(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

► Go to www.irs.gov/Form990 for instructions and the latest information.

SEP 1, 2019

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

and ending AUG 31, 2020

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	HOMEFRONT INC.			
F	Name change			30-02810	85
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Ē	Final return/	88 HAMILTON AVE		800-887-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	710,976.
	Amend return	BIRATIOND, CI 00302		H(a) Is this a group re	
	Applica tion			for subordinates	? Yes X No
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		•: ► WWW.HOMEFRONTPROGRAM.ORG		H(c) Group exemption	
_		organization: X Corporation Trust Association Other	L Year	of formation: 1988 N	State of legal domicile: CT
Р		Summary	DOMEDE		TTDD
Governance	1 1	Briefly describe the organization's mission or most significant activities: ${\hbox{\scriptsize TO}}$ ${\hbox{\scriptsize P}}$ REPAIRS AT NO COT TO HOMEOWNERS IN NEED	BY COM	BINING SKIL	LED LABOR,
ern	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo		1 1	sets.
90	3 1			3	9
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			
ξ	6	Total number of volunteers (estimate if necessary)			0.
A	l /a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	1 61	Net unrelated business taxable income from Form 990-1, line 39	·····	Prior Year	Current Year
4	8 (Contributions and grants (Part VIII, line 1h)		499,809.	710,976.
nue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		499,809.	710,976.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		290,857.	301,111.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	- b 7	Total fundraising expenses (Part IX, column (D), line 25) 33,7	41.	006 650	450 004
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		236,652.	173,094.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		527,509.	474,205.
or	19 F	Revenue less expenses. Subtract line 18 from line 12		-27,700.	236,771.
ts o			Ве	ginning of Current Year 456,715.	End of Year 696,438.
Net Assets C	일 20 기	Fotal assets (Part X, line 16)		6,355.	7,564.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		450,360.	688,874.
		Signature Block		430,3004	000,074.
_		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of w			,,
_					
Sig	gn	Signature of officer		Date	
	ere	SEAN O'BRIEN, EXEC DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pa	-	JOHN M. ROLLERI, CPA		self-employe	P00182555
		Firm's name KNIGHT ROLLERI SHEPPARD CPAS LL	P	Firm's EIN	06-1156122
Us	e Only	Firm's address 1499 POST ROAD, SUITE 1040			02\ 250 2727
_		FAIRFIELD, CT 06824		Phone no. (2	03) 259-2727
Ma	av the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Paı	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE QUALITY OF LIFE REPAIRS AT NO COST TO HOMEOWNERS IN N	
	COMBINING SKILLED LABOR, QUALITY MATERIALS AND ENTHUSIASTIC VOLU	INTEERS
	TO BRING ABOUT ENDURING CHANGES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service reported.	
4a)
	SUPPORTING HOMEFRONT'S MISSION, HUNDREDS OF VOLUNTEERS COME TOGE	
	EACH YEAR TO IMPACT THE LIVES OF HOMEOWNERS IN NEED, DONATING THE	ETK
	TIME AND EXPERTISE TO COMPLETE CRITICAL HOME REPAIRS THAT WOULD	
	OTHERWISE BE BEYOND THEIR REACH. JOINING THESE CIVIC AND CORPORA	
	VOLUNTEERS ARE PROFESSIONAL TRADESPEOPLE WHO ALSO CONTRIBUTE THE	
	TO SUPERVISE PROJECTS SUCH AS REPLACING AGING DOORS AND WINDOWS,	
	INSTALLING WHEELCHAIR RAMPS, AND REPAIRING ROOFS AND HEATING SYS	
	NO COST TO QUALIFIED HOMEOWNERS. SINCE THE PROGRAM STARTED IN 19	
	HOMEFRONT HAS PROVIDED MORE THAN \$33 MILLION IN DONATED GOODS AN	וט
	SERVICES TO HOMEOWNERS. THE ESTIMATED VALUE OF GOODS AND SERVICE	<u>:S</u>
	DOATED DIRECTLY TO HOMEOWNERS IS A CUMULATIVE \$30 MILLION.	
4b	(Code:) (Expenses \$)
10		
4c	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)	
·u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 346,734.	
	1 9	Form 990 (2019)

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Form 990 (2019) HOMEFRONT INC. 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	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			х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 25
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Form 990 (
Part IV	Checklist of Required Schedules (continued))

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? If "Yes," complete			
	Schedule J	23		Х
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 25a	24a		Х
b	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			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
J-7	Part V, line 1	34		х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		 -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	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 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
			000	

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Form 990 (2019) HOMEFRONT INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ited of the teached year enclaring which or within the year covered by this return b If at least one is reported on line 2a, did the organization field all required federal employment is resturner? Note: If the sum of lines 1 and 12a is granter from 250, you may be required to e-fire (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if field a Form 900°T for this year? If YeV 10 line 30, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a dignature or other authority over, a financial account in a foreign country because a bank account, securities account, or other financial accounts? 5c If Yes,* the the name of the foreign country because the foreign country because the name of the foreign stank and financial Accounts (FBAR). 5c If Yes if Yes if the foreign country because the name of the foreign stank and financial Accounts (FBAR). 5c If Yes if Yes if the foreign country because the name of the foreign stank and financial Accounts (FBAR). 5c If Yes,				Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines is and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 30, provide an explanation on Schrodule 0 3c At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 4c At any time the harmed of the freign country? 5c a Was the organization aparty to a prohibitot tax scheler transaction at any time during the tax year? 5c A Was the organization aparty to a prohibitot tax scheler transaction at any time during the tax year? 5c A Was the organization aparty to a prohibitot tax scheler transaction at any time during the tax year? 5c B Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization schelar any contributions that were not tax deductibles? 6c C If "Yes "or did the organization include with every solicitation an express statement that such contributions or gifts were no trax deductibles? 6c Did the organization schelar year and the explanation of the value of the goods or services provided? 6c Did the organization receive a payment in access of \$75 mode party as a contribution and party for goods and services provided to the payor? 7c To granizations that may receive deductible? 7c Organizations that may receive deductible contributions under section 1700. 8d If "Yes," indicate the number of Forms 8882 filed during the year 8d If "Yes," indicate the number of Forms 8882 filed during the year 9d Did the organization receive a payment in access of \$75 mode party as a contribution of undersorted to the forms \$800,000 and services provided? 9d	2a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have emitted business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line db, provide an explanation on Schedule 0 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line db, provide an explanation or other authority over, a financial account? If you country (such as a bank account; securities account, or other financial account)? 4a X X b If "Yes," enter the name of the foreign country level. As a bank account; securities account, or other financial accounts? 5b West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," did the organization in the very solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include such every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization notity the donor of the value of the goods or services provided? 5c If If "Yes," did the organization notity the donor of the value of the goods or services provided? 5c If If "Yes," did the organization or put the growing organization than the growing organization and the growing organization organization for the value of the goods or services provided? 5c If If If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6c If If If If If If		filed for the calendar year ending with or within the year covered by this return 2a 9			
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f ''ves, '' in all source of the year of the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, and organization or other funancial accountly organization and the foreign country (such as a bank account, and organization organization the foreign country (such as a bank account, and organization organization the foreign country (such as a bank account, and organization organization the foreign country (such as a bank account, and organization the foreign country (such as a bank account, and the year) of the ground organization organization the foreign country (such as a bank account, and the year). 5a Was the organization the foreign country (such as a bank account, and the year)? 5a X X 5d M M M M M M M M M	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X
b if "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b if "Yes," enter the name of the foreign country [Such as a bank account, securities account, or other financial accounts (FBAR). 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 IX X or If "Yes" to line Sa or Sb, did the organization file Form 888617? 5a 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? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided? 7c Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7a If Yes," include the number of Forms \$2822 filed during the year 1b Did the organization received a contribution of undersection 170(c). 7c Did the organization received a contribution of undersection 170(c) and party for goods and services provided to the payor and to file Form \$2822? 7b Did the organization received a contribution of undersection 170(c) and party for goods and services provided to the payor and to file forms \$2822? 7c Did the organization received an ontitivitien of undersection 170(c). 8c Did the sponsaction 170(c). 8c Did the sponsaction		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A tary time during the calendary 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)? 5a Was the organization aparty to a prohibite tax was reasonal property or the francial accounts (FBAP). 5a Was the organization to a prohibit tax was reasonal to the foreign country or a prohibite tax was reasonal to the foreign country or a prohibite tax was reasonal to the foreign country or a prohibite tax was reasonal to the organization the organization the foreign 88617 or a prohibited tax shelter transaction? 5b X 5c If ''we's to line for a sin did not organization the foreign 88617 or a prohibited tax was reasonal to the organization solicit any contributions that were not tax declucibles charitable contributions? 5c Oppositions that may receive deductible contributions under section 170(c). 5d If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not itax declucibles on the was of the goods or services provided? 5d If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not itax declucibles on the was of the goods or services provided? 5d If 'Yes, 'inclicate the number of forms 8822 filed during the year 5d If 'Yes, 'inclicate the number of Forms 8822 filed during the year 6d If the organization received a contribution of qualified intellectual property, of the organization file a form of the did not property of the organization file a form 1989 of the organization file a form 1989 of the organization file organization makes any tax-post, post, any planes, or other vehicles, did the organization file a form 1989 of the organization file organization makes any tax-post, post, and planes, or other vehicles, did the organization file a form 1989 of the organization file organization makes any tax-post, post, post, post, post, p	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		Х
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Fam	000	(0040

Form 990 (2019)

HOMEFRONT INC.

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
<i>1</i> a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
		8a	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
		OD	- 25	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
<u> </u>	tion B. I oncies (mis section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	—	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
	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 arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT	, :	,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEAN O'BRIEN - 800-887-4673			
	88 HAMILTON AVENUE, STAMFORD, CT 06902			

932006 01-20-20

Form **990** (2019)

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per		not c		ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lustitutional trustee	Officer	irecto	Highest compensated highest compensated employee	stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALAN ARMSTRONG BOARD OF DIRECTOR	0.00	Х						0.	0.	0.
(2) DENNIS BROWN	0.00	^						0.	0.	<u> </u>
BOARD OF DIRECTOR	0.00	х						0.	0.	0.
(3) GORDON ALBERT	0.00									
BOARD OF DIRECTOR		х						0.	0.	0.
(4) SEAN O'BRIEN	35.00							-		
EXECUTIVE DIRECTOR		х						0.	0.	0.
(5) JAMES WENNING	0.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(6) MARGARET HARDENER	0.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(7) PETER VALENTI III	0.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(8) DAN ZENO	0.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(9) KENNETH WIEGAND	0.00									
CHAIR				Х				0.	0.	0.

Form **990** (2019)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and	title	(B) Average hours per		not c		ition more	than		(D) Reportable compensation	(E) Reportable compensation		(F) Estima	ated
		week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	()	othe compen- from organiz and rel organiza	er sation the ation ated
					0	~							
											\perp		
			_								_		
dh Oshaari									0.		0.		0.
1b Subtotal	ion sheets to Part VI	II, Section A						>	0.	(0.		0.
	duals (including but n							no r	eceived more than \$100	0,000 of reportable			0
									ghest compensated emp			Yes	s No X
•	ed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from for such individual	the organization		4	X
5 Did any person listed	on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		5	Х
	or your five highest co								that received more than		ensati	on from	
the organization. Repo	ort compensation for (A) Name and business			endi ONI		vith	or w	rithir	n the organization's tax (B) Description of s		Con	(C)	ion
									·				
•	,	•	ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of compens	sation from the organi	zation >					0				Fo	rm 990	(2019)

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01111 000 (2010

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Check in Concadio C Contains a response o	Thore to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0 (0							560110115 512 - 514
nts l		Federated campaigns 1a					
S or	k	Membership dues 1b					
Ar.	(Fundraising events1c					
直	(d Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions)					
roi	f						
E E			710,976.				
ΞĒ	,	Noncash contributions included in lines 1a-1f	57,297.				
a Sci	_	Total. Add lines 1a-1f	- , - , - , - , - , - , - , - , - , - ,	710,976.			
-			Business Code	7_0,070			
	•	+	Busiliess Code				
je	2 8						
ne ne	k	·					
n S	(;					
]ar	(t					
Program Service Revenue	•	·					
Δ.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	F				
	Ŭ	(i) Real	(ii) Personal				
	6 .		(1) 1 01001141				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
Jue		and sales expenses 7b					
Revenue	(Gain or (loss)7c					
æ	c	d Net gain or (loss)					
her	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
		a Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
	ŀ	b Less: direct expenses 9b					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
\rightarrow		Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eor le	11 a	a					
Miscellaneous Revenue	k)					
e Sel	c	>					
∄š((All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		710,976.	0.	0.	0.

Form 990 (2019) HOMEFRONT INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	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 domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	250,328.	170,223.	62,582.	17,523
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits	30,668.	23,001.	7,667.	
10	Payroll taxes	20,115.	15,086.	5,029.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,048.	7,048.		
d					
е	D (' ' I (' ' ' ' O D ' ' ' ' '				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	12,712.			12,712
13	Office expenses	7,404.	5,553.	1,851.	
14	Information technology				
15	Royalties				
16	Occupancy	39,400.	29,550.	9,850.	
17	Travel	27,005.	20,254.	6,751.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization				
23	Insurance	14,023.	10,517.		3,506
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		55,150.	55,150.		
b	SALSA	7,859.	7,859.		
С	BANK FEES	1,047.	1,047.		
d	FEES AND PERMITS	710.	710.		
е	All other expenses	736.	736.		
25	Total functional expenses. Add lines 1 through 24e	474,205.	346,734.	93,730.	33,741
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Part		Charle if Cahadula Charleina a managana aura	4-4	line in this Dest V			
		Check if Schedule O contains a response or no	τe to any	iine in this Part X	(A) Beginning of year		
	1	Cash - non-interest-bearing			36,392.	1	276,114
	2					2	
	3	Savings and temporary cash investments Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of				7	
	J	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	-				
	•	under section 4958(f)(1)), and persons describe				6	
ဖ ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			413,198.	8	413,198
As	9	Prepaid expenses and deferred charges			7,125.	9	7,126
.		Land, buildings, and equipment: cost or other	I I		.,===		.,===
	iva	basis. Complete Part VI of Schedule D	102	53.247.			
	h	Less: accumulated depreciation	10a	53,247.	0.	10c	0
١.	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	13 14		_		14		
	15	Intangible assets Other assets See Best IV line 11			15		
	16	Other assets. See Part IV, line 11			456,715.	16	696,438
-	17	Accounts payable and accrued expenses		·	6,355.	17	7,564
	18		0,000	18	7,301		
	19	Grants payable				19	
	19 20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities				21	
	2 i 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs				22	
, L	ഹ	controlled entity or family member of any of the				23	
	23 24	Secured mortgages and notes payable to unrel				24	
	2 4 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa		_		24	
1	23	parties, and other liabilities not included on line					
		of Schedule D	5 17-24).	Complete Fart X		25	
,	26	Total liabilities. Add lines 17 through 25			6,355.	26	7,564
+	20	Organizations that follow FASB ASC 958, che			0,000	20	,,501
es		and complete lines 27, 28, 32, and 33.	eck liele				
<u> </u>	27	Net assets without donor restrictions			450,360.	27	688,874
, ga	28	Net assets with donor restrictions			100,000	28	000,012
፱ '	20	Organizations that do not follow FASB ASC 9				20	
코		_	oo, che	Kilele P			
<u>ہ</u> ا	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
		Paid-in or capital surplus, or land, building, or e		_		30	
ASS	30 31					31	
# I	31 22	Retained earnings, endowment, accumulated in			450,360.	31	688,874
_	32 33	Total liabilities and not assets/fund balances			456,715.	33	696,438
	33	Total liabilities and net assets/fund balances .			±30,1±3•	<u> </u>	Form 990 (2019

Form **990** (2019)

30-0281085 Page **12** HOMEFRONT INC.

	1990 (2019) HOMEFRONT INC.	30-0281	.085	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45	0,3	<u>60.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	,	1,7	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	68	8,8	<u>74.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			\square	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization HOMEFRONT INC. 30-0281085 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	,	()	. ,	,	,	()
	membership fees received. (Do not						
	include any "unusual grants.")	1006411.	921,718.	1051219.	499,809.	710,976.	4190133.
2	Tax revenues levied for the organ-						
	ization'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	1006411.	921,718.	1051219.	499,809.	710,976.	4190133.
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.						4190133.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016 921,718.	(c) 2017 1051219.	(d) 2018	(e) 2019 710, 976.	(f) Total 4190133.
7	Amounts from line 4	1006411.	921,718.	1051219.	499,809.	710,976.	4190133.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4190133.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ		<u> </u>				
14	Public support percentage for 2019 (I						100.00 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instruction	

932022 09-25-19

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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	<i>,</i>					
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	S					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital					1	
assets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· -				<u> </u>	<u> </u>
14 First five years. If the Form 990 is f	-			-		
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
15 Public support percentage for 2019					15	<u>%</u>
16 Public support percentage from 20					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cl	neck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

5940___1

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Dort VI	the difference of the control of the
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

Н	OMEFRONT INC.	30-0281085
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation
	501(c)(3) taxable private foundation	
• •	is covered by the General Rule or a Special Rule . s)(7), (8), or (10) organization can check boxes for both the Gener	al Rule and a Special Rule. See instructions.
General Rule		·
	on filing Form 990, 990-EZ, or 990-PF that received, during the ye y one contributor. Complete Parts I and II. See instructions for de	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that m and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-tor, during the year, total contributions of the greater of (1) \$5,000 Z, line 1. Complete Parts I and II.	EZ), Part II, line 13, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 99 utions of more than \$1,000 exclusively for religious, charitable, so elty to children or animals. Complete Parts I, II, and III.	
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 99 is exclusively for religious, charitable, etc., purposes, but no such here the total contributions that were received during the year formplete any of the parts unless the General Rule applies to this ole, etc., contributions totaling \$5,000 or more during the year	contributions totaled more than \$1,000. If this box or an exclusively religious, charitable, etc., organization because it received nonexclusively
Caution: An organization	hat isn't covered by the General Rule and/or the Special Rules d	oesn't file Schedule B (Form 990, 990-EZ, or 990-PF).

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization **Employer identification number**

30-0281085 HOMEFRONT INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE HOME DEPOT FOUNDATION | X | Person Payroll 75,000. C/O HOMEFRONT, INC. Noncash (Complete Part II for STRATFORD, CT 06902 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 MITHUN FAMILY FOUNDATION Person Payroll 96,160. C/O HOMEFRONT, INC. Noncash (Complete Part II for STRATFORD, CT 06902 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NORBERT H HARDNER FOUNDATION 3 X Person Payroll C/O HOMEFRONT, INC. 40,000. Noncash (Complete Part II for STRATFORD, CT 06902 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 TWENTY SEVEN FOUNDATION Person Payroll C/O HOMEFRONT, INC. 25,000. Noncash (Complete Part II for STRATFORD, CT 06902 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 PETER VALENTI X Person Payroll C/O HOMEFRONT, 44,900. INC. Noncash (Complete Part II for STRATFORD, CT 06902 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 CHARTER COMMUNICATIONS Person Pavroll C/O HOMEFRONT, INC. 20,000. Noncash (Complete Part II for STRATFORD, CT 06902

noncash contributions.)

Name of organization

Employer identification number

30-0281085

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

	T INC.			30-0281085
fron	lusively religious, charitable, etc., contribut n any one contributor. Complete columns (a pleting Part III, enter the total of exclusively religious,) through (e) and the following line en	try For organizations	
Use	e duplicate copies of Part III if additional	space is needed.	<u> </u>	,
). 	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
	Transieree 3 frame, address, a		nelationship of trai	
).).	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
<u> </u>	(a) . a. pass o. g.it	(5, 555 51 gitt	(0) 2000	The state of the s
		(e) Transfer of gif	t	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee
-	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-				
		(e) Transfer of gif	it	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOMEFRONT INC.

Employer identification number 30-0281085

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of 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 advise	ed funds					
	are the organization's property, subject to the organization's	_						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
Pai								
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area					
	Protection of natural habitat	Preservation of a	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	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								
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re-							
	year ▶							
4	Number of states where property subject to conservation ear	sement is located >						
5								
	violations, and enforcement of the conservation easements i	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
	>							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
	▶ \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)? Yes No							
9								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
_	organization's accounting for conservation easements.							
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:							
	(i) Revenue included on 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	asures, or other similar assets for financial	gain, provide					
	the following amounts required to be reported under FASB A	_						
а	Revenue included on Form 990, Part VIII, line 1		' -					
b	Assets included in Form 990, Part X		▶ \$					

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Schedule D (Form 990) 2019

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Pai	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or (Other	Simila	ar Asse	ts (contii	nued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	I <u>□</u> Loan or ex	change program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's	exemp	t purpo	se in Parl	XIII.			
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other s	imilar as	sets		_		_	
	to be sold to raise funds rather than to be m							Yes		<u>No</u>	
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "Yes	s" on Fo	rm 990	, Part IV,	line 9, o	r		
	Is the organization an agent, trustee, custod		diary for contribution	ons or other assets	s not inc	luded					
	on Form 990, Part X?		-					Yes		No	
b	If "Yes," explain the arrangement in Part XIII										
	gg		g					Amoun	t		
С	Beginning balance					1c		, another			
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on F					?		Yes		No	
	If "Yes," explain the arrangement in Part XIII.				-						
Pai											
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d)	Three y	ears back	(e) Fou	r years	back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column	(a)) held as:							
а	Board designated or quasi-endowment		%								
b											
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	for the	organiz	ation				
	by: Yes No								No		
	(i) Unrelated organizations							3a(i)			
	(ii) Related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the		owment funds.								
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Pa	art X, lin	e 10.					
	Description of property (a) Cost or other basis (investment) (b) Cost or other control depreciation (c) Accumulated depreciation						d	(d) Boo	k valu	е	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment	~~	415.		2	2,41	15.			0.	
е	Other		832.		3	0,83	32.			0.	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)	<u></u>		▶			0.	
							Schodulo	D/Farr	~ 000	2010	

Schedule D (Form 990) 2019

932053 10-02-19

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

Pa	t XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ıe per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b	·····		
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
Га	IL AII	Reconciliation of Expenses per Audited Financial	•	ses per neturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV,			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a		ed services and use of facilities			
b		vear adjustments			
q		losses	I I		
d e		(Describe in Part XIII.) nes 2a through 2d	<u>-</u>	2e	
3		nes 2a through 2d act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	·····		
		nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa		Supplemental Information.	,	•	
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Part X	ΚI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

5940___1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HOMEFRONT INC. Employer identification number 30-0281085

Par	ti iy	pes of Property								
			(a)	(b)	(c)	wibution	(d	-		
			Check if applicable	Number of contributions or	Noncash cont amounts repo		Method of c noncash contrib		_	·e
			арріісавіе	items contributed			Horicasii contri	otion a	mount	
1	Art - Work	s of art								
2	Art - Histo	orical treasures								
3	Art - Fract	tional interests								
4	Books an	d publications								
5	Clothing a	and household goods								
6	Cars and	other vehicles								
7	Boats and	d planes								
8		al property								
9		s - Publicly traded								
10	Securities	- Closely held stock								
11	Securities	s - Partnership, LLC, or								
	trust inter	ests								
12	Securities	s - Miscellaneous								
13	Qualified	conservation contribution -								
	Historic s	tructures								
14	Qualified	conservation contribution - Other $_{\dots}$								
15	Real esta	te - Residential								
16	Real esta	te - Commercial								
17	Real esta	te - Other								
18		es								
19		entory								
20		d medical supplies								
21	Taxiderm	y								
22	Historical	artifacts								
		specimens								
		gical artifacts								
25	Other >		X	0	208	3,163.	THE ORGANI	ZATI	ON	MAK
26	Other >	• ()								
27	Other >	• ()								
28	Other >)								
29	Number c	of Forms 8283 received by the orga	nization durin	g the tax year for o	ontributions					
	for which	the organization completed Form 8	3283, Part IV, I	Donee Acknowled	gement	29				
									Yes	No
30a	During the	e year, did the organization receive	by contribution	on any property rep	oorted in Part I, Iir	nes 1 throu	gh 28, that it			
	must hold	I for at least three years from the da	ate of the initia	al contribution, and	d which isn't requi	ired to be u	sed for			
	exempt p	urposes for the entire holding perio	od?					30a		X
b	If "Yes," o	describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		X	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributi	ons?						32a		X
	-	lescribe in Part II.								
33	If the orga	anization didn't report an amount in	column (c) fo	r a type of propert	y for which colum	nn (a) is che	cked,			
	describe i									
НΔ	For Dar	perwork Reduction Act Notice se	a the Instruc	tions for Form 99	n		Schedule	M (For	m 990	2019

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HOMEFRONT INC.

Employer identification number 30-0281085

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: QUALITY MATERIALS, AND ENTHUSIASTIC VOLUNTEERS TO BRING ABOUT ENDURING CHANGES.

FORM 990, PART VI, SECTION B, LINE 11B:

OUR FORM 990 IS COMPLETED BY OUR ACCOUNTING FIRM, REVIEWED BY MANAGEMENT, AND IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR COMMENT. COMMENTS ARE ADDRESSED PRIOR TO FILING THE 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF OUR EXECUTIVE DIRECTOR. SALARIES OF SENIOR STAFF MEMBERS ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

IF A DIRECTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO AY PARTICULAR TRANSACTION, HE OR SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF EXECUTIVE OFFICE ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTS TO THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER AND QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization **Employer identification number** HOMEFRONT INC. 30-0281085 VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND

IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT CONCERNING A PARTICULAR TRANSACTION WITH RESPECT TO AN EXECUTIVE OFFICER, THEY SHALL EXERCISE THEIR BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE:

APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE REASONABLY CERTAIN THAT THE BEST INTEREST OF HOMEFRONT WILL BE SERVED THEREBY OR REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION.

EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF HOMEFRONT, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATER THAT BOARD MEMBERS MAY HAVE.

IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS NO CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVING A DIRECTOR OR OFFICER, THEY NEED NOT NOTIFY THE BOARD OF DIRECTORS, BUT THE SECRETARY OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO BOARD MEMBERS UPON REQUEST.

IN ANY CASE IN WHICH THE POTENTIAL CONFLICT WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVED WITHER THE CEO OR CHAIRMAN OF THE BOARD OF DIRECTORS, THE AFFECTED PARTY SHALL NOTIFY THE CHAIR OF THE GOVERNANCE COMMITTEE, AND THE CONFLICT SHALL THEN BE REPORTED TO THE FULL BOARD, AND THE CEO OR CHAIRMAN OF THE BOARD SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR ONE OF ITS COMMITTEES, THE CEO OR CHAIRMAN SHALL NOT

THE VOTING.

Name of the organization HOMEFRONT INC.	Employer identification number 30-0281085					
BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER.						
THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATIONS FINANCIAL STATEMENTS ARE INCLUDED ON TH	E AUDITED					
FINANCIAL STATEMENTS WHICH ARE PREPARED IN ACCORDANCE WIT	H GAAP. THE FULL					
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.						
FORM 990, PART VI, LINE 11B- ORGANIZATIONS PROCESS TO REV	IEW FROM 990					
OUR FORM 990 IS COMPLETED BY OUR ACCOUNTING FIRM, REVIEWE	D BY					
MANAGEMENT AND IS DISTRIBUTED TO THE BOARD OF DIRECTORS F	OR COMMENT.					
COMMENTS ARE ADDRESSED PRIOR TO FILING THE 990 WITH THE I	RS.					