | | [[37] 2 [[7] 5 |
| | Travel for companions Payments for business use of personal residence | | , , | 1300 |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | , , |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | İ | 3.7 |
| | | \ \ \ | | ' |
| I | b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain | 1b | | 1 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | : | | 12.33 |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. | | | 1 7 7 |
| | Compensation committee Written employment contract | ; | | · Ç |
| | Independent compensation consultant Compensation survey or study | | | 5 |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | ام. ادار ادار ادار ادار ادار ادار ادار ادا |
| | | | | |
| Δ | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization | | | 7, |
| • | or a related organization: | . | | |
| | a Receive a severance payment or change-of-control payment? | 4a | | X |
| ŧ | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | <u>X</u> |
| (| Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | , |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | , , , |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| a | The organization? | 5a | | Х |
| t | Any related organization? | 5 b | | X |
| | If 'Yes' to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| ā | The organization? | 6a | | X |
| Ŀ | Any related organization? | 6ь | | X |
| | If 'Yes' to line 6a or 6b, describe in Part III | | | - |
| 7 | For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III | 8 | | Х |
| 9 | If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | х |

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

Schedule J (Form 990) 2009

Page 2

52-1885132

Schedule J (Form 990) 2009 HOMEFREE USA, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | | | | | | | | |
|-------------------|-------------|---|--|-------------------------------------|------------------------------------|---|---|---|
| | 1 | (b) Breakdown o | (b) Breakdown of W-2 and/or 1099-MISC compensation | compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name | | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported in prior Form 990 or Form 990-EZ |
| MARCIA J. GRIFFIN | Ξ | 147,317 | 0 0 1 1 1 1 1 1 1 1 | 0 | 0. | 7,366. | 154,683. | 0 |
| | € | 0. | 0. | 0. | | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 | - 0 |
| JAMES GRIFFIN | Ξ | 0 0 | 0 0 0 | 0 | 0. | 0. | | |
| | Ξ | 109, 543. | 0. | 0. | | 5,477. | 115.020 | |
| | Θ | | | | | | | |
| | Ξ | | | | | | 1 1 1 1 1 1 1 1 | , 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Θ | | | | | | | : |
| | <u>(ii)</u> | | | | | | 1 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 1 1 |
| | Ξ | | | | | | | |
| | (ii) | | | | | | 1 | |
| | Θ | | | | | | | |
| | (ii) | | İ | | ! | | 1 | |
| |]ω | | | | | | | |
| | <u>(i)</u> | | | | | 1 | 1 | |
| | Ξ | | | | | | | |
| | Ξ | | | |] | | 1 1 1 1 1 1 1 1 1 1 | |
| | Θ | | 1 | | | | | |
| | Ξ | | | | | | i | . ! ! ! ! ! ! ! ! ! ! |
| | Ξ | | | | | | | |
| | E | | | | | | 1 1 1 1 1 1 1 1 1 1 | |
| - | Ξ | | | | | | | |
| | <u>(E</u> | | | | | | 1 | |
| | Ξ | 1 | 1 | | | | | |
| | € | | | | | | | |
| | <u>e</u> | | 1 1 1 | | | | | |
| | € | | | | | | | |
| | <u>∈</u> | | | | | | | |
| | <u>(E</u> | | | | | | | |
| | ε | | | | | | | |
| | | | | | | | 1 | |
| - • | <u>€</u> | 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 | | | | | |
| | | | | | | | | İ |
| ВАА | | | | TEEA4102L 02/ | 02/02/10 | | Sched | Schedule J (Form 990) 2009 |

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

| HOMEFREE USA, INC. | 52-1885132 |
|--|------------------------------|
| FORM 990, PART III, LINE 2 - NEW SERVICES | |
| THE ORGANIZATION STARTED A PROGRAM TO REHABILITATE SING | LE FAMILY HOUSES WHICH ARE |
| EITHER PURCHASED OR CONTRIBUTED TO IT AND TO SELL THOSE | HOUSES AS AFFORDABLE HOUSING |
| | |
| FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF C | OFFICERS, DIRECT |
| THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE MARRIED | |
| FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS | |
| FORM 990 IS REVIEWED BY THE CHIEF OPERATING OFFICER BEFO | DRE FILING |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB | LICLY AVAILABLE |
| THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS | S, POLICIES AND FINANCIAL |
| STAMENTS WHEN A REQUEST IS MADE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |