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SCANNED JUN 0 1

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2009 calend	ar year, or tax year beginning JUL 1, 2009 and ending	<u>J</u> UN 3	0, 2010	
B c	heck if pplicable	use IRS	lame of organization	D Emp	oloyer identific	cation number
X	Addres	s label or HO	mestretch, Inc.			
	Name change	h.m.	oing Business As		54-1	894391
	Initial	See N	lumber and street (or P.O. box if mail is not delivered to street address) Room/si	ute E Tele	phone number	
	Termin	Specific 3 0	3 South Maple Avenue 400		703-	237-2035
	Amend		City or town, state or country, and ZIP + 4	G Gross	receipts \$	2,712,216.
	Application	- Fa	lls Church, VA 22046	H(a) Is	this a group re	
	pendin	F Name a	nd address of principal officer Christopher Fay		r affiliates?	Yes X No
			as C above	H(b) Are	e all affiliates inc	luded? Yes No
1.1	Гах∙ехе		X 501(c) (3) ◀ (insert no)			list. (see instructions)
JV	Vebsit	e: WWW .	homestretch-inc.org	H(c) Gr	roup exemption	n number
				ear of formati	on: 1998 N	State of legal domicile: VA
Pa	art I	Summary				
ø.	1 1	Briefly describ	e the organization's mission or most significant activities: Homestre	tch, I	nc. hel	ps homeless
Activities & Governance		<u>familie</u>	s to secure housing and self-sufficie	ncy.		
ž	2	Check this bo	x lacksquare if the organization discontinued its operations or disposed of m	nore than 25	% of its net as	sets
Ŏ.	3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	14
g	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		4	13
es	5	Total number	of employees (Part V, line 2a)		5	25
ξŧ	6	Total number	of volunteers (estimate if necessary)		6	200
√cti	7a -	Total gross un	related business revenue from Part VIII, column (C), line 12		. 7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	<u><2,498.</u> >
					r Year	Current Year
ō	8	Contributions	and grants (Part VIII, line 1h)	2,2	05,035.	2,186,763.
eun	9 1	Program servi	ce revenue (Part VIII, line 2g)	3	31,098.	344,943.
Revenue	10	Investment inc	come (Fet V Fetalum A), lines 3, 4, and 7d)		1,743.	<u> 1,851.</u>
4	11 (Other reverlue	(Part VIII, column (A), lines 5 6 d, 8c, 9c, 10c, and 11e)		54,069.	<u>57,891.</u>
	12	Total revenue	add lines 8 through 11 (mus 2 qual Part VIII, column (A), line 12)		91,945.	2,591,448.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	8	02,760.	770,005.
	14	Benefits paid i	to or for members (Part IX, coffern (A), line 4)			
S	15	Salaries, other	conpensation, amployee benefits (Part IX, column (A), lines 5-10)	1,0	92,433.	932,800.
Expenses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)			
жb	b ·	Total fundraisi	ing expenses (Part IX, column (D), line 25) 107,552.			
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24f)	6	53,288.	851,267.
	18	Total expense	s Add lines 13-17 (must equal Part IX, column (A), line 25)		48,481.	2,554,072.
	19	Revenue less	expenses Subtract line 18 from line 12		43,464.	37,376.
Net Assets or Fund Balances					f Current Year	End of Year
set	20	Total assets (F	Part X, line 16)		84,110.	8,408,688.
## #	21	Total liabilities	(Part X, line 26)		26,917.	7,971,090.
캳	22		fund balances. Subtract line 21 from line 20	3	<u>57,193.</u>	437,598.
Pa	art II	Signature				
		Under penalties o and complete De	of perjucy, I declare that I have examined this return, including accompanying schedules and stateme iclapation of preparer (other than officer/is based on all information of which preparer has any knowle	nts, and to the b edge	est of my knowledg	ge and belief, it is true, correct,
			100004	-	-1-1	
Sig	n		AUDUM CECH		5/5/2	011
Her	е	, o.gutur	CoP officer \		Date](
			stopher Fay, Executive Director	_		
		Type or p	orint name and title			
Paid	, [Preparer's	MIN (PQ Date VI)	Check if self-	Prepare (see ins	er's identifying number structions)
_	arer's	signature	MW G, CPA SG11	employed •	<u> </u>	
-	Only	Firm's name (or yours if	Kositzka, Wicks and Company	E	IN ▶	
	,	self-employed), address, and	5500 Cherokee Ave, Suite 400			
		ZIP + 4	Alexandria, Virginia 22312	P	hone no. 🕨 (<u>703) 642-2700</u>
<u>May</u>	the IF	S discuss this	s return with the preparer shown above? (see instructions)			Yes No

<u>Par</u> 1	990 (2009) Homestreto	h, Inc.	<u>54-1894391</u>	⊃age 2
1	t III Statement of Program Service	Accomplishments		
	Briefly describe the organization's mission.			
	The Organization provid	les various types of tem	porary housing	
		lls training to homeles	s families with	
	children.			
	Didden			
2		t program services during the year which were i		
	the prior Form 990 or 990-EZ?		☐ Yes ☐	&_J No
_	If "Yes," describe these new services on Sche			
3	•	ke significant changes in how it conducts, any	program services?	&∐ No
	If "Yes," describe these changes on Schedule			
4		or each of the organization's three largest prog and section 4947(a)(1) trusts are required to rej		
		revenue, if any, for each program service repor	•	
	anocations to others, the total expenses, and	revenue, il arry, for each program service repor	teu	
—– 4а	(Code:) (Expenses \$ 2.	151,738. including grants of \$ 7	70,005.)(Revenue \$ 344,9	43.
-		led transitional housing		
		in the form of rent, ut		
		Homestretch also provid		
		supplies, on a pass-th		
		y at large. Homestreto		
		families at any point i		
				,
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$	
	-			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	Other program services. (Describe in Schedul) (Revenue \$	
4c	Other program services. (Describe in Schedul			

Form 990 (2009) Homestretch,
Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
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	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.			
•	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			
	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 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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	:- -		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		<u>X</u>
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

Form 990 (2009) Homestretch, Inc.

Part IV Checklist of Required Schedules (continued)

			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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23	ļ	X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		<u> </u>	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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		X
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	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			l <u></u>
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ĺ		
	contributions? If "Yes," complete Schedule M	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١	1	٠,,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	-	X
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	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ . .
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
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_	X	0000
		Form	990 (2009)

Form 990 (2009) Homestretch, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_X_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			.,
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	1	•
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		₹.
_	benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
Ø	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			ĺ
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
а	Did the organization make any taxable distributions under section 4966?	9a	ŀ	
b		9b		
10	Section 501(c)(7) organizations. Enter:	- 00		
а	Initiation fees and capital contributions included on Part VIII, line 12			
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	•	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
<u> </u>	1 1000	Form	990	(2009)
				. ,

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Form 990 (2009) Homestretch, Inc. 54-1894391 Page
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

ec.	tion A. Governing Body and Management				1	-	
		ـ ما	1	1 4		Yes	No
	Enter the number of voting members of the governing body	1a		_ <u>14</u> 13			!
	Enter the number of voting members that are independent	<u>1b</u>		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner				v
_	officer, director, trustee, or key employee?			}	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ie aire	ct supervision				v
	of officers, directors or trustees, or key employees to a management company or other person?		0	}	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		U was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts7			5		X
6	Does the organization have members or stockholders?	I	6 16 -	-	6		X
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	emper	s of the		_		3 7
	governing body?		•	ŀ	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			}	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	g the year	1			
	by the following:				0-	х	
	The governing body?			-	8a	X	
	Each committee with authority to act on behalf of the governing body?		at the	-	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable of the property of the proper	icnea	at the		9		X
300	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Fi	lovon.	o Codo I		_9		Λ
/00	tion B. Follocs (This Section B requests illioniation about policies not required by the internal h	evenu	e coue /			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			ſ	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates	Ì	104		
_	and branches to ensure their operations are consistent with those of the organization?	- · · · · · · · · · · · · · · · · · · ·	,,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilina th	e form?	ļ	11	X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			İ			
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld an	e rise	Ī			
	to conflicts?	J			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	descnbe				
	ın Schedule O how this is done				12c	X	
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 approv	al by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			Į	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written adopted	aluate	its participation	۱			
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's				
	exempt status with respect to such arrangements?			. 1	16b		
Sec	tion C. Disclosure						
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-	ı (501	(c)(3)s only) ava	ulable	tor		
	public inspection Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest pol	ıcy, an	d fina	ncıal	
	statements available to the public.			·			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	oras of the org	janizati	ion: 📂	_	
	The Organization - 703-237-2035 303 South Maple Avenue, No. 400, Falls Church, VA	2	046				
	303 South mapte Avenue, NO. 400, Fatts Church, VA	44	10 12 0		Form	990	2009)
					1 OHII		LUUUJ

932006 02-04-10

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 organization'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 employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

per week week week week week week week we	(A) Name and Title	(B) Average hours) 	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Executive Director		per	_						from	from related organizations	
Rodger W. Charin S.00 X X X											
Chair		40.00	X		X		<u> </u>		116,368.	0.	5,200.
Carmine Zarlenga Vice Chair 1.00 X X 0.	Rodger W. Charin								_	_	_
Vice Chair 1.00 X X 0. 0. John Fassl 2.00 X X 0. 0. David C. Goldberg Secretary 1.00 X X 0. 0. Secretary 1.00 X X 0. 0. 0. Marin Collis Arnette 0.		5.00	X		X		_	_	0.	0.	0.
John Fass		1 00									•
Treasurer 2.00 X X 0.0 0.0	· · ·	1.00	X		Х		<u> </u>	<u> </u>	0.	0.	0.
David C. Goldberg Secretary 1.00 X X X 0.0. 0.		2 22						ĺ		•	•
Secretary		2.00	X	\vdash	X	_		-	<u> </u>	0.	0.
Karin Collis Arnette 4.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00	₹,		3.7					0	•
Director 2.00 X	* * * * * * * * * * * * * * * * * * * *	1.00		\vdash	Y	-	├	-	0.	0.	0 .
David Legge Director 2.00 X		4.00								0	0 .
Director 2.00 X 0. 0.		4.00	^	-		_		-	0.	0.	0 .
Meredith Hartley 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		2 00	v						0	n	0.
Director 1.00 X 0. 0.		2.00		_		_	├─	-		•	
John Dapogny Director 4.00 X 0.		1.00	\mathbf{x}						0.	0.	0.
Director 4.00 X 0. 0.			<u> </u>								``
Janet Halley-Varre Director 1.00 X 0. 0. Saji Varghese Director 1.00 X 0. 0. Burton White Director 2.00 X 0. 0. Paulla Schlossberg Director 1.00 X 0. 0. Kelly Goldstein 0. 0. 0.		4.00	X						0.	0.	0.
Director 1.00 X 0. 0.											
Director 1.00 X 0. 0.		1.00	X						0.	0.	0.
Burton White Director 2.00 X 0. 0. Paulla Schlossberg Director 1.00 X 0. 0. Kelly Goldstein	Saji Varghese										
Director 2.00 X 0. 0. Paulla Schlossberg 0. 0. 0. Director 1.00 X 0. 0. Kelly Goldstein 0. 0. 0.	Director	1.00	X	L					0.	0.	0.
Paulla Schlossberg Director Kelly Goldstein	Burton White										
Director 1.00 X 0. Kelly Goldstein	Director	2.00	X						0.	0.	0
Kelly Goldstein	Paulla Schlossberg										
	Director	1.00	X	_			<u> </u>		0.	0.	0.
1.00 X 0. 0.	Kelly Goldstein										_
	Director	1.00	X						0.	0.	0.
										! 	<u> </u>
			_								

Form 990 (2009)

rai	T VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	nplo	yee	s, a		High	est	Compensated Employ (D)	rees (continued) (E)			(F)	
	Name and title	Average	ge Position						Reportable	Reportable	4			∍d
		hours per week	Individual trustee or director	lnstitutional trustee	all 1	Key employee	Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-Mil	d ns	com fro orga and	nount of other pensariom the anization declaration of the anization of the	ition e ion ed
_1b _2 	Total Total number of individuals (including but is compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wi	ho r	116,368. eceived more than \$100),000 in reportab	0. ole		5,2	00. 1
3 4 5	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some some series on line 1a, is the some series of the organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Schedution B. Independent Contractors	such individual um of reportab 0,000? If "Yes, accrue compe	le co ." co nsat	ompe mple	ensa ete S	ation S <i>chi</i>	n and edul	d otl	her compensation from for such individual	the organization		3 4 5	Yes	X X X
1	Complete this table for your five highest countries the organization.	ompensated in	depe	ende	ent c	ont	racto	ors t		\$100,000 of cor	npens			
	Name and business	address							(B) Description of s	services	С	(C Comper		<u>n</u>
								_	-					
2	Total number of independent contractors (including but r	ot lu	mıte	d to	tho	se li	sted	above) who received n	nore than				
	\$100,000 in compensation from the organi	zation					0				Ĺ			

	990 (2 t VIII		tretch,	Inc.			54-1894	391 Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	37,925.				
gra	þ	Membership dues	1b					
ar,		Fundraising events	1c					
ig ja		Related organizations	1d	1200254				
sim		Government grants (contribut	. —	1329374.				
je eti	f	All other contributions, gifts, gran		010 464				
달	_	similar amounts not included abo		819,464.				
Sel	_	Noncash contributions included in lines Total, Add lines 1a-1f	1a-1f \$		2186763.			
-	- 13	Total, Add lines Tarif		Business Code	2100703.			
a	2 2	Client payments		531120	344,943.	344,943.		
Program Service Revenue	b	CIICIIC paymonou		331120	311/313.			
Ser								
e a	d							
βœ	е							
۲	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f			344,943.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		▶	1,851.			1,851.
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties	<u></u>	•				
	_		(i) Real	(II) Personal				
	6 a	Gross Rents	103978					
	b	Less rental expenses	<2,498					
	c d	Rental income or (loss) Net rental income or (loss)	<4,490	▶	<2,498.			<2,498.>
		Gross amount from sales of	(i) Securities	(II) Other	\Z, \\ 2,00.			\Z,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	, 4	assets other than inventory	(i) Occurries	III CATICI				
	ь	Less: cost or other basis	_	 				
	-	and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		•				
Other Revenue	8 a	Gross income from fundraisin including \$			·			
ě		contributions reported on line	1c). See					
ra F		Part IV, line 18	а					
ξ	b	Less direct expenses	t	14,292.				
		Net income or (loss) from fund	-		50,863.			50,863.
	9 a	Gross income from gaming ac	ctivities. See]		
	_	Part IV, line 19	. а					
ļ		Less direct expenses	b	·				
		Net income or (loss) from gam	-					
	ю а	Gross sales of inventory, less and allowances						
	h	Less cost of goods sold	a b					
		Net income or (loss) from sale	• •			:		
T		Miscellaneous Revenu		Business Code				
F	11 a	Other Income		900099	9,526.			9,526.
	b							
	c							
	đ	All other revenue						
	е	Total. Add lines 11a-11d	•	. 🔻	9,526.			
	12	Total revenue. See instructions.		>	2591448.	344,943.	0.	59,742.
932009 02-04-	40							Form 990 (2009)

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

	All other organizations must compl	· · · · · · · · · · · · · · · · · · ·	`		
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	770,005.	770,005.		
3	Grants and other assistance to governments,		•		
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				· -
•	trustees, and key employees	104,000.	78,000.	19,500.	6,500.
6	Compensation not included above, to disqualified		,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	695,869.	521,901.	130,476.	43,492.
8	Pension plan contributions (include section 401(k)	0,0,00,0	Jul, Jul.	100/1100	10,100
-	and section 403(b) employer contributions)	20,906.	15,679.	3,920.	1,307
9	Other employee benefits	52,714.	39,535.	9,884.	3,295
10	Payroll taxes	59,311.	44,483.	11,121.	3,707
11	Fees for services (non-employees)	33,311.	44,405.	11,121.	3,707
	Management				
	* F	1,385.	1,038.	260.	87.
b	· *	29,414.	7,354.	16,545.	5,515
C	~ F	23,414.	1,554.	10,545.	3,313
	Lobbying Professional fundracing convers. See Bort IV, line 17				
e	·				
f	Investment management fees	FF 211	41 400	10 252	2 451
g		55,211.	41,408.	10,352.	3,451.
12	Advertising and promotion	12 252	10 700	1 000	
13	Office expenses	13,373.	10,722.	1,988.	663.
14	Information technology				
15	Royalties		10.050	0.000	
16	Occupancy	15,324.	12,259.	2,299.	766.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	242,958.	214,801.	19,710.	8,447.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	191,386.	143,539.	35,885.	11,962.
23	Insurance	21,454.	17,163.	3,218.	1,073.
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 below.)				
а	Property expenses	88,860.	88,860.		
b		72,293.	72,293.		
c	Repairs and maintenance	39,587.	33,540.	4,535.	1,512
d	m 11	16,480.	12,360.	3,090.	1,030
e	01-1	15,135.	2,824.	9,238.	3,073
	All other expenses	48,407.	23,974.	12,761.	11,672
25	Total functional expenses. Add lines 1 through 24f	2,554,072.	2,151,738.	294,782.	107,552
26	Joint costs Check here J if following	,,,	_,,		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	goodanona nampaign and rendraising solicitation				Farm QQQ (0000)

Pa	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	469,005.	1	361,015.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	512,780.		347,869.
	4	Accounts receivable, net	29,308.	4	5,226.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	77,784.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 8,694,50			
	b	Less accumulated depreciation 10b 1,111,91	9. 7,331,606.	10c	7,582,590.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	44 444	14	
	15	Other assets See Part IV, line 11	41,411.		34,204.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	8,384,110.		8,408,688.
	17	Accounts payable and accrued expenses	78,363.		85,925.
	18	Grants payable	26.250	18	
	19	Deferred revenue	26,250.		
	20	Tax-exempt bond liabilities	202,228.	20	207 570
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	202,228.	21	207,579.
Þ	22	Payables to current and former officers, directors, trustees, key employees,			
L:		highest compensated employees, and disqualified persons. Complete Part II of Schedule L	161,333.		
			7,204,169.		7,614,942.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	309,260.		1,014,344.
	25	Other liabilities. Complete Part X of Schedule D	45,314.		62,644.
	26	Total liabilities. Add lines 17 through 25	8,026,917.		7,971,090.
		Organizations that follow SFAS 117, check here X and complete	0,020,517	120	7,571,050.
S		lines 27 through 29, and lines 33 and 34.			
SC.	27	Unrestricted net assets	<142,807.	27	137,598.
alar	28	Temporarily restricted net assets	500,000.		300,000.
Net Assets or Fund Balances	29	Permanently restricted net assets	500,000.	29	200,000.
Š		Organizations that do not follow SFAS 117, check here and	· · · · · · · · · · · · · · · · · · ·		
P		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	357,193.	33	437,598.
	34	Total liabilities and net assets/fund balances	8,384,110.	34	8,408,688.
					Form 990 (2000)

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-F7 ► See senarate instructions

lame of t	the organizati		tach to Form 550 of Fo		> 000	Jeparate	mod dotto		mployer id	entification	on nui	mber		
			etch, Inc.						54	<u>-1894</u>	<u> 391</u>			
Part i	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.						
he o <u>rga</u> n	ization is not a	private foundation l	because it is: (For lines 1	through 1	1, check o	only one b	ox.)							
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)							
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described i	n 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,													
	An organization operated for the henefit of a college or university owned or operated by a governmental unit described in													
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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).							
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	iblic desci	rıbed ı	n		
	section 170(b)(1)(A)(vi). (Comple	te Part II)											
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)									
9 🔲	An organizati	on that normally rec	eives (1) more than 33 1	/3% of its	support fr	rom contri	butions, m	nembershi	p fees, and	gross rec	eipts	from		
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	ınvest	ment		
	income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anızatıon af	ter June 3	0, 197	' 5.		
	See section	509(a)(2). (Complete	Part III)											
10 🖳	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	I).						
11 📖	An organizati	on organized and or	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	urposes o	f one	or		
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or sectio	on 509(a)(2	?) See sec	tion 509(a)(3). Chec	k the box	that			
	describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h.								
	a Type I		_l Type II c		e III - Func	•	•			Type III - C				
е 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly or	r indirectly	by one o	r more dis	qualified pe	ersons oth	er tha	n		
	foundation m	nanagers and other t	han one or more publicly	/ supporte	d organıza	itions desi	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)			
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_		
	supporting of	rganızatıon, check th	nis box											
g	Since August	t 17, 2006, has the c	organization accepted ar	y gift or co	ontribution	from any	of the follo	owing per	sons?					
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and ((ııi) below,		Yes	No		
	the gove	erning body of the si	upported organization?							11g(i)		<u> </u>		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		<u> </u>		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)	L	<u> </u>		
h	Provide the fe	ollowing information	about the supported org	ganızatıon((s).									
		·		T:		T								
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) ls organizati	s the	(vii) Am	nount o	ıf		
org	anization		I I doccrinad on linec 1-u	in col. (i) lis			_	l (i) organiz	ed in the l	sup	port			
			above or IRC section	governing		-		`` U.S						
			(see instructions))	Yes	No	Yes	No	Yes	No					
									1 1					
	<u></u>													
														

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Homestretch, Inc. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,799,219 1,667,306 2,205,035 2,088,156 9,410,978, 1,651,262 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,799,219, 1,651,262, 1,667,306, 2,205,035, 2,088,156, 9 410 978 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) 6 Public support. Subtract line 5 from line 4 9,410,978, **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 9,410,978. 1,799,219 1,651,262 1,667,306 2,205,035 2,088,156 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 51,499. 76,564. 142,136. 137,484. 105,829. 513,512. and income from similar sources. 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 9,924,490, 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.83 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 95.53 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009, If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	, if you checked the b	ox on line 9 of Part I.)
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		}				
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				į		
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						·
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here	3	- ···,,		,		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2009 (-	column (f))		15	%
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			16	%
	ction D. Computation of Inve			ı		· · · · · · · · · · · · · · · · · · ·	·
	Investment income percentage for 20					17	%
18	Investment income percentage from			,		18	%
	a 33 1/3% support tests - 2009. If the			on line 14 and lin	e 15 is more than		
,50	more than 33 1/3%, check this box a	-					▶ □
ŀ	33 1/3% support tests - 2008. If the	•	•		• • •		► □
•	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization		•	-		=	·· []
	The second secon						90 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Homestretch. Inc

Employer identification number 54-1894391

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(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 donor advisors in	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
_	for charitable purposes and not for the benefit of the donor of	• •	-
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		·
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2009

		etch, Inc.						<u> </u>	94393	L Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	r Simila	r Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a si	gnificant u	ise of its	collection	ı ıtem:	s
	(check all that apply)										
а	Public exhibition	d	· 🔲		hange progr						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	ion's exer	npt purpo	se in Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	anization ar	nswered "Ye	s" to Forr	n 990, Pai	t IV, line	9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes	X	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table.							
	, . ,	•	.						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990. Part X. line	212				<u> </u>	X	Yes		No
	If "Yes," explain the arrangement in Part XIV		~						L 163		. 110
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) contain your	\2/.	nor your	(6) 1,40 100	TO BUOK	(d) 111100 J	ouro buon	(0)100	youro	Duoit
b	Contributions										
	Net investment earnings, gains, and losses								 		
d									-		
_	Other expenditures for facilities										
-	and programs										
	• =								 		
'	Administrative expenses			 		-					
g	End of year balance		<u> </u>		L						
2	Provide the estimated percentage of the year	ir end balance neid a									
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
C		%						_			
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are neid a	nd administe	erea for tr	ne organiz	ation	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ı), are the related organization:	-							3b		
4	Describe in Part XIV the intended uses of the										
Pai	rt VI Investments - Land, Building					Ī					
	Description of investment	(a) Cost or o			or other		cumulate	d	(d) Bool	(value	Э
		basis (investi	nent)		(other)	gep	reciation		4 00		
	Land .				8,452.				1,308		
	Buildings			7,17	<u>1,592.</u>	ļ <u>9</u>	89,48	34.	6,182	<u>2,1</u>	<u>08.</u>
С	Leasehold improvements										
	Equipment .				<u>1,990.</u>		27,89			4,0	
<u> e</u>	Other			<u> 13</u>	2,475.		94,53	38.		7,9	
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))			.	7,582	<u>2,5</u>	<u>90.</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 Homestretch, Inc						<u> 1894391</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fir	nancial	State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_1_			2,591	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	4		2,554	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u> </u>	<u>,376.</u>
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities .			5				
6	Investment expenses .			6	<u> </u>		.	
7	Prior period adjustments			7	1			
8	Other (Describe in Part XIV)			8	<u> </u>			,029.
9	Total adjustments (net). Add lines 4 through 8			9				<u>,029.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10				<u>,405.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Re	venue	per R	eturn		
1	Total revenue, gains, and other support per audited financial statements					1	2,834	<u>,496.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1					
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	ļ	122,	280.			
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d		<u>120,</u>	768.			
е	Add lines 2a through 2d					2e		<u>,048.</u>
3	Subtract line 2e from line 1					3	2,591	<u>,448.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						_
С	Add lines 4a and 4b					4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	2,591	<u>,448.</u>
Ра	rt XIII Reconciliation of Expenses per Audited Financial Statem	ients v	With E	xpense	s per	Hetu		
1	Total expenses and losses per audited financial statements					1	2,754	<u>,091.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	1	400				
а	Donated services and use of facilities	2a		<u>122,</u>	<u> 280.</u>			
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d	L	77,	<u>739.</u>			
е	Add lines 2a through 2d					2e		<u>,019.</u>
3	Subtract line 2e from line 1					3	2,554	<u>,072.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b	<u> </u>					
С	Add lines 4a and 4b					4c		0.
5	:					5	<u>2,554</u>	<u>,072.</u>
	rt XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part							4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	-	-		-			
Pa:	rt IV, line 2b: Client deposits and debt r	epay	ment	acc	<u>ount</u>	<u>s, (</u>	oversee:	<u>n</u>
		_		_				
by	Homestretch but payable to clients upon d	lepar	ture	fro	m pr	ogra	am.	
<u>Pa:</u>	rt XI, Line 8 - Other Adjustments:							
_								
<u>Ca</u>	pitalized in-kind real property additions:	430	29.				<u> </u>	
_								
<u>Pa:</u>	rt XII, Line 2d - Other Adjustments:							
_						4 4 4 4		
Fu	ndraising expenses reported on Form 990, F	g 9,	Lir	e 8(_		
03305	A					Sched	lule D (Form 9	990) 2009
93205 02-01	1 -10							

Schedule D (Form 990) 2009 Homestretch, Inc.	54-1894391 Page 5
Part XIV Supplemental Information (continued)	
Building expenses reported on Form 990, Pg 9, Line 6(b): 1	06476.
Part XIII, Line 2d - Other Adjustments:	
Capitalized in-kind real property additions: -43029.	
Fundraising expenses reported on Form 990, Pg 9, Line 8(B)	: 14292.
Building expenses reported on Form 990, Pg 9, Line 6(b): 1	06476.

SCHEDULE'G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public

A A A A A A A A A A A A A A A A A A A	Attach to Form 990 or Form 990-E	Z. ▶ S	<u>See se</u>	eparate instructions	s	<u> </u>	nspection
ame of the organization						Employer ide	ntification number
Homestre	etch, Inc.					54-1894	391
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization raise	ed funds through any of the following	ng acti	vities	Check all that apply.			
a Mail solicitations	e Solicita	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g 🔲 Special	fundra	using	events			
d In-person solicitations							
2 a Did the organization have a written or	r oral agreement with any individual	l (includ	ding of	fficers, directors, trus	stees	or	
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofess	ional f	undraising services?		Yes	☐ No
b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the		uant to	agre	ements under which	the fu	ındraiser is to l	be
		(iii)	Did		(v)	Amount paid	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribi	Did aiser ustody trol of thons?	(iv) Gross receipts from activity	to (o	r retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	 						
		ŀ					
			1				
otal	•						
3 List all states in which the organization	n is registered or licensed to solicit	funds (or has	been notified it is ex	empt	from registrati	on or licensing.
							
							· · · ·
				 			
							
					_		

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events Winetasting Annual None (add col. (a) through event Breakfast col (c)) (total number) (event type) (event type) 37,155 *65*,155. 28,000 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) 37,155. 28,000 65,155. Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 8 6,858. 7,434. 14,292. Other direct expenses 14,292) 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 50,863. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sch	edule G (Form 990 or 990 EZ) 2009 Homestretch, Inc.	<u>54-189</u>	439	1 Pa	ige 3
-				Yes	
13	Indicate the percentage of gaming activity operated in.				
а	The organization's facility	3a %			
b	An outside facility	3b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records			
	Name				
	Address ▶		:		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue	a?	15a		
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	ie amount			
	of gaming revenue retained by the third party > \$		İ		
С	s If "Yes," enter name and address of the third party				
	Name >				
	Address ▶	·			
16	Gaming manager information.				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
а	s the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the			
	organization's own exempt activities during the tax year > \$				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 1 (Form 990)

Department of the Treasury internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection OMB No 1545-0047

Name of the organization Homestretch	ָּטָּף. דַשְׁכֵּי					•	Employer Identification number 54-1894391
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion Yes X No
잃	ocedures for monit	oring the use of grant	funds in the United	d States	:		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the org	anization answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or covernment (a) Name and address of organization (b) (e) IRC section (d) Amount of or cash assistance (e) IRC section (d) Amount of or cash assistance (e) IRC section (d) Amount of or cash assistance (e) IRC section (e) IRC section (f) IRC	\$5,000 Check this (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	FMV, appraisal, other)		
	6						
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	and government or	ganizations					A

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

Schedule I (Form 990) 2009

54-1894391

Schedule I (Form 990) 2009 Homestretch, Inc.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Ose Fait IV and ochequie F1 (F0III) 990) il additional space is needed.	ace is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Net Direct Housing and related assistance for immediate relief for previously homeless families,	200	606,243,	163,762,	FMV	Rent for donated space, counseling and other professional services, furniture and household goods,
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I, I	ine 2, and any other	additional information	
Clients are referred from homeless	shelters	s or various	other	government	
organizations. An intake form is	complete	leted to determine qualification	mine quali	fication.	
Homestretch serves homeless families w	es with	ith children, which is the	which is t	he	
primary eligibility qualification.	Housing	g assistance	ce is provided by	ided by	
paying rent or providing housing in homestead	n homest	ead properties	ties for up	p to two	
years until the family is self-suffici	ficient.	The inta	The intake process	occurs	
as families graduate and additional housing	l housing	g is available	able. These	se are	
not grants, but assistance.		į			

Schedule I (Form 990) 2009

Schedule (Form 990) 2009 Homestretch, Inc. Part IV Supplemental Information	54-1894391 Page 2
Part IV Supplemental Information	
At any point in time, there are usually 70 families and 2	200 individuals
being served with housing and counseling assistance.	
	<i></i>
	, the state of the

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Attach to Form 990. ► See separate instructions.

54-1894391 Homestretch, Inc. Part I **Questions Regarding Compensation** Yes No 1a 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 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 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X a The organization? 5a Х 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III 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: Х 6a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 69 If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

932111

Schedule J (Form 990) 2009

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

Schedule J (Form 990) 2009

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.

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Nате	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
(1)							
(ii)							
(5)							
(ii)	(
(1)							
(ii)							
(C)							
(i)							
(9)							
(ii))(
(0)							
(ii)							
<u> </u>							
(ii)							
(D)							
(ii)							
<u>(a)</u>							
(ii)							
9							
(ii)							
(C)							
(ii)							
0							
(ii)				•			
<u> </u>							
(ii)							
<u> </u>							
(ii)							

Schedule J (Form 990) 2009

SCHEDULE'L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization HO	mestret	ch. Ti	nc.					mployer 54-18			umber
			on 501(c)(3) and section	n 501(c)(4)	organizatio	ns only)			<u>, , , , , , , , , , , , , , , , , , , </u>		
Complete if the org	anızatıon ansv	vered "Yes	on Form 990, Part IV,	line 25a or	25b, or For	m 990-EZ	Z, Part	V, line 40)b	,- · -	
1 (a) Name of di	squalified ners	son		(b) [Description (of transac	rtion			(c) Con	ected?
				(6)		Ji ti ai isat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
		-						-			
· ·							· ·	·			
				-							
2 Enter the amount of tax imp	oosed on the o	organizatioi	n managers or disqualif	ied person	s during the	year und	ler				
section 4958			- L	- 4							
3 Enter the amount of tax, if a	any, on ⊪ne ∠,	above, rein	nbursed by the organiz	ation				▶ \$			
Part II Loans to and/o	or From Int	erested	Persons.								
Complete if the org	anization ansv	vered "Yes	on Form 990, Part IV,	line 26, or	Form 990-E	Z, Part V	line 3				
(a) Name of interested		to or from	(c) Original principal amount	(d) Bala	ance due	(e)			proved ard or	(g) W	
person and purpose	ļ- -	nization?	amount			defa			nittee?	agree	
· ·	То	From				Yes	No	Yes	No	Yes	No
				 							
				1							
Total Part III Grants or Assi	stance Bor	ofiting I	► \$ nterested Person					<u> </u>			
		_	on Form 990, Part IV,								
(a) Name of interested		vereu res	(b) Relationship betw		ted person	and		(c) Am	nount an	d type o	f
(4) / 14/10 07 11/10/00/00	, po. 00			rganization		4,14			assistan		
							<u> </u>				
		_									
Part IV Business Tran	sactions In	volving	Interested Persor	ıs.							
Complete if the org	anization ansv	vered "Yes	on Form 990, Part IV,	line 28a, 2	8b, or 28c.						
(a) Name of interested	person	(b)	Relationship between i person and the organi		(c) Amo transa		(d)	Descript transact		(e) Sha organiz rever	ation's
	4447									Yes	No
<u>Schreiner Legge</u>	401(k)	PlaOr	ganization b	oard	623	<u>,483</u>	. Buj	<u>ldin</u>	ıg Lo		Х
							 				
											
 							-				
LHA For Privacy Act and Pape	rwork Reduc	tion Act N	otice, see the			S	chedu	le L (For	m 990 o	r 990-E	Z) 2009

See Schedule O for Schedule L Continuations

Instructions for Form 990 or 990-EZ.

SCHEDULE'M (Form:990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization

Employer identification number

	Homestretch,	Inc.					54-1	.894	391	
Par	t I Types of Property				·		-			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues rep Form 990, Part		•	(d) Method of de reveni	etermir	ning	
1	Art - Works of art									
2	Art · Historical treasures									
3	Art - Fractional interests				· -					
4	Books and publications									
5	Clothing and household goods	X		120	,733.	Fair	Market	: Va	lue	
6	Cars and other vehicles									
7	Boats and planes					<u> </u>				
8	Intellectual property .					<u> </u>				
9	Securities - Publicly traded					ļ				
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or					<u> </u>				
	trust interests				•	ļ				
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
44	Historic structures Qualified conservation contribution - Other									
14 15	Real estate - Residential					<u> </u>				
16	Real estate - Commercial									
17	Real estate - Other			l						
18	Collectibles									
19	Food inventory						 -			
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Property impr)	X	6	43	<u>,029.</u>	Fair	market	. va	<u>lue</u>	
26	Other ()									
27	Other ()					ļ				
<u> 28</u>	Other ()	<u> </u>		L						
29	Number of Forms 8283 received by the organi	_	•							
	for which the organization completed Form 82	os, Fait IV, L	Donee Acknowled	gmem	_29				Van	No
30a	During the year, did the organization receive b	v contributio	n any property rei	oorted in Part I li	nes 1-28 th	at it must	hold for	<u> </u>	Yes	No
oou	at least three years from the date of the initial	•								
	the entire holding period?							30a		x
b	If "Yes," describe the arrangement in Part II.		•				•			_ -
31										х
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?									_X_
b	If "Yes," describe in Part II.									_ _
33	If the organization did not report revenues in c	olumn (c) for	a type of propert	y for which colun	nn (a) is che	cked,				
	describe in Part II.				- ····			<u> </u>		
_HA	For Privacy Act and Paperwork Reduction	Act Notice,	see the Instruct	ions for Form 99	90.		Schedule N	Л (For	n 990)	2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Homestretch, Inc.

Employer identification number 54-1894391

Form 990, Part VI, Section B, line 11: The board of directors reviews the
federal Form 990 before it is filed.
Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is
listed in the employee handbook. Employees are expected to notify
management of any conflict of interest as they arise.
Form 990, Part VI, Section B, Line 15a: The process for determining
compensation of the Executive Director included a review and approval by
independent persons, comparability data, and contemporaneous substantion of
deliberation and decision.
Form 990, Part VI, Section C, Line 19: Homestretch makes its governing
documents, conflict of interest policy, and financial statements available
to the public upon request.
Form 990. Part XI, Line 2c.
Audit Committee Oversight
The audit committee oversees the audit process. There has been no
change from the prior year.
Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: Schreiner Legge 401(k) Plan
(b) Relationship Between Interested Person and Organization:
Organization board member as of 6/30/2010 is the plan trustee LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization Homestretch, Inc.	Employer identification number 54-1894391
(d) Description of Transaction: Building Loan	
