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

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

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u> _	For the	e 2018 calendar year, or tax year beginning $09/01/18$, and ending $08/31/$	19		
В	Check if ac			D Employe	r Identification number
	Address cl				
	Name cha	nge Doing business as			281085
$\overline{\Box}$	initlal retur	Number and street for P.C. box it mad is not delivered to street address) 88 HAMILTON AVE	Room/suite	E Telephon	e numbe(
H	Final return	n/ City or town, state or province, country, and ZtP or foreign postal code		 	
<u></u>	terminated	STAMFORD CT 06902		G Gross rec	eípts 3 499,809
	Amended		1	G -0:058 rec	
	Application	pending SEAN O'BRIEN	H(a) is this a gro	up return for s	ubordinales? Yes X No
_		88 HAMILTON AVE	H(b) Are all subj	ardinates (actu	ided? Yes No
		STAMFORD CT 06902	If "No."	altach a list	(see instructions)
$\overline{}$	Tax-exem	[mgs]	-1		
 J	Website:		H(c) Group exe	nation aumhe	; ▶
 К		······································	Year of formation: 1		M State of legal domicile: CT
	art I	Summary	- Indian -		The Otolo Shipger Springer + -
<u> </u>		Briefly describe the organization's mission or most significant activities:			,
	' -	TO PROVIDE QUALITY OF LIFE REPAIRS AT NO COST TO HOMEOW	NERS IN NE	ED BY	
2		COMBINING SKILLED LABOR, QUALITY MATERIALS AND ENTHUSIA	and the second of the second second		TO
rna		BRING ABOUT ENDURING CHANGES			
Governance	2 (Check this box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets	. i.	
Ö		Number of voting members of the governing body (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·	3	8
Activities &	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Ϋ́		Fotal number of individuals employed in calendar year 2018 (Part V. line 2a)		5	8
ş	1	Total number of volunteers (estimate if necessary)		6	0
ď	1	County investigated by missing sevential from Book Will, polymon (**) Jing 12		7a	O
		Net unrelated business taxable income from Form 990-T, line 38		. 7b	O
			Prior Yea		Current Year
ā	8 0	Contributions and grants (Part VIII, line 1h)	1,05	1,219	499,809
nue	9. F	Program service revenue (Part VIII, line 2g)			0
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	· · · · · · · · · · · · · · · · · · ·		0
U.	11. (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,05	1,219	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
		Benefits paid to or for members (Parl IX, column (A), line 4)	0.0		000
Ś	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28.	2,682	290,857
xpenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	300.0000000000000000000000000000000000	:50:013:56:5786.24	U
×	bī	Fotal fundraising expenses (Part IX; column (D), line 25) ▶ 40,808	77	0.40	026 650
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,040	236,652
	Į	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,722 9,497	527,509 -27,700
	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or	ייטני ו	Fotal assets (Part X, line 16)		1,260	456,715
556	21 7	Fotal liabilities (Part X, line 26)		3,200	6,355
Net	2 4	Net assets or fund balances. Subtract line 21 from line 20.		8,060	450,360
- T	Part				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ofs and to the he	t of my kno	iwiedge and belief, it is
ţr	ue corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	l.	
_		k			
Sig	an.	Signature of officer		Date	
He		SEAN O'BRIEN EXEC	DIRECTOR		
		Type or print name and title	·		
		Print/Type preparer's name Preparer's signature:	Date	Chäck	if PTIN
Pai	id	JOSEPH P. DAPONTE JOSEPH P. DAPONTE	07/20	/20 self-en	policyed P00502617
Pre	parer	Firm's name ARNELL DAPONTE & COMPANY, LLC.		irmis EiN ▶	20-4052653
	e Only	98 MILL PLAIN RD W		.—	
	•	Firm's address DANBURY, CT 06811	F	hane no.	203-797-9681
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions.		<u> </u>	Form 990 (2018)
OAA		•			

4d Other program services (Describe in Schedule O.) Including grants of \$) (Revenue \$ (Expenses 5 410,191 4e Total program service expenses. Form 990 (2018)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes;" complete Schedule A		**	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	37
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
_	candidates for public office? If "Yes," complete Schedule C, Part I	١,		x
4.	Section 501(c)(3) organizations. Did the organization engage In lobbying activities, or have a section 501(h)	3		
	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,			-25
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D. Part I	6		·X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
	complete 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		•	
فده	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Out to be 111	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, (X, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			37
Ь.	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		X
υ.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		<u></u>
*	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16.7 If "Yes," complete Schedule D, Part IX	11d		X
Đ.	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12៦		X
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
ď	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			**
4 =	foreign investments valued at \$100.000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	and the internal of the same in the state of the state of the same in the same	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Dark W. natures (A) Name C and 4400 M West I appropriate Catendral C. Therefore instructions	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Ì	X.
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 17 If "Yes." complete Schedule I, Parts I and II	21		<u>x</u>

P	art 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 Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	The state of the s	24b	<u> </u>	<u> </u>
С	the state of the s			
	to defease any lax-exempt bonds?	24c	<u> </u>	
d	and the state of t	24d	ļ	<u> </u>
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	and a supplied to the supplied	ŀ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	-		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	assama.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	700 (B)	10000	
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			₹.
c	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
40	conservation contributions? If "Yes," complete Schedule M	30		х
3.1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization self, 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	32		
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		
•	or IV, and Part V; line 1	34		·X
35a		35a		x
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	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			k1
	Check if Schedule O contains a response or note to any line in this Part V		<u>,</u>	
		Remedien	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		
b	Enter the number of Forms W-2G included in line 1a. Enter 40- if not applicable 1b 0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		SSSA.	
	reportable gaming (gambling) winnings to prize winners?	1c	90/) (2018)
		Fol	m 331	(2018) س

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3а b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a h. 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), 5a: Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? C: 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or ь gifts were not tax deductible? 6h Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? 7c. If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any laxable 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: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. þ 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 Enter the amount of reserves on hand c X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management	<u></u>					
						Yes	No
1a.	Enter the number of voting members of the governing body at the end of the tax year	a I	8			163	4800
	If there are material differences in voting rights among members of the governing body, or	-	<u>V</u>				
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	h	8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-					
	any other officer, director, trustee, or key employee?			1689	2	30/2016/0	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			·			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			· -	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			ļ	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			· · -			
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	e fol	owing:		184X	78.00£	
а	The governing body?	- ,	********	1	3a	X	e vienskýtsta
b	Each committee with authority to act on behalf of the governing body?				3b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Re	venue	Code.	}		
					<u> </u>	Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				\neg		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?		1	1a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	x	K 10.72127 11.24
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con-	flicts	?	1	2b	Х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done			1	2c	x	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official				5a	X	
b	Other officers or key employees of the organization			1	5b		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						
	with a taxable entity during the year?			1	6a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?		·	. 1	6ь		
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				,		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50	1(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply:						
	Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police	y, ar	ıd				
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨						
SE	AN O'BRIEN 88 HAMILTON AVENUE						
SI	CT 06902		8	300-1	38,	7-4	67 <u>3</u>

			TY COLUMN CONTRACT	TITAL
Form	990	(2018)	HOMEFRONT	TNC

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

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

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

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

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

(A) Name and Title	(B) Average nours per week (list any hours for	bo of	x unli ficera	Pos check ass pe nd a d	rson : irecto	than or s both : r/truste	e)	(D) Reportable compensation from the brganization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated епірюуее	, Loissel	(W-2/1099-MISC).	(AA-Ti 1038-MISC)	from the organization and related: organizations
(1) ALAN ARMSTRONG										
	0.00	7.								_
BOARD OF DIRECTOR (2) DENNIS BROWN	0.00	X	ļ					0	0	0
(2) DEMNIS BROWN	0.00									
BOARD OF DIRECTOR	0.00	x						0	·0	o
(3) GORDON ALBERT	0.00		-		<u> </u>			<u> </u>		<u> </u>
,-,	0.00									
BOARD OF DIRECTOR	0.00	X						0	Ø	0
(4) SEAN O'BRIEN										
	35.00									
EXEC DIRECTOR	0.00	X						0	0	0
(5) JAMES WENNING										·
	0.00								_	
BOARD OF DIRECTOR	0.00	X						0	0	0
(6) KENNETH WIEGAND	0.00									
	0.00	х		х				0	^	^
CHAIR (7) MARGARET HARDENE								U	O	0
(r)riphtermat influence	0.00									
BOARD OF DIRECTOR	0.00	x					i	0	О	0
(8) PETER VALENTI II										
	0.00									
BOARD OF DIRECTOR	0.00	X						0.	0	0
(9) DAN ZENO										
	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(10)										
(11)										
	.,									
	•								***************************************	200

(A) Name and title		(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				即	(b) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		related organizations below dotted !:re)	or director	Institutional Invisiee	Öfficer	Key employee	Highest compensated employee.	Former	(A-S1089-WRC)	{W-2/1099-MISC}	from the organization and related organizations
	····										
	,				E						
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, S	ectio	on A				A A A			
2	Total number of individuals (increportable compensation from t	luding but not lin	rited	to th	ose	listed	labo	ve) į	who received more than S1	1a 000,00	
3 4 5	Did the organization list any formemployee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and person listed on line 1a	complete Schedu 1a, is the sum of zations greater th	ile J repi nan S	<i>for s</i> ortab \$150	uch i le co 1000,	ndivi mpe ? If "	dual nsat Yes,	on a	and other compensation from the place of the	n the	yes No
	for services rendered to the org ion B. Independent Contractor	anization? If "Ye								invious,	5 X
1	Complete this table for your five compensation from the organization	highest comper	sate	d inc	iepei	nden	t con	itrac	tors that received more than	n \$100,000 of	
		(A) business address				1110	OLITO			(B) ich of services	(C) Compensation
				•							
2	Total number of independent co	ontractors (includ	ing t	but n	ot lim	ited	to th	osei	listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) Unrefated (D) Revenue Total revenue exempt function วันรiness excluded from lex under sections тауалыз revenue 512-514 ts, Grants Amounts 1a 1a Federated campaigns 1ն b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f Ali other contributions, gifts, grants, and similar amounts not included above 499,809 1f g Noncash contributions included in lines 1a- 11: h Total. Add lines 1a-1f 499,809 Program Service Revenue Busn. Cade 2a f. All other program service revenue g Total. Add lines 2a-2f. > Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royaltles (I) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ▶ 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) Ba Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV; line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue e Total, Add lines 11a-11d 499,809 Ö Ó Total revenue. See Instructions

Forn	1 990 (2018) HOMEFRONT INC		30-02	81085	Page 10
Pá	irt IX Statement of Functional Ex	penses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must co			eta column (A).	
	Check if Schedule O contains a resp		· · · · · · · · · · · · · · · · · · ·		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundrelsing exponses
1	Grants and other assistance to domestic organizations			general axpansas	CAPOITABS
•	and domestic governments. See Part IV, line 21				
-2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			7.000	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	243,152	165,343	60,788	17,021
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,511	18,707	6,878	1,926
10	Payroll taxes	20,194	13,731	5,049	1,414
11	Fees for services (non-employees):				
a					
b	Legal				
С	Accounting	5,184	5,184		
d					
е	Professional fundraising services. See Part IV; line 17				
f	Investment management fees				
g	Other, (If fine 1 tg amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (0.)				
12	Advertising and promotion	26,128	7,838		18,290
13	Office expenses	14,637	12,880	1,025	732
14	Information technology				
15	Royalties				
16	Occupancy	39,520	36,754	1,976	790
17	Trayel	7,964	7,964		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15 200			
23	Insurance	15,880	14,451	7.94	635
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	107 000	107 000		
а	BUILDING MATERIALS AND CO	127,339	127,339	·	
b					
C					
d	The second secon	ļ			
	All other expenses	E03 E00	410 101	30 E40	40.000
25	Total functional expenses, Add lines 1 through 24e	527,509	410,191	76,510	40,808
.26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) HOMEFRONT INC
Part X Balance Sheet

250 100		Check if Schedule O contains a response or note to any line in this Part X			[7]
	-	Officer if deficione of contrasts a response of tiple to any one in order and	(A)	<u></u>	1 701
			Beginning of year		(B) End of year
	1	Cash—non-interest bearing	70,937	1	36,392
	2	Savings and temporary cash investments	10,557	<u>-</u>	30,332
	3	Pledges and grants receivable, net		3	
	4	Associate considerable and		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6:	Loans and other receivables from other disqualified persons (as defined under section		9	
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
(A		organizations (see instructions), Complete Part II of Schedule L			
Assets	7			6	
ĄŠ.	8	depositation for calc pages	413,198	7	412 100
	9	Prepaid expenses and deferred charges		8 9	413,198
	10a	the control of the co	7,127	9	1,123
	108	other basis, Complete Part VI of Schedule D 10a			
	b	· · · · · · · · · · · · · · · · · · ·		10c	
	11	Investments—publicly traded securities		11	
	12	Investments other securities. See Part IV line 11	 	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Budding the land of the land o		14	
	15	Other accets See Part IV line 14		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	456,715
_	17	Annual Control of the		17	6,355
	18.	Accounts payable and accrued expenses Grants payable	13,200	18	0,333
	19	Deferred country		19	
	20	Tay-évéront hond liabilities		20	
	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
76	22	Loans and other payables to current and former officers, directors,		20008	
Liabilities		trustees, key employees, highest compensated employees, and			
Ę		disqualified persons. Complete Part II of Schedule L.		22	
Ϊ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		5000 3 600		25	
	26	Total liabilities. Add lines 17 through 25	13,200	26	6,355
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	20/200		0,555
Κ		complete lines 27 through 29, and lines:33 and 34.			
č	27	Unrestricted net assets	478,060	27	450,360
Balances	28	Temporarily restricted net assets		28	
<u>Б</u>	29	The state of the s		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
<u>.</u>		complete lines 30 through 34.			
Net Assets or Fund	30	Conital stant or first minorial or purpost funds	na ana ang managana na mangan na ang mga mga mga mga mga mga mga mga mga mg	30	to constitutive establish in the second of t
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances		33	450,360
	34	Total liabilities and net assets/fund balances	101 000	34	456,715

Form 990 (2018)

Éorm	m 990 (2018) HOMEFRONT INC 30-0281	085		Pa	ge 12
the second of	art XI Reconciliation of Net Assets	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	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	4	99,	809
2		2	-5	27,	509
3	Revenue less expenses. Subtract line 2 from line 1	3		27,	700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	78,	060
5		5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8					
9		9			
10					
	33, column (B))	10	4	50,	360
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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 O.		-	Yes	No
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
L	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Gonsolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		26		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		20		
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O:	17	2c		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		x
Þ	b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ,

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

2018

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

HOMEFRONT INC

Employer Identification number 30-0281.085

	.ee	ere					1 00 020	<u> </u>					
Pa				Status (All organizations			this part.) See instruction	S.					
The o	rga			it is: (For lines 1 through 12, che									
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	N)(Ii). (Attach Schedule E (Form t	990 or 990	0-EZ).)							
3		A hospital or	ital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical res	search organization operated	in conjunction with a hospital de-	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name.					
		city, and state		,	·		()(.)()	That o Thattroy					
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a pove	ernmental unit described in						
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6.			II, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organizati	rganization that normally receives a substantial part of its support from a governmental unit or from the general public ribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
8			section 170(b)(1)(A)(vi). (Complete Part II.) trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9				ribed in section 170(b)(1)(A)(ix)		i in contue	rotion with a lond arent pollogo						
J				agriculture (see instructions). Er									
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions; membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)											
11	П	An organization	on organized and operated e	clusively to test for public safety	. See sec	tion 509(a)(4).						
12		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes						
		of one or mor	e publicly supported organiza	tions described in section 509(a	a)(1) or se	ction 50	9(a)(2). See section 509(a)(3).						
		Check the bo	x in lines 12a through 12d tha	it describes the type of supportin	g organiz	ation and	complete lines 12e, 12f, and 12	gʻ.					
	а	Type I. A	supporting organization oper	ated, supervised, or controlled b	y its supp	orted orga	anization(s), typically by giving						
				er to regularly appoint or elect a r		the direc	tors or trustees of the						
				mplete Part IV, Sections A and									
	ь			ervised or controlled in connection									
				ng organization vested in the sar	ne persor	s that co	ntrol or manage the supported						
		parama	ion(s). You must complete										
	C	its suppoi	rted organization(s) (see instr	upporting organization operated in functions). You must complete P	art IV, Se	ctions A	, D, and E.						
	d			. A supporting organization opera)					
				organization generally must satis ust complete Part IV, Sections									
		·		ived a written determination from			·						
	е	functional	ily integrated, or Type III non-	functionally integrated supporting	r ine into i	ition.	Type i, type ii, type iii						
	f.		nber of supported organization		·								
	g		ollowing information about the					·					
(1)	Nam	e of supported-	(II) EIN	(IIII) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of					
		anization		(described on lines 1-10		ır göverning	support (see	other support (see					
				above (see instructions))		nent?	instructions)	(enotions)					
					Yes	No							
(A)													

(B)													
(C)													
(D)	•												
(E)													
			Secretar Strangers (Secretaria) Secretaria (Secretaria		8601/02/23/25/25/2	30.450.000.000.000.000							
r_+-!													

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 II or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	·					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,204,162	i,006,411	921,718	1,051,219	499,809	4,683,319
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,204,162	1,006,411	921,718	1,051,219	499,809	4,683,319
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						4,683,319
	tion B. Total Support					<u>-</u> -	
Cale	ndar year (or fiscal year beginning in) 💎 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,204,162	1,006,411	921,718	1,051,219	499,809	4,683,319
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,683,319
12	Gross receipts from related activities, etc. (12	
13	First five years, if the Form 990 is for the		econd, third, fourth	n, or fifth fax.year as	a section 501(c)(3	3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su			.			
14	Public support percentage for 2018 (line 6,			f))		14	100.00%
15	Public support percentage from 2017 Sche	and the second s				15	100.00%
16a	33 1/3% support test—2018. If the organi				3% or more, check	this	. 100=1
	box and stop here. The organization qualif						▶ X
þ	33 1/3% support test—2017. If the organi				33 1/3% or more,	check	
	this box and stop here. The organization qualifies as a publicly supported organization						▶
17a	10%-facts-and-circumstances test—201	_			•		
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac-	ts-and-circumstance	es" test. The organ	ization qualifies as a	a publicly supported	d	
	organization			المصوحة ويوالته والمحمدوة			
þ	10%-facts-and-circumstances test—201	7				e	
	15 is 10% or more, and if the organization t						
	Explain in Part VI how the organization mee	ets the "facts-and-cir	cumstances" test.	The organization qu	alifies as a publich	<i>f</i>	سية ۳
	supported organization Private foundation. If the organization did						
18		not check a box on	line 13, 16a, 16b, 1	I7a, or 17b, check ii	his box and see		<u> </u>
	instructions						🟲 📙

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.)

			<u> </u>				-,		
	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in)	•	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
. 2.	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unfelated trade or business under section 513			;					
4	Tax revenues tevied for the organization's benefit and either paid to or expended on its behalf								
5.	The value of services or facilities furnished by a governmental unit to the organization without charge								-
6	Total. Add lines 1 through 5	ļ							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b	.		l soci i socio di mancio di construi di		. zaserza zarażnika każernoślika sa	idobákiernakáran támovy	Contraction (Contraction)	
8.	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support								
Caler	3 (3 3	▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
9	Amounts from line 6								
I0a	Gross income from interest, dividends, payments received on securifies loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					-			·
C	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 five years. If the Form 990 is for the		rganization's first,	•	•	, ,	(3)	i_	
Sec	organization, check this box and stop he tion C. Computation of Public		pport Percent			<u> </u>		<u> </u>	<u> </u>
15	Public support percentage for 2018 (line				/fi)			15	%
16	Public support percentage from 2017 Sc				***			16	%
	tion D. Computation of Investo				<u> </u>	····			,,,
17	Investment income percentage for 2018				column (f))			17	%
18	Investment income percentage from 20°	17 S	chedule A. Part III	line 17	**************************************			18	%
.o I9a	33 1/3% support tests—2018. If the or	gani	ization did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%.	and line		
	17 is not more than 33 1/3%, check this	_							▶ □
b	33 1/3% support tests—2017. If the or	gan	ization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%; and		
20	line 18 is not more than 33 1/3%, check Private foundation. If the organization								

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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1		
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8	yew Highwig Care	U
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	986989899	9444668895F
288999997		
		STEAMER ST
		2012/2012/2012
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10a		
10a		

Par	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b		115
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	tion B. Type I Supporting Organizations	
	Total Tipo Leappoint g of gentless to the	
1	Sid the desired to give a second scale of the	Yes No
,	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's 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 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,	
	supervised, or controlled the supporting organization.	2
Secti	tion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	765 340
'	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	
Casti	the supported organization(s).	
Secti	ion 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
3	By reason of the relationship described in (2), 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
Secti	ion E. Type III Functionally-Integrated Supporting Organizations	
4	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	
ä		iructions).
	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tu a sa
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions).
2 A	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	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
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 (a) and (b) below.	
	and the control of th	
а		3a
L	trustees of each of the supported organizations? Provide details in Part VI.	34
p		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	35

Schedule A (Form 990 or 990-EZ) 2018 HOMEFRONT INC		30-0281	.085 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			
instructions. All other Type III non-functionally integrated supporting organizations			
Section 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		
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		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d.		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract-line 2 from line 1d,	3		
4 Cash deemed held for exempt use, Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1,	2		
3. Minimum asset amount for prior year (from Section 8, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4

5

Schedule A (Form 990 or 990-EZ) 2018

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizat	ions (continued)			
Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purp	oses				
2	Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity	es of supported				
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions:		·			
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organizations	zation is responsive				
	(provide details in Part VI). See Instructions,	•				
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI), See					
	instructions					
3	Excess distributions carryover, if any, to 2018					
a	a From 2013					
b	b From 2014					
С	From 2015 , ,		22.00			
d	From 2016					
e	From 2017					
<u>.f</u>	Total of lines 3a through e					
	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)			V.		
<u>i</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D. line 7: \$					
	Applied to underdistributions of prior years		COLLEGE CONTROL CONTRO			
	Applied to 2018 distributable amount			oscovižene za osnava poveca kra pomin iridi izvoral		
	Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3] and 4c.					
8	Breakdown of line 7:					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

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. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer Identification number

н	OMEFRONT INC		30-0281085
	art I Organizations Maintaining Donor Advised Fur		
(00.13%)	Complete if the organization answered "Yes" on F	form 990. Part IV. line 6.	bounts,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1,1,7
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	ne assets held in donor advised	
-	funds are the organization's property, subject to the organization's exclus	han lamit airtual?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	- アンドラ (1997) アンドラ アンドラ アンドラ アンドラ かんりょうしょ かんりょう	Yes No
_	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?	and the state of t	Yes No
Pá	int II Conservation Easements.	<u> </u>	100
MA CANE	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check at		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imports	ant land area
	Protection of natural habitat	Preservation of a certified historic st	
	Preservation of open space	h-remark	
2	Complète lines 2a through 2d if the organization held a qualified conserve	ition contribution in the form of a conservation	n
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	The state of the s		.2b
C	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization di	———
	tax year ▶	<u> </u>	
4	Number of states where property subject to conservation easement is loc	ated 🕨	
5	Does the organization have a written policy regarding the periodic monitor	the state of the s	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v		
	>	· · · · · · · · · · · · · · · · · · ·	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements	during the year
	▶ .\$	-	
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement; and	d
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describ	es the
	organization's accounting for conservation easements.		
Pa	H III Organizations Maintaining Collections of Art, I		nilar Assets.
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of
	public service, provide, in Part XIII, the text of the footnote to its financial		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-		
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	e of
	public service, provide the following amounts relating to these items:		
			\$
	(ii) Assets included in Form 990, Part X	والمناف والمومول والمعارة والمعارة والمتابع والمعارة والمعارة والمعارة والمعارة والمعارة والمعارة والمعارة والم	. ► \$
2	If the organization received or held works of art, historical treasures, or ot		he
	following amounts required to be reported under SFAS 116 (ASC 958) rel		
а	Revenue included on Form 990, Part VIII, line 1		. , 📂 \$,
b	Assets included in Form 990, Part X		., 🕨 💲

Section 2	SECRETARIS -	0: 11 /1 / 6. 1				1000		ra	ge z
	irt III Organizations Maintaining	Collections of A	rt, Historical T	reasures,	or Other Si	milar Assets (continu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply);	and other records, cl	heck any of the follo	owing that are	a significant us	e of its			
а	Public exhibition	đ 🔲 Lo	oan or exchange pr	ograms					
b	Scholarly research	e 🗌 O	ther						
C	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain ho	w they further the o	rganizátion's e	exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit or re				nilar		— i	garmoni	
0.50 - 30	assets to be sold to raise funds rather than to b		of the organization's	s collection?		<u> </u>	Ye	5	No
Pa	irt IV Escrow and Custodial Arra	•							
	Complete if the organization a 990, Part X, line 21.	answered "Yes" o	on Form 990, P	art IV, line t	9, or reporte	d an amount o	n Form		
1a	Is the organization an agent, trustee, custodian								
	included on Form-990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	ing table:						
							Amount	ı	
C	Beginning balance					1c			
d	Additions during the year					1 4 4 5			
e	Distributions during the year	**				1e			
f.	Ending balance					1f			
2a	Did the organization include an amount on Forn	n 990, Part X, line 21,	for escraw or custo	idial account li	ability?		Ye	s	No.
b	If "Yes," explain the arrangement in Part XIII. Cl	neck here if the explai	nation has been pro	vided on Part	XIII			. 🗂	
Pa	rt V Endowment Funds.								
	Complete if the organization a	answered "Yes" o	on Form 990, Pa	art IV, line	10.				
	·	(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Three years back	(e) Four	years bac	ck
1a	Beginning of year balance								
b.	Contributions			}					
C	Net investment earnings, gains, and								
	losses								
	Grants or scholarships								
ė	Other expenditures for facilities and								
_	programs								
	End of year balance								
2	Provide the estimated percentage of the current		ne 1g, column (a)) h	eld as:					
	Board designated or quasi-endowment								
	Permanent endowment ▶ %	22							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered fo	or the		۳		
	organization by:						<u> </u>	Yes I	Nο
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
p.	If "Yes" on line 3a(ii), are the related organization	ns listed as required (on Schedule R?			1 2	3b		
4	Describe in Part XIII the intended uses of the or		ent funds,			····			
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes" o	<u>in Form 990, Pa</u>	art IV, line 1	1a. See For	<u>m 990, Part X</u>	line 10	<u>. </u>	
	Description of property	(a) Cost of other basi	4.1	r other basis	(a) Accum		(d) Book v	/alue	
		(investment)	(01	(her)	deprecia	ition			
1a	Land								
þ	Buildings								
C	Leasehold improvements								
ď	Equipment								
e.	Other								
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, c	column (B), line 10d	<u>)</u>					

HOMEFRONT INC Schedule D (Form 990) 2018 30-0281085 Page 3 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (C) (H)Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)(2)(3) -(4)(5)(6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25,

1.	(a) Description of liability	(b) Book value	
·(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Tota	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

COLICI	idle D (1 Mill 990) 2010 MOPPLE ROLL THE		100	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemen		eturn,	
1	Complete if the organization answered "Yes" on Form 990, Par Total revenue, gains, and other support per audited financial statements	rtiv, line 12a.		499,809
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12;		1	499,008
	Net unrealized gains (losses) on investments	2a		
		2b		
C	Donated services and use of facilities	2c 2c		
	Recoveries of prior year grants	2d		
	Other (Describe in Part XIII.)	20		
3	Add lines 2a through 2d Subtract line 2e from line 1		Ze	400 000
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	3	499,809
	Investment expenses not included on Form 990; Part VIII, line 7b	4.5		
	Other (Describe in Part XIII.)	4a	-	
		4b		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	400 000
5 M 27 - 14 P	rt XII Reconciliation of Expenses per Audited Financial Stateme	nte Mith Evnences nor	<u> </u>	499,809
SUBSET.	Complete if the organization answered "Yes" on Form 990, Pal		Meruiii.	
1	Total expenses and losses per audited financial statements	rety, inc. 126.	1	527,509
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		505788	321,303
		2a		
		2b		
c	Prior year adjustments Other losses	2c 2c		
	treetaanitare e canalare a la company de	2d	\dashv	
e	Other (Describe in Part XIII.)	[20]	\dashv \square	
3	Add lines 2a through 2d Subtract line 2e from line 1		2e	527,509
		1 7	3	527,509
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIII.)	46		
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	527,509
	TXIII Supplemental Information.		1 3 1	327,309
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	se 1h and 2h: Part V line 4: Par	· Ý líno	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	· · · · · · · · · · · · · · · · · · ·	i X, iii ie	
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Schedule D (F	orm 990) 2018	HOMEFRONT	INC		30-0281085	Page 5
		ntal Information (continued)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Open to Public

Inspection

Department of the Treasury leternal Revenue Service

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

Name of the organization

HOMEFRONT INC

Employer identification number 30-0281085

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OUR FORM 990 IS COMPLETED BY OUR ACCOUNTING FIRM, REVIEW BY MANAGEMENT AND DISTRIBUTED TO THE BOARD OF DIRECTORS FOR COMMENT. COMMENTS ARE ADDRESSED PRIOR TO FILING THE 990 WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IF A DIRCTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A

CONFLICT OF INTEREST WITH RESPECT TO ANY PARTICULAR TRANSACTION, HE OR SHE
SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF

EXECUTIVE OFFICER ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE
LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE.

IF THE GOVERNANCE COMMITTE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH
RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD,
AND THE AFFECTED DIRECTOR 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 OF ONE OF ITS COMMITTEES, THE AFFECTED

DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE
VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUOROM 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 JUDGEMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE:

APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE
REASONABLY CERTAIN THAT THE BEST INTERESTS OF HOMEFRONT WILL BE SERVED

Employer Identification number

30-0281085

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.

EXECPT 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 MATTER 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 INVOLVES EITHER THE CEO OR THE CHAIRMAN OF THE BOARD OF DIRECTIORS, 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 BE COUNTED FOR PURPOSES OF A QUOROM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORON DETERMINATION AND THE VOTING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL OUR BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF OUR EXECUTIVE

PAGE 1 OF 2

HOMEFRONT INC	Employer identification number 30-0281085
DIRECTOR. SALARIES OF SENIOR STAFF MEMBERS ARE I	DETERMINED BY THE EXECUTIVE
DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	DISCLOSURE EXPLANATION
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCI	UDED ON THE AUDITED
FINANCIAL STATEMENTS WHICH ARE PREPARED IN ACCOR	DANCE WITH GAAP. THE FULL
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
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