Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the li	-	•	Open to Public Inspection
					1, 2021	moposition
_	Check if		forganization		-	cation number
_	applicable	e: Traine o	i oi garnzaron		oroyer ruerrume	ation number
Г	Addres	ss HOME	FRONT INC.			
F	Name change		usiness as		0-02810	85
F	Initial return		r and street (or P.O. box if mail is not delivered to street address) Room/		phone number	
F	Final	88 1	IAMILTON AVE		00-887-	
_	—Jreturn/ termin ated		own, state or province, country, and ZIP or foreign postal code		s receipts \$	718,278.
Г	Ameno		FORD, CT 06902		this a group re	
F	Applic		nd address of principal officer:SEAN O'BRIEN		r subordinates	
_	pendir		AS C ABOVE			cluded? Yes No
$\overline{}$	Tax-exe	empt status:				list. See instructions
			HOMEFRONTPROGRAM. ORG		roup exemption	
						State of legal domicile: CT
		Summary				- Clair of logal actinone,
_	\top		be the organization's mission or most significant activities: TO PROV	IDE OUA	LITY OF	LIFE
nce	'	REPAIRS	AT NO COST TO HOMEOWNERS IN NEED BY	COMBIN	ING SKI	LLED LABOR,
Governance	2		if the organization discontinued its operations or disposed of			
Ş.	3		ting members of the governing body (Part VI, line 1a)		ا م ا	10
Ğ	4		dependent voting members of the governing body (Part VI, line 1b)			10
Activities &			of individuals employed in calendar year 2020 (Part V, line 2a)		·····	7
iţi			of volunteers (estimate if necessary)			0
듅			d business revenue from Part VIII, column (C), line 12			0.
⋖			business taxable income from Form 990-T, Part I, line 11			0.
					r Year	Current Year
a)	8	Contributions	and grants (Part VIII, line 1h)	-	10,976.	715,778.
Revenue	9		ice revenue (Part VIII, line 2g)		0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,500.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,976.	718,278.
			milar amounts paid (Part IX, column (A), lines 1-3)	_	0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
ý	1			2	01,111.	352,327.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 130,712.			
й	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		73,094.	401,375.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		74,205.	753,702.
	19		expenses. Subtract line 18 from line 12		36,771.	-35,424.
Net Assets or	3			Beginning o	f Current Year	End of Year
ets	20	Total assets (Part X, line 16)		25,708.	658,464.
ASS	21	-	(Part X, line 26)	2	49,265.	208,994.
Ret	22		fund balances. Subtract line 21 from line 20	3	76,443.	449,470.
P	art II	Signatur		•		
Und	der pena	Ilties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statements, and	to the best of my	knowledge and belief, it is
true	e, correc	t, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any k	knowledge.	
Sig	ın	Signatur	e of officer		Date	
He		▶ SEAN	O'BRIEN, EXEC DIRECTOR			
		Type or	orint name and title			
		Print/Type pre		Date	Check	X PTIN
Pai	d		ROLLERI, CPA		if self-employe	_d №00182555
Pre	parer	Firm's name	▶ KNIGHT ROLLERI SHEPPARD CPAS LLP	•	Firm's EIN	06-1156122
Use	Only		2150 POST ROAD, 5TH FL			
			FAIRFIELD, CT 06824		Phone no. (2	03) 259-2727
Ма	y the IF	RS discuss thi	s return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission: TO PROVIDE QUALITY OF LIFE REPAIRS AT NO COST TO HOMEOWNERS IN NEED BY	
	COMBINING SKILLED LABOR, QUALITY MATERIALS AND ENTHUSIASTIC VOLUNTEERS	_
	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 N	ا ما
	prior Form 990 or 990-EZ?	O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
•	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 expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 568,210 · including grants of \$) (Revenue \$	_)
	SUPPORTING HOMEFRONT'S MISSION, HUNDREDS OF VOLUNTEERS COME TOGETHER EACH YEAR TO IMPACT THE LIVES OF HOMEOWNERS IN NEED, DONATING THEIR	—
	TIME AND EXPERTISE TO COMPLETE CRITICAL HOME REPAIRS THAT WOULD	—
	OTHERWISE BE BEYOND THEIR REACH. JOINING THESE CIVIC AND CORPORATE	—
	VOLUNTEERS ARE PROFESSIONAL TRADESPEOPLE WHO ALSO CONTRIBUTE THEIR TIME	_
	TO SUPERVISE PROJECTS SUCH AS REPLACING AGING DOORS AND WINDOWS,	<u> </u>
	INSTALLING WHEELCHAIR RAMPS, AND REPAIRING ROOFS AND HEATING SYSTEMS AT	<u> </u>
	NO COST TO QUALIFIED HOMEOWNERS. SINCE THE PROGRAM STARTED IN 1988,	_
	HOMEFRONT HAS PROVIDED MILLIONS IN DONATED GOODS AND SERVICES TO	_
	HOMEOWNERS.	_
		_
4b	(Code:) (Expenses \$	_)
		_
		—
		—
		_
		_
		_
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
40	(Code:) (Expenses \$	- '
		—
		_
		_
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 568,210.	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. v
_	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,	_		X
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Α.
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	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	1 I a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		 ^``
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_ v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
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%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
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? If	00-		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0000

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		21
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
14a	0 71 7	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2020

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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} 1	.0		
	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		₁₆ 1	.0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v				
_	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the organization.		· -		
·	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990			+	X
5	Did the organization become aware during the year of a significant diversion of the organization's asset		. —	+	X
6	Did the organization have members or stockholders?		6		X
_	Did the organization have members of stockholders, or other persons who had the power to elect or appropriate organization have members, stockholders, or other persons who had the power to elect or appropriate organization have members of stockholders, or other persons who had the power to elect or appropriate organization have members of stockholders, or other persons who had the power to elect or appropriate organization have members of stockholders.		· - •	+	
7a			7a		Х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto-		. <u>1a</u>	+	1
D			76		X
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year better the properties of the properties		. 7b		1
8		-	0-	х	
a	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	+*	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Coae.)		1	
40-	Did the every insting have least shorters broughes an efflicted		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		. 10a		125
D	If "Yes," did the organization have written policies and procedures governing the activities of such chap		10b		
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?			 	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body by	before filling the form?	Ha	125	
			40-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			+	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		. 12b	+^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,			x	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		. 13		
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
а	The organization's CEO, Executive Director, or top management official			77	
b	Other officers or key employees of the organization		. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			١
	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 organiz	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	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 on	ly) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain or				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy,	and fina	ancial	
	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 book	s and records 🕨			
	SEAN O'BRIEN - 800-887-4673				
	88 HAMILTON AVENUE, STAMFORD, CT 06902				

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Form **990** (2020)

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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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	below line)	hours for related organizations below belo	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) JOHN MCDONALD	0.00								_	•
TREASURER	0.00	Х		Х				0.	0.	0.
(2) DENNIS BROWN BOARD OF DIRECTOR	0.00	x						0.	0.	0.
(3) GORDON ALBERT	0.00	^						0.	0.	0.
BOARD OF DIRECTOR	0.00	X						0.	0.	0.
(4) JAMES WENNING	0.00	123							•	•
BOARD OF DIRECTOR		X						0.	0.	0.
(5) KENNETH WIEGAND	0.00									
CHAIR		Х		Х				0.	0.	0.
(6) MARGARET HARDENER	0.00									
SECRETARY		Х		Х				0.	0.	0.
(7) PETER VALENTI III	0.00								_	_
BOARD OF DIRECTOR		Х						0.	0.	0.
(8) DAN ZENO	0.00	۱								
BOARD OF DIRECTOR	0.00	Х						0.	0.	0.
(9) CAROLYN LOCKLEY	0.00	x						0.	0.	0.
BOARD OF DIRECTOR		_						0.	0.	0.
		-								

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

Na	(A) Name and title		(B) (C) Average hours per box, unless person						(D) Reportable compensation	(E) Reportable compensation		(F) Estimat	
		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	CC	other ompens from the organiza and rela rganizat	ation ne tion ted
						~							
			_								_		
dh Cubtatal									0.).		0.
c Total from co	ntinuation sheets to Part Vies 1b and 1c)	II, Section A						>	0.	().		0.
2 Total number of	of individuals (including but r							no r	eceived more than \$100	0,000 of reportable			0
	zation list any former officer,											Yes	No X
4 For any individ	s," complete Schedule J for s dual listed on line 1a, is the su ganizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	•	the organization			X
5 Did any persor	n listed on line 1a receive or a e organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	5		Х
	table for your five highest co											n from	
the organization	on. Report compensation for (A) Name and business			endi ONI		vith	or w	rithir	n the organization's tax (B) Description of s		Com	(C)	on
					_								
	of independent contractors (i	•	ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of co	ompensation from the organi	zation >					0				For	m 990	(2020)

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					ONT INC	•			30-0281	085 Рас	ge 9
Pa	rt '	VIII								Г	_
			Check if Schedule O	<u>contain</u>	s a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	Unrelated	Révenue exciu	ler
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibution grants, a above	1b 1c 1d s) 1e and 1f 1g \$	116,633. 599,145. 167,862.	715,778.				
Program Service Revenue	2		All other program service Total. Add lines 2a-2f	revenu	e						
Other Revenue	7	b c d 'a	Investment income (include other similar amounts)	6a 6b 6c 7a 7b 7c	(i) Real i) Securities s (not of	oroceeds (ii) Personal (ii) Other					
		c) a b c) a	Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, land allowances Less: cost of goods sold Net income or (loss) from	fundrai g activi gaming gaming	sing events ties. See 9a 9b q activities urns 10a	>					
Miscellaneous Revenue	11	l a b c	OTHER INCOME All other revenue			Business Code 624410	2,500.	2,500.			
			Total. Add lines 11a-11d				2,500.	0.500			_
	12	2	Total revenue. See instruction	ns	<u></u>)	718,278.	2,500.	0.	<u> </u>	0.

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Form **990** (2020)

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	<u> </u>				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4930(1)(17)) and persons described in section 4958(c)(3)(B)				
7		299,805.	183,059.	27,986.	88,760
7 8	Other salaries and wages Pension plan accruals and contributions (include	255,005.	100,000.	21,500	30,700
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,002.	18,319.	2,801.	8,882
9 10		22,520.	13,751.	2,102.	6,667
10 11	Payroll taxes Fees for services (nonemployees):	22,320.	15,7510	2,102	5,007
	Management				
a b					
	Legal				
q	5 F				
d	D () 1() 1 2 3 47				
e f	Investment management fees				
	//CII 44				
g	column (A) amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion	8,720.			8,720
12 13	Office expenses	761.	574.	55.	132
14	Information technology	, 020	3,11		
15					
16	Royalties	46,369.	38,501.	2,324.	5,544
17	Occupancy	6,873.	6,377.	119.	377
18	Payments of travel or entertainment expenses	0,0731	0,3770		377
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	· .	4,916.	3,706.	357.	853
20 21	Payments to affiliates	-,5-0	2,700	33,0	
21 22	Depreciation, depletion, and amortization	4,592.	4,592.		
23	. Г	23,723.	17,885.	1,724.	4,114
23 24	Other expenses. Itemize expenses not covered	23,723.	17,003.	-, 1 4 - 6	±, ±±±
24	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		172,309.	172,309.		
b	BUILDING SERVICES	108,738.	108,738.		
С	PROFESSIONAL FEES	24,374.	399.	17,312.	6,663
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	753,702.	568,210.	54,780.	130,712
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2020) Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			280,293.	1	239,164.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			655.	3	12,817.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		319,663.	8	384,366.	
⋖	9	Prepaid expenses and deferred charges			6,726.	9	8,339.
	10a	Land, buildings, and equipment: cost or other		54 405			
		basis. Complete Part VI of Schedule D			40.054		40 550
	b	Less: accumulated depreciation		40,627.	18,371.	10c	13,778.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	COE	15	650 464		
	16	Total assets. Add lines 1 through 15 (must ed		625,708.	16	658,464.	
	17	Accounts payable and accrued expenses	99,449.	17	59,178.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the			149,816.	22	140 016
	23	Secured mortgages and notes payable to unr			149,010.	23	149,816.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			249,265.	26	208,994.
	20	Organizations that follow FASB ASC 958, c			245,205.	20	200,334.
es		and complete lines 27, 28, 32, and 33.	HECK HE				
anc	27				376,443.	27	449,470.
Bal	28	Net assets with donor restrictions			0.0,120	28	
pu	20	Organizations that do not follow FASB ASC				20	
Fu		and complete lines 29 through 33.	, 000, 011				
, o	29	Capital stock or trust principal, or current fund	is			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			376,443.	32	449,470.
_					625,708.		658,464.
	33	Total liabilities and net assets/fund balances			625,708.	33	658

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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				<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				02.
3	Revenue less expenses. Subtract line 2 from line 1	3			•	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		376	5,4	43.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	-	L 0 8	3,4	52.
7	Investment expenses	7				
8	Prior period adjustments	8				
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	4	449	9,4	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a │		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	D			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	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 required	ired auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	3b		

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

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.	
The	he 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 secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		·			ii).	
4		A medical research organiz					•	the hospital's name.
		city, and state:		· ,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J	ш			liege of drilversity owner	u or opera	led by a g	overimental unit descri	Jed III
•		section 170(b)(1)(A)(iv). (C						
6	V	A federal, state, or local gov						
7	X	An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin						
		See section 509(a)(2). (Cor		,			, 3	,
11		An organization organized a		ively to test for public sa	afety. See s	section 50	09(a)(4).	
12	一	An organization organized a	·	•	•			e nurnoses of one or
		more publicly supported or	•	•	•			• •
		lines 12a through 12d that	•					SHOOK THE BOX III
_		7				•		, airtina
а			•	•	•			
		the supported organization			a majority (or the dire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					•
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sur	oported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		_ its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d			y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	riveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or					31 / 31 / 31	
f	Fnte	er the number of supported o		, 5	5 5			
		vide the following information		ed organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	ıl							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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							
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	921,718.	1051219.	499,809.	710,976.	826,730.	4010452.	
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	921,718.	1051219.	499,809.	710,976.	826,730.	4010452.	
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.						4010452.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018 499, 809.	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	921,718.	1051219.	499,809.	710,976.	826,730.	4010452.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
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						4010452.	
12	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for the	•		•	•			
_	organization, check this box and stor						<u></u> ▶□	
	ction C. Computation of Publ					<u> </u>	100 00	
14	Public support percentage for 2020 (100.00 %	
15	Public support percentage from 2019						100.00 %	
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact			=	·	_		
	meets the facts-and-circumstances to	-			-			
b	10% -facts-and-circumstances tes	_					10% or	
	more, and if the organization meets the		·		•		▶□	
40	organization meets the facts-and-circ						. [H	
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Manayada 5						
	A Amounts included on lines 1, 2, and						
/ 6	′ ′						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2019. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
ı			
	3a		
	3b		
ł	3с		
	4a		
H	4a		
ł	4b		
	4c		
	5a		
ı	Ja		
	5b		
ı	5c		
	6		
	7		
	8		
	9a		
	Ob-		
ł	9b		
	9с		
ļ	10a		
	10b		

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		<u> </u>
Sec	Tion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization'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			
_	organization'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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check 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				
c		structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	onaono	Yes	No
a			100	110
_	the supported 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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections 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 0.015 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 0.035.	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 0.85 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	ılly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued}	d)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	a From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
<u>i</u>	Carryover from 2015 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
d	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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.)
	(See manded the first of the fi
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<u></u>	

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.

2020

Employer identification number

2020

OMB No. 1545-0047

HOMEFRONT INC. 30-0281085 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn'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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 CHARTER COMMUNICATIONS | X | Person Payroll 20,000. C/O HOMEFRONT, INC. Noncash (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution JOHN H & ETHEL G NOBLE CHARITABLE 2 TRUST Person Payroll 50,000. C/O HOMEFRONT, INC. Noncash (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 **GECAS** X Person Payroll C/O HOMEFRONT, INC. 20,000. Noncash (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 MITHUN FAMILY FOUNDATION Person Payroll C/O HOMEFRONT, INC. 55,293. Noncash (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 NORBERT H. HARDNER FOUNDATION X Person Payroll C/O HOMEFRONT, INC. 40,000. Noncash (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 THE HOME DEPOT FOUNDATION Person Pavroll 56,250. C/O HOMEFRONT, INC. Noncash (Complete Part II for STAMFORD, CT 06902

noncash contributions.)

Name of organization

Employer identification number

30-0281085

Parti	Contributors (see instructions). Use duplicate copies of Part 1 if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TWENTY SEVEN FOUNDATION C/O HOMEFRONT, INC. STAMFORD, CT 06902	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PETER VALENTI C/O HOMEFRONT, INC. STAMFORD, CT 06902	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

HOMEFRONT INC.

30-0281085

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

Name of or	ganization			Employer identification number
HOMEFI	RONT INC.			30-0281085
Part III		through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of nd ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	aift	
_	Transferee's name, address, ar			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor 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

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	r Funds or A	ccounts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 do	nor advised fun	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant func	ls can be used	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confer	ring		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	orm 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recreated	ation or education) 🔲 Presei	vation of a histo	orically important land area		
	Protection of natural habitat	Prese	vation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in	the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements					
b				2b		
С	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ted by the orgar	nization during the tax		
	year ▶					
4	Number of states where property subject to conservation ea		 _			
5	Does the organization have a written policy regarding the pe					
•	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enfol	cing conservati	on easements during the year		
-	Associated and associated associated to the second and the second					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing	conservation ea	asements during the year		
	▶ \$ Does each conservation easement reported on line 2(d) abo	vo patiofy the requirements of se	otion 170/b)/4)/E	D)/i)		
8						
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat					
3	balance sheet, and include, if applicable, the text of the foot					
	organization's accounting for conservation easements.	note to the organization's imanor	ai statements ti	iat describes the		
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasure	s, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Forn		•			
	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue st	atement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for pu	•				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of		
	art, historical treasures, or other similar assets held for public					
	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					
	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					
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020		

Pai	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	or Othe	r Simila	ar Asse	ts (contin	ued)	
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										
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furthe	er the organizati	on's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o						_	7	_	_
_	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran	-	ete if the organiza	tion answered	"Yes" on I	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					٦.,		٦
	on Form 990, Part X?							Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
_	Destination below a					4-		Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.	•	*							
Pai										
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(a) carront your	(b) i noi your	(3)		,		(0) : 54:	j ou. o	54511
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as:						
	Board designated or quasi-endowment	,	%	(//						
	Permanent endowment	%	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are hel	d and administe	ered for th	e organiz	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a	a. See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o		ost or other		cumulate	ed	(d) Book	c valu	е
		basis (investr	nent) bas	is (other)	dep	reciation				
	Land									
	Buildings									
	Leasehold improvements	45 252					4 -	, ,	70	
	Equipment	···						Т.	o , /	78.
	Other (2.4 cm)			10.)		9,0	4/•	1 -	2 7	<u> 0.</u>
ıota	Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, column (B), lin	e 10c.)			Schedule		3,7	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HOMEFRONT IN	rc.	30	-0281085 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part	XI Reconciliation of Revenue per Audited Financia		Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part				006 800
	Total revenue, gains, and other support per audited financial statemen	ts		1	826,730.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		100 450		
	Donated services and use of facilities		108,452.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			100 450
	Add lines 2a through 2d			2e	108,452. 718,278.
	Subtract line 2e from line 1			3	/10,2/0.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c	718,278
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XII Reconciliation of Expenses per Audited Financia			5 Return	
ı art	Complete if the organization answered "Yes" on Form 990, Part		ii Expenses per i	tetuiii	•
1	Fotal expenses and losses per audited financial statements			1	753,703.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				755,765
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	753,703.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	753,703.
	XIII Supplemental Information.	,			•
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov				ille 2, Fait Ai,

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

Fai	LI	Types	of Property									
					(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d) Method of de noncash contribu	etermin		s
1	Art -	Works of a	art									
2			treasures									
3			interests									
4												
5	Books and publications Clothing and household goods											
6			vehicles									
7			nes									
8			perty									
9			blicly traded									
10			sely held stock									
11			rtnership, LLC, or									
12			scellaneous									
13			ervation contribut									
	Histo	oric structi	ıres									
14			ervation contribut									
15	Real	estate - R	esidential									
16			ommercial									
17	Real estate - Other											
18												
19			·									
20			dical supplies									
21												
22			icts									
23			imens									
24			artifacts									
25		er 🕨 (DONATED	MATER)	X	9	167	,862.	COMPARABLE	VAL	UES	
26	Othe	er 🕨 ()								
27	Othe	er 🕨 ()								
28	Othe	er 🕨 ()								
29	Num	ber of For	ms 8283 received	d by the organ	ization durin	g the tax year for c	ontributions					
	for w	hich the c	rganization comp	oleted Form 82	283, Part V, [Donee Acknowledg	ement	29				
											Yes	No
30a	Durir	ng the yea	r, did the organiz	ation receive b	y contribution	on any property rep	oorted in Part I, lin	es 1 throu	gh 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for											
	exen	npt purpos	ses for the entire	holding period	l?					30a		X
b	b If "Yes," describe the arrangement in Part II.											
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							utions?	31		X	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash											
contributions?							32a		X			
b	If "Y	es," descr	be in Part II.									
33	If the	e organizat	ion didn't report	an amount in	column (c) fo	r a type of propert	y for which columi	n (a) is che	ecked,			
	desc	ribe in Pa	t II.									
LHA	Fo	r Paperwe	ork Reduction A	ct Notice, see	the Instruc	tions for Form 99	0.		Schedule N	1 (Forn	n 990)	2020

Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2020
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) 2020

032211 11-20-20

Name of the organization

HOMEFRONT INC.

Employer identification number 30-0281085

VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

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

HOMEFRONT INC.		30 – 0	281 (085
BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE	rov	E ON	THE	MATTER.
THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE	E V	OTING	; .	
FORM 990, PART VI, SECTION C, LINE 19:				
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	D F	INANC	CIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST.				