## 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)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2022 calendar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 2023						
В	Check if applicable	C Name of organization	D Employer identifi	cation number					
	Addre	HOMEFRONT, INC.							
	Name chang	Doing business as	22-31651	45					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s							
	Final return/ termin	1880 PRINCETON AVENUE	609-989-	9417					
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Gross receipts \$ 20,383,888.					
	Amend	LAWRENCEVILLE, NJ 08648	H(a) Is this a group re						
	Applic tion pendir	F Name and address of principal officer: SARAH STEWARD	for subordinates	? Yes X No					
_		SAME AS C ABOVE	H(b) Are all subordinates in						
1.	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		list. See instructions					
J	Websit		H(c) Group exemptio						
K	Form of	organization: X Corporation Trust Association Other L Y		A State of legal domicile: NJ					
Pa	art I	Summary		a control of the cont					
•	1	Briefly describe the organization's mission or most significant activities: HOMEFRON	T'S MISSION IS	S TO END					
Governance		HOMELESSNESS IN CENTRAL NEW JERSEY BY HARNESS	ING THE CARIN	G,					
'n	2	Check this box if the organization discontinued its operations or disposed of m							
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	11					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		11					
ගු	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	184					
įŧį	6	Total number of volunteers (estimate if necessary)	6	3800					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
A	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.					
			Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,717,520.	16,928,774.					
	9	Program service revenue (Part VIII, line 2g)	2,411,399.	2,889,109.					
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	94,078.	474,857.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,135.	-27,635.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,206,862.	20,265,105.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,634,281.	6,886,153.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
s	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,416,713.	8,442,389.					
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25) 755, 223.							
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,383,138.	4,453,343.					
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,434,132.	19,781,885.					
	19	Revenue less expenses. Subtract line 18 from line 12	2,772,730.	483,220.					
20,0			Beginning of Current Year	End of Year					
Sets	20	Total assets (Part X, line 16)	20,702,682.	22,910,179.					
ASS	21	Total liabilities (Part X, line 26)	1,094,106.	1,908,868.					
E SE	22	Net assets or fund balances. Subtract line 21 from line 20	19,608,576.	21,001,311.					
Pa	art II	Signature Block							
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is					
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	,					
		$C_{1}$							
Sig		Signature of officer	Date /						
Her	e į	SARAH STEWARD, CHIEF EXECUTIVE OFFICER	8/1/	2024					
Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid		RAPHAEL J. CARLETTI, CPA RAPHAEL J. CARLETTI,	07/19/24 if self-employe	P01747794					
Prep		Firm's name MERCADIEN, P.C.		2-3271712					
Use	Only	Firm's address P.O. BOX 7648							
		PRINCETON, NJ 08543-7648	Phone no. 60	9-689-9700					
May	the IR	S discuss this return with the preparer shown above? See instructions	10	X Yes No					

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HOMEFRONT'S MISSION IS TO END HOMELESSNESS IN CENTRAL NEW JERSEY BY	
	HARNESSING THE CARING, RESOURCES, AND EXPERTISE OF THE COMMUNITY. WE	
	LESSEN THE IMMEDIATE PAIN OF HOMELESSNESS AND HELP FAMILIES BECOME	
	SELF-SUFFICIENT. WE WORK TO GIVE OUR CLIENTS THE SKILLS AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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	i .
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$11,671,689. including grants of \$6,225,403. ) (Revenue \$\$	53 \
4a	(Code:) (Expenses \$11,671,689. including grants of \$6,225,403. ) (Revenue \$\$ 471,7 CLIENT SUPPORT SERVICES	<u> </u>
	CHILINI BOLLOKI BUKVICUB	
	HOMEFRONT HAS CREATED A COMPREHENSIVE RANGE OF PROGRAMS AND SERVICES	
	DESIGNED TO HELP FAMILIES AFFECTED BY POVERTY AND HOMELESSNESS ACHIEV	E
	STABILITY AND LONG-TERM SUCCESS.	
	1. TOOLS FOR SUCCESS	
	HOMEFRONT BELIEVES THAT WITH THE RIGHT TOOLS, ALL FAMILIES CAN SUCCEE	
	TO HELP FAMILIES ACHIEVE AND MAINTAIN STABILITY, WE PROVIDE ESSENTIAL	1
	TOOLS, SKILLS, AND OPPORTUNITIES THAT FOSTER SELF-SUFFICIENCY. WHILE	
	LIFE SKILLS ARE INTEGRATED INTO ALL ASPECTS OF OUR WORK, WE ALSO OFFE	R
	SPECIALIZED PROGRAMS IN KEY AREAS:	00
4b	(Code:) (Expenses \$4,989,340. including grants of \$) (Revenue \$1,902,6 PREVENTION/EMERGENCY SERVICES	00.
	FREVENTION/ EMERGENCI SERVICES	
	HOMEFRONT'S DEDICATION TO MEETING THE EVOLVING NEEDS OF LOW-INCOME	
	FAMILIES HAS LED TO THE DEVELOPMENT OF THE FOLLOWING PROGRAMS:	
	1. EMERGENCY SHELTER	
	O FAMILY PRESERVATION CENTER: ACCOMMODATING 38 FAMILIES EXPERIENCING	
	HOMELESSNESS AT OUR FAMILY CAMPUS.	
	O FRESH START: SCATTERED SITE EMERGENCY SHELTER PLACEMENTS FOR FAMILI	ES
	IN HOUSING CRISIS.	
	2 HOMELECONECC DESCENSION	
4-	2. HOMELESSNESS PREVENTION  (Code:) (Expenses \$ 1,422,667. including grants of \$ 660,750. ) (Revenue \$ 540,4	00 \
4c	(Code:) (Expenses \$1, 422, 667. including grants of \$660, 750. ) (Revenue \$\$ 540, 4 HOUSING	<u> </u>
	HOMEFRONT BELIEVES THAT FAMILIES DESERVE SAFE, SECURE HOUSING. TO	
	ACHIEVE THIS, WE OFFER:	
	1. PERMANENT HOUSING	
	SUPPORTIVE SERVICES: IN PARTNERSHIP WITH OUR SISTER AGENCY, HOMES BY	
	TLC, WE PROVIDE COMPREHENSIVE SUPPORT TO OVER 120 FAMILIES RESIDING I	N
	OUR AFFORDABLE, SUPPORTIVE HOUSING UNITS ACROSS MERCER COUNTY.	
	2 DADED DEMOMETRIC	
	2. RAPID REHOUSING	
<b>1</b> cl	RENTAL ASSISTANCE: OFFERING TENANT-BASED RENTAL ASSISTANCE AND	
4d	,	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 18,083,696.	
-10	Total program control expenses	_

13240719 756598 13463.0

# Form 990 (2022) HOMEFRONT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?		v	
	If "Yes," complete Schedule D, Part IV	9	_X_	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the total Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<b> </b> ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
<b>20</b> a	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		<u> </u>
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	Х	

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Pa	rt 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," comple	ete		
	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 comp	olete		
	Schedule K. If "No," go to line 25a		a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de			
	any tax-exempt bonds?	240	,	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	ı	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258	a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." con	l l		
	Schedule L. Part I	′	,	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			† <u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key em			<del> </del>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%	· I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part			1 22
20		. 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	90.		X
<b>L</b>	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28</u> t	<b>)</b>	+^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			X
00	"Yes," complete Schedule L, Part IV			+^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	l l		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations of art, historical treasures, or other similar assets, or qualified conservations of art, historical treasures, or other similar assets, or qualified conservations of art, historical treasures, or other similar assets, or qualified conservations are also as a second of the conservation of the conserv			₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part	/ <u>31</u>		┼≏
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV	·		٦,
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		3	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		)	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or	rganization?		l
	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 on Schedule O for Part VI, lines 11b and 19	?		
	Note: All Form 990 filers are required to complete Schedule O		X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	264		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form **990** (2022)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			agc •
	Continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	INO
Za	filed for the calendar year ending with or within the year covered by this return 2a 184			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del></del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<del>                                     </del>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	16		
-	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?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	Х	
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

232005 12-13-22

Form **990** (2022)

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ , CA , CT , FL , ME , MD , PA , VA , NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request X Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 609-989-9417 1880 PRINCETON AVENUE, LAWRENCEVILLE,

Form 990 (2022) HOMEFRONT, INC. 22-3165145 Page 7

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)	(B)	T	mza		<u> </u>	iperi	oate	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	utional	_	Key employee	st con	16	1099-NEO)		organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Former			<b>g-</b>
(1) AMY VOGEL	1.00									
TRUSTEE		Х						0.	0.	0.
(2) ELIZABETH S. WASCH	1.00									
TRUSTEE		Х						0.	0.	0.
(1) CONSTANCE MERCER-MYERS	40.00								_	
FOUNDER AND CEO EMERITUS							Х	182,767.	0.	29,292.
(2) SARAH STEWARD	40.00	-		l				144 004		15 050
CHIEF EXECUTIVE OFFICER	40.00			Х				141,204.	0.	15,052.
(3) WILLIAM HACKETT	40.00	-		,,				100 670	,	4 0.61
CHIEF FINANCIAL AND ADMINISTRATIVE O	40.00			Х				129,678.	0.	4,261.
(4) RUTH VAZQUEZ HUMAN RESOURCES DIRECTOR	40.00	1				x		107 020	0.	17 010
(5) SHEILA PHILLIPS	40.00					^		107,929.	0.	17,812.
FAMILY PRESERVATION CENTER DIRECTOR	40.00	1				X		104,423.	0.	13,365.
(6) MICHAEL MOORMAN	5.00							104,425.	0.	13,303.
CHAIR	3.00	х		х				0.	0.	0.
(7) MICHAEL VAN WAGNER	5.00									
1ST VICE CHAIR		Х		х				0.	0.	0.
(8) CLAUDIA FRANCO KELLY	5.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(9) ROSE MAZZELLA	5.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ROBERT EATON	5.00									
TREASURER		Х		Х				0.	0.	0.
(11) PATRICE COLEMAN-BOATWRIGHT	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(12) SANGITA KARRA	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(13) BRIAN KASPER	1.00									_
TRUSTEE	1 00	Х						0.	0.	0.
(14) CHARLES RICHMAN	1.00	3,7						_	_	_
TRUSTEE (15) TOWN D. POCERS	1.00	Х						0.	0.	0.
(15) JOHN D. ROGERS TRUSTEE	1.00	Х						0.	0.	0.
232007 12-13-22	l	Λ	l	l	<u> </u>	L		1 0.	0.	Form <b>990</b> (2022)

232007 12-13-22

Form **990** (2022)

22-3165145

10111 330 (2022)	, ==::0:									<b>- 10</b> 1 age -	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C				(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of	
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other	
	(list any	ndividual trustee or director						the	organizations	compensation	
	hours for	or dir	gy.			ated		organization	(W-2/1099-MISC/	from the	
	related	stee	nstitutional trustee		eo	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ıaltn	onal		oloye	com		1099-NEC)		and related	
	line)	Jividu	stituti	Officer	Key employee	thest ploy	rmer			organizations	
(16)	,	lu	ü	J0	Ke	e Hi	요				
(16) PETER H. SHRIVER	1.00								•	•	
TRUSTEE		Х						0.	0.	0.	
1b Subtotal								666,001.	0.	79,782.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								666,001.	0.	79,782.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B)  Description of services	<b>(C)</b> Compensation
BTZ GENERAL CONTRACTING LLC		
	CONTRACTING	740,031.
ALLIED UNIVERSAL COMPANY, 127 RT. 206,		
SUITE 34, PHILADELPHIA, PA 19182	SECURITY	203,848.
WHISTLE BUILDING MAINTENANCE		
239 COLUMBIA AVENUE, HAMILTON, NJ 08610	MAINTENANCE	174,699.
JOHNNYS FABULOUS		
P.O. BOX 82854, TRENTON, NJ 08618	CATERING	158,480.
LUCE SCHWAB & KASE INC, 9 GLORIA LANE,	HEATING, COOLING AND	
P.O. BOX 779, FAIRFIELD, NJ 07007	REFRIGERATION SERVI	136,280.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
-		202

Form 990 (2022)

		Check if Schodule O contains a response	o or note to any line	o in this Dort VIII			
		Check if Schedule O contains a response	e or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
rar	b	Membership dues 1b					
β, B	С	Fundraising events 1c	178,193.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
nii.G		Government grants (contributions) 1e	4,524,965.				
Sir		All other contributions, gifts, grants, and					
E Ť	•	similar amounts not included above <b>1f</b>	12,225,616.				
흕	~		6,225,403.				
o d	g		0,223,103.	16,928,774.			
O a	n	Total. Add lines 1a-1f		10,320,774.			
		DD04D1W 47DW747 7774	Business Code	0.052.445	0.052.445		
ice	2 a		624200	2,853,117.			
ē Z	b	CLIENT FEES	624200	35,992.	35,992.		
Program Service Revenue	С						
ar eve	d						
og B	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,889,109.			
	3	Investment income (including dividends, inte					
		other similar amounts)		225,032.			225,032.
	4	Income from investment of tax-exempt bond	i i	·			·
	5	Royalties	•				
	·	(i) Real	(ii) Personal				
	6 -		(ii) i oroonai				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	7 a	Gross amount from sales of (i) Securities	<u> </u>				
		assets other than inventory 7a	249,825.				
	b	Less: cost or other basis					
en		and sales expenses	0.				
Revenue	С	Gain or (loss) <b>7c</b>	249,825.				
Be	d	Net gain or (loss)		249,825.			249,825.
ē	8 a	Gross income from fundraising events (not					
⇟		including \$ 178,193. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 65,495.				
	b		b 118,783.				
	c			-53,288.			-53,288.
		Gross income from gaming activities. See					,
	Ju	Part IV, line 19					
	<b>.</b>	<b> </b>	b				
			D				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			Da				
	b	Less: cost of goods sold10	Db				
	С	Net income or (loss) from sales of inventory					
ς l			Business Code				
o o	11 a	MISCELLANEOUS REVENUE	900099	25,653.	25,653.		
ane	b						
Miscellaneous Revenue	С						
<u>iš</u>	d	All other revenue					
2	е	Total. Add lines 11a-11d		25,653.			
	12	Total revenue. See instructions		20,265,105.	2,914,762.	0.	421,569.

# Form 990 (2022) HOMEFRONT, INC. Part IX Statement of Functional Expenses

04	== 501(c)(0) == 4 501(c)(4) ===================================	-   -   -   -   -			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			прієте соіитп (А).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	660,750.	660,750.		
2	Grants and other assistance to domestic	000,7300	00077301		
_	individuals. See Part IV, line 22	6,225,403.	6,225,403.		
3	Grants and other assistance to foreign	0,223,2031	0,220,2001		
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	342,254.	287,014.	31,830.	23,410.
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	6,202,325.	5,201,520.	576,589.	424,216.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	121,692.	102,339.	10,655.	8,698.
9	Other employee benefits	1,130,757.	956,375.	96,314.	78,068.
10	Payroll taxes	645,361.	542,617.	56,773.	45,971.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,059.	11,273.	1,014.	772. 2,482.
С	Accounting	41,996.	36,267.	3,247.	2,482.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	42,984.		42,984.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	55,070.	46,023.	3,485.	5,562.
12	Advertising and promotion				
13	Office expenses	543,611.	423,223.	16,479.	103,909.
14	Information technology	200,392.	176,042.	13,481.	10,869.
15	Royalties	564 505	F1.6 0.61	46 504	1 0 4 0
16	Occupancy	564,785.	516,961.	46,781.	1,043.
17	Travel	130,737.	117,575.	7,316.	5,846.
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	340,090.	330 657	1,433.	
22	Depreciation, depletion, and amortization	161,304.	338,657. 151,342.	4,283.	5,679.
23	Insurance Other expanses, Itamize expanses not sovered	101,304.	131,342.	4,203.	3,013.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) SHELTER	1,074,119.	1,074,119.		
a b	REPAIR & MAINTENANCE	465,623.	449,535.	8,927.	7,161.
C	DIRECT CLIENT NEEDS	305,275.	305,275.	0,527.	7,101.
d	FOOD	268,200.	264,959.	932.	2,309.
	All other expenses	246,098.	196,427.	20,443.	29,228.
25	Total functional expenses. Add lines 1 through 24e	19,781,885.	18,083,696.	942,966.	755,223.
26	Joint costs. Complete this line only if the organization	,,	,,	,5001	,
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					000

Form **990** (2022)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,164,901.	1	982,632.
	2	Savings and temporary cash investments		1,365,469.	2	575,822.	
	3	Pledges and grants receivable, net	534,462.	3	1,130,740.		
	4	Accounts receivable, net	603,552.	4	732,672.		
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified	l pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	secti	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			89,644.	9	82,146.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1	0a	10,326,041.			
	b	Less: accumulated depreciation1	0b	3,322,555.	6,833,809.	10c	7,003,486.
	11	Investments - publicly traded securities			2,166,483.	11	3,833,477.
	12	Investments - other securities. See Part IV, line 11			7,944,362.	12	7,707,184.
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.	15	862,020.
	16	Total assets. Add lines 1 through 15 (must equal lin			20,702,682.	16	22,910,179.
	17	Accounts payable and accrued expenses	503,180.	17	773,613.		
	18	Grants payable		226 504	18		
	19	Deferred revenue			336,524.	19	77,837.
	20	Tax-exempt bond liabilities			1 4 400	20	10 000
	21	Escrow or custodial account liability. Complete Part			14,402.	21	12,029.
es	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substant					
.iab		controlled entity or family member of any of these p			240 000	22	100 000
_	23	Secured mortgages and notes payable to unrelated			240,000.	23	180,000.
	24	Unsecured notes and loans payable to unrelated thi	-			24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	-		0		065 200
		of Schedule D			1,094,106.	25	865,389. 1,908,868.
	26	Total liabilities. Add lines 17 through 25			1,094,100.	26	1,300,000.
S		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	nere				
nce	27				11,061,590.	27	12,691,811.
ala	27 28	Net assets without donor restrictions  Net assets with donor restrictions			8,546,986.	28	8,309,500.
d E	20	Organizations that do not follow FASB ASC 958,			0/310/3001	20	0,503,500
Fun		and complete lines 29 through 33.	CHE	CK Here			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incom				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			19,608,576.	32	21,001,311.
Ź	33	Total liabilities and net assets/fund balances			20,702,682.	33	22,910,179.
	JJ	ויטנמו וומטווונוכט מווע ווכנ מסטפנט/ועווע טמומוועפט			20,702,002.	JJ	5 <b>990</b> (200

Pai	t 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>, 26!</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 19</u>	,781		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 19</u>	,608	3,5	<u>76.</u>
5	Net unrealized gains (losses) on investments	5		909	9,5	15.
6	Donated services and use of facilities	6				
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	21	,002	1,3	11.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b	Х	
	<del>-</del>			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** Name of the organization HOMEFRONT 22-3165145 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10029486.	14513025.	14389839.	16717520.	16928774.	72578644.
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	10029486.	14513025.	14389839.	16717520.	16928774.	72578644.
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,						
							78,284.
6	column (f)  Public support. Subtract line 5 from line 4.						72500360.
	etion B. Total Support						723003001
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4				16717520.		
	Gross income from interest,	10023400.	14313023.	1 1 3 0 J 0 3 J •	107173201	100207740	72370011.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	18,352.	22,972.	31,004.	94 078	225 032	391,438.
_	and income from similar sources	10,332.	22,912.	31,004.	94,070.	223,032.	391,430.
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.)						7207000
	<b>Total support.</b> Add lines 7 through 10					11	72970082.
	Gross receipts from related activities,	•	,				,585,707.
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and stop						
	ction C. Computation of Publi			. (7)		T I	00.36
	Public support percentage for 2022 (I					14	99.36 %
	Public support percentage from 2021					15	99.10 %
16a	33 1/3% support test - 2022. If the	-					
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
		· <del></del>	· <del></del>	·	·	Schedule A	(Form 990) 2022

#### 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Т..

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
За		
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3b		
3c		
4a		
4b		
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9b		
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10a		
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10b	<u> </u>	<u> </u>
	~~ ^^^	

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> 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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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 the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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 on 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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	Did the activities described on line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

232028 12-09-22

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
HALLETT FAMILY FUND	1,491,566.	32,164.
GORDON AND LLURA GUND FOUNDATION	1,505,522.	46,120.
Total Excess Contributions to Schedule A, Part II, Line 5		78,284.

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization

HOMEFRONT

INC.

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

**Employer identification number** 

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2022) Pag

Name of organization

Employer identification number

HOMEFRONT, INC.

Dort			3103143
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMANDA AND JAMES HOLANDA  71 SHOAL CREEK DR  SKILLMAN, NJ 08558	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  451 7TH STREET SW  WASHINGTON, DC 20410	\$ 1,397,147.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVE SW  WASHINGTON, DC 20201	Total contributions  746,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  U.S. DEPARTMENT OF LABOR  200 CONSTITUTION AVE NW  WASHINGTON, DC 20210	Total contributions  422,704.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  NEW JERSEY DEPARTMENT OF HUMAN SERVICES  PO BOX 700  TRENTON, NJ 08625	* 513,820.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
6	Name, address, and ZIP + 4  NEW JERSEY DEPARTMENT OF COMMUNITY  AFFAIRS	Total contributions	Person X Payroll
	PO BOX 800  TRENTON, NJ 08625	1,093,497.	Noncash (Complete Part II for noncash contributions.)
223452 11-1	5-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

#### HOMEFRONT, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	2 3103143
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
23453 11-15			Schedule B (Form 990) (2022

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** HOMEFRONT, 22-3165145 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor 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

Name of the organization

HOMEFRONT, INC.

**Employer identification number** 22-3165145

organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (furing year) 3 Aggregate value of contributions to (furing year) 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in grantes, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) or conservation Easements held by the organization (helds all that apply).  1 Purpose(s) or conservation family that the description of a conservation of a conservation of a public use (or example, recreation or education).  1 Preservation of land for public use (for example, recreation or education).  2 Preservation of pan space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation essement in the last due to the tax year.  3 Total number of conservation easements held with the conservation of a conservation essement in conservation of a conservation of a conservation essements included in (a)  4 Number of conservation easements included in (a) a conservation essements included in (a) acquired after July 25,2006, and not on a historic structure listed in the National Register  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation essements during the year  7 Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year  8 Does each conservation easement reported on	Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar	Funds or Ac	counts. Complete if the
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are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year			
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremisibile private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(g) of conservation easements held by the organization (check all that apply).   Preservation of a historically important land area   Protection or natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   Held at the End of the Tax Year   A Total number of conservation easements   2a   Held at the End of the Tax Year   A Total acreage restricted by conservation easements   2a   Preservation of conservation easements   2a   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation   Preservation easements   Preservation easements   Preservation   Preservati		are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
Imparmissible private benefit?   Yes   No   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land are   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of conservation easement on the last day of the tax year.   Held at the End of the Tax Year   A Total number of conservation easements   Preservation easement on the last   Preservation easement on easements   Preservation easement   Preservation   Preserv	6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds	can be used o	nly
Part III   Conservation Easements . Complete if the organization answered "Ves" on Form 990, Part IV, line 7.  1 Purpose(8) of conservation easements held by the organization (check all that apply).    Preservation of and for public use (for example, recreation or education)		for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other p	urpose conferr	ing
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Preservation of open space			· —		
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b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  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)?  Part III organizations how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research i					
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?    Yes	4	·	ment is located		
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) I Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X				dling of	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  In If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part X  Below the following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part X  Below the following amounts required to be	_			_	Yes No
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	6	·			
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X					
and section 170(h)(4)(B)(ii)? Yes No  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part XIII, line 1  \$	7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing c	onservation eas	sements during the year
and section 170(h)(4)(B)(ii)? Yes No  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part XIII, line 1  \$					
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9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$ Assets included in Form 990, Part X		and section 170(h)(4)(B)(ii)?			Yes No
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(ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$					•
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a Revenue included on Form 990, Part VIII, line 1       \$         b Assets included in Form 990, Part X       \$	2			ımancıal gain, p	provide
<b>b</b> Assets included in Form 990, Part X \$	_				¢
					Schedule D (Form 990) 2022

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment) (b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value		
1a Land						
<b>b</b> Buildings		6,132,107.	1,223,227.	4,908,880.		
c Leasehold improvements		2,443,150.	553,615.	1,889,535.		
d Equipment		971,589.	824,669.	146,920.		
e Other		779,195.	721,044.	58,151.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 900. Part Y. column (B), line 10c.)						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOMEFRONT,	INC.	22	-3165145 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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS HELD BY THIRD			
(B) PARTY	7,707,184.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,707,184.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
(a	) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(5)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Complete if the organization answered "Yes'	on Form 000 Port IV line	11a or 11f Coa Form 000 Dort V line 25	
(a) Description of liability	on roini 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
11 (7)			(D) BOOK Value
(1) Federal income taxes (2) LEASE LIABILITY			065 300
			865,389.
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2022

865,389.

(9)

AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

Schedule D (Form 990) 2022

13240719 756598 13463.0

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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HOMEFRO	NT, INC.				I .	22-3165	145
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 17.	Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, or	Yes	
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col. (i)					(vi) Amount paid to (or retained by) organization		
		Yes	No				
3 List all states in which the organization	on is registered or licensed to solicit c		 utions	or has been notified	l it is ex	empt from re	gistration
or licensing.							

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	·E∠, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RUN FOR HOPE	WOMEN'S		(add col. (a) through
			– 5K	INITIATIVE R	1	col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	135,572.	68,988.	39,128.	243,688.
ш						
	2	Less: Contributions	117,777.	32,388.	28,028.	178,193.
			45 505	25 500	11 100	65 405
	3	Gross income (line 1 minus line 2)	17,795.	36,600.	11,100.	65,495.
	١.	Ocalications				
	4	Cash prizes				
	5	Noncash prizes				
Ś		Noticasii prizes				
Direct Expenses	6	Rent/facility costs	7,315.	3,539.	46,999.	57,853.
xpe			.,0=00	5,552		0.7000
벙	7	Food and beverages		17,440.	7,896.	25,336.
)ire		<b></b>		,	•	
_	8	Entertainment				
	9	Other direct expenses	13,626.	1,003.	20,965.	35,594.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			118,783.
_	11					-53,288.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	I		
æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				biligo/progressive biligo		coi. (a) throught coi. (c)
Вè		0				
	1	Gross revenue				
	,	Cash prizes				
ses	-	C.C. P. 255				
Direct Expenses	3	Noncash prizes				
Ä						
rec	4	Rent/facility costs				
ֿ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	_	Net consider income a more and Colleton at line 7	from the decliner (al)			
	8	Net gaming income summary. Subtract line 7	nom line 1, column (d)			<u> </u>
a	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
~		, <del></del>				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	) If "	Yes," explain:				

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 HOMEFRONT, INC.	22-3165145 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special	events books and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receive	es gaming revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
<b>16</b> Gaming manager information:	
Name	
Gaming manager compensation \$	
Carring manager compensation \$\psi\$	
Description of an incommental of	
Description of services provided	
Director/officer Employee Independent contractor	r
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gamin	a proceeds to
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt	
organization's own exempt activities during the tax year \$	. organizations of spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line	2h columns (iii) and (v); and Part III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See i	nstructions.

Schedule G	i (Form 990)	HOMEFRONT,	INC.	22-3165145	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(**************************************			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOMEFRONT	, INC.						Employer identification number $22-3165145$
Part I General Information on Grants a	-					•	
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's process.	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	_				anization answered "1	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							BUILDING RESILIENT
CHRISTIAN CARING CENTER PEMBERTON,							INFRASTRUCTURE,
INC P.O. BOX 385 - PEMBERTON,		504 (5) (0)	20.050				DEVELOPMENT, AND GROWTH
NJ 08068	22-2637999	501(C)(3)	30,250.	0.			FOR EMERGENCY SHELTERING
GALE AND LEGUE GONDANY THE							BUILDING RESILIENT
SALT AND LIGHT COMPANY, INC.							INFRASTRUCTURE,
1841 BURLINGTON MOUNT HOLLY RD	22-2709739	E01/G)/3)	27 500	0			DEVELOPMENT, AND GROWTH
MOUNT HOLLY, NJ 08060 FAMILY PROMISE OF HUNTERDON	22-2709739	501(0)(3)	27,500.	0.			FOR EMERGENCY SHELTERING BUILDING RESILIENT
COUNTY, INC 8 BARTLES CORNER							INFRASTRUCTURE
ROAD SUITE 11 - FLEMINGTON, NJ							DEVELOPMENT, AND GROWTH
08822	22-3049800	501 (C) (3)	42,750.	0.			FOR EMERGENCY SHELTERING
	22 3013000	301(0)(3)	12,750.	•			BUILDING RESILIENT
RESCUE MISSON OF TRENTON							INFRASTRUCTURE,
98 CARROLL STREET							DEVELOPMENT, AND GROWTH
TRENTON, NJ 08605	21-0656182	501(C)(3)	32,750.	0.			FOR EMERGENCY SHELTERING
-			1				BUILDING RESILIENT
ANCHOR HOUSE, INC.							INFRASTRUCTURE,
482 CENTRE STREET							DEVELOPMENT, AND GROWTH
TRENTON, NJ 08611	22-2229995	501(C)(3)	27,500.	0.			FOR EMERGENCY SHELTERING
							BUILDING RESILIENT
CATHOLIC CHARITIES - DIOCESE OF							INFRASTRUCTURE,
METHUCHEN - 319 MAPLE STREET -							DEVELOPMENT, AND GROWTH
PERTH AMBOY, NJ 08861	22-2423496	501(C)(3)	40,250.	0.			FOR EMERGENCY SHELTERING
2 Enter total number of section 501(c)(3) as	1		, ,	-		1	14.

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other		_					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							BUILDING RESILIENT
WOMEN AWARE, INC.							INFRASTRUCTURE,
250 LIVINGSTON AVENUE							DEVELOPMENT, AND GROWTH
NEW BRUNSWICK, NJ 08901	22-2374378	501(C)(3)	25,000.	0.			FOR EMERGENCY SHELTERING
							BUILDING RESILIENT
HOMELESS SOLUTIONS, INC.							INFRASTRUCTURE,
3 WING DRIVE SUITE 245							DEVELOPMENT, AND GROWTH
CEDAR KNOLLS, NJ 07927	22-2491675	501(C)(3)	47,750.	0.			FOR EMERGENCY SHELTERING
							BUILDING RESILIENT
VISIONS AND PATHWAYS							INFRASTRUCTURE,
49 BRAHMA AVENUE							DEVELOPMENT, AND GROWTH
BRIDGEWATER, NJ 08807	23-7061564	501(C)(3)	30,250.	0.			FOR EMERGENCY SHELTERING
							BUILDING RESILIENT
HOME OF SOMERSET COUNTY, INC.							INFRASTRUCTURE,
98 WEST END AVENUE							DEVELOPMENT, AND GROWTH
SOMERVILLE, NJ 08876	52-1752472	501(C)(3)	27,500.	0.			FOR EMERGENCY SHELTERING
·			,				BUILDING RESILIENT
SALVATION ARMY							INFRASTRUCTURE,
615 SLATERS LANE							DEVELOPMENT, AND GROWTH
ALEXANDRIA, VA 22314	22-2406433	501(C)(3)	22,500.	0.			FOR EMERGENCY SHELTERING
,			,	. •			BUILDING RESILIENT
THE GATEWAY FAMILY YMCA							INFRASTRUCTURE
144 MADISON AVENUE							DEVELOPMENT, AND GROWTH
ELIZABETH, NJ 07201	22-1487381	501(C)(3)	34,250.	0.			FOR EMERGENCY SHELTERING
	22 1107301	301(0)(3)	31,230.	•			BUILDING RESILIENT
ELIZABETH COALITION TO HOUSE THE							INFRASTRUCTURE,
HOMELESS, INC 118 DIVISION							DEVELOPMENT, AND GROWTH
STREET - ELIZABETH, NJ 07201	22-2305176	501/01/31	22,500.	0.			FOR EMERGENCY SHELTERING
SIREEI - EDIZABEIH, NO 07201	22-2303170	501(0)(3)	22,300.	0.			FOR EMERGENCI SHELIERING
NI CONTINION TO END HOMELEGGNESS							
NJ COALITION TO END HOMELESSNESS							MENITAL HEALTH GEDVICES AT
10 MERCER STREET	45 2700020	E01/G)/2)	250.000	0			MENTAL HEALTH SERVICES AT
PRINCETON, NJ 08540	45-3700939	501(C)(3)	250,000.	0.			HOMELESS SHELTERS

22-3165145

Schedule I (Form 990) 2022 HOMEFRONT, INC.	•				22-3165145	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash ass	sistance
NON-CASH CONTRIBUTIONS	2292	0.	6,225,403.	FAIR MARKET VALUE	FOOD, DIAPERS, PERSONAL OF PRODUCTS, CLOTHING, TOYS, VEHICLES, COMPUTERS, HOUSE FURNISHINGS, AND OTHER	,
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
GRANT AGREEMENTS ARE EXECUTED WITH	ALL GRAN	TS TO DOME	ESTIC ORGAN	IZATIONS.		
THE GRANT AWARDS WERE DETERMINED B	SY THE STA	ATE OF NEW	JERSEY DEP	ARTMENT OF		
COMMUNITY AFFAIRS AS PART OF A GRA	NT TO BUI	LD HOMELES	SS HOUSING			
INFRASTRUCTURE. HOMEFRONT ACTED AS	A PASS T	HROUGH ORG	GANIZATION	FOR THE		
GRANT AWARDS AND DID NOT SELECT AW						

HOMEFRONT, INC.

Page 2

Schedule I (Form 990)

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

**2022** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HOMEFRONT, INC.

Part I Questions Regarding Compensation

 $Employer identification number \\ 22-3165145$ 

			Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CONSTANCE MERCER-MYERS	(i)	182,767.	0.	0.	5,711.	23,581.	212,059.	0.	
FOUNDER AND CEO EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SARAH STEWARD	(i)	141,204.	0.	0.	4,153.	10,899.	156,256.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

						31651	45	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	eterminir	_	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		3,662,715.				
6	Cars and other vehicles	X	2	3,400.	FAIR VALUE			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	40,707	2,330,622.	FAIR VALUE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES )	X	932	228,666.	FAIR VALUE			
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82			1 1				
	·		J			,	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31						31		Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?						Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	cked.			
	describe in Part II.		-, i= p. 5p 5i ()		· ·· · · ·			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	),	Schedule	M (Form	990)	2022

232142 09-09-22

Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HOMEFRONT, INC.

Employer identification number 22-3165145

·
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOURCES, AND EXPERTISE OF THE COMMUNITY. WE LESSEN THE IMMEDIATE PAIN
OF HOMELESSNESS AND HELP FAMILIES BECOME SELF-SUFFICIENT. WE WORK TO
GIVE OUR CLIENTS THE SKILLS AND OPPORTUNITIES TO ENSURE ADEQUATE
INCOMES, AND WE WORK TO INCREASE THE AVAILABILITY OF ADEQUATE,
AFFORDABLE HOUSING. WE HELP HOMELESS FAMILIES ADVOCATE FOR THEMSELVES
INDIVIDUALLY AND COLLECTIVELY
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES TO ENSURE ADEQUATE INCOMES, AND WE WORK TO INCREASE THE
AVAILABILITY OF ADEQUATE, AFFORDABLE HOUSING. WE HELP HOMELESS FAMILIES
ADVOCATE FOR THEMSELVES INDIVIDUALLY AND COLLECTIVELY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATIONAL SUPPORT: WE OFFER TUTORING AND TESTING SERVICES TO HELP
INDIVIDUALS EARN THEIR HIGH SCHOOL EQUIVALENCY.
JOB TRAINING: OUR JOB TRAINING PROGRAMS INCLUDE RESUME WRITING
ASSISTANCE, JOB COACHING, JOB PLACEMENT SERVICES, AND CAREER
CERTIFICATION PROGRAMS.
2. CHILDREN'S PROGRAMS
HOMEFRONT BELIEVES THAT CHILDREN NURTURED BY LOVE AND SUPPORT WILL GROW

232211 10-28-22

ON A PATH TO REALIZING LIFE'S POSSIBILITIES. FOUNDED TO ADDRESS THE

HEART OF OUR MISSION. FROM COMPREHENSIVE SERVICES AT OUR EMERGENCY

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

NEEDS OF HUNGRY AND HOMELESS CHILDREN, WE HAVE ALWAYS KEPT THEM AT THE

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization  $\mbox{\mbox{\bf HOMEFRONT}, \mbox{\mbox{\bf INC}}.}$ 

Employer identification number 22-3165145

SHELTER TO OUR AWARD-WINNING PRESCHOOL AND YEAR-ROUND ENRICHMENT

PROGRAMS, WE PROVIDE THE SUPPORT CHILDREN NEED TODAY, INSTILL HOPE FOR

A BETTER TOMORROW, AND OPEN THEIR WORLDS TO ENDLESS POSSIBILITIES.

JOY, HOPES AND DREAMS: OFFERING YEAR-ROUND ACTIVITIES AND SUPPORT FOR SCHOOL-AGED CHILDREN AT VARIOUS SITES THROUGHOUT MERCER COUNTY, FIVE TO SIX DAYS A WEEK.

ATKINSON CHILD DEVELOPMENT CENTER: PROVIDING DEDICATED CARE AND

DEVELOPMENTAL SUPPORT FOR INFANTS AND TODDLERS AT OUR FAMILY CAMPUS.

EIGHT-WEEK SUMMER CAMP: A FUN AND ENRICHING SUMMER EXPERIENCE FOR

CHILDREN, HELPING THEM LEARN AND GROW DURING THE SCHOOL BREAK.

BACK-TO-SCHOOL AND HOLIDAY WISHES DRIVES: ENSURING CHILDREN HAVE THE SUPPLIES AND GIFTS THEY NEED FOR A SUCCESSFUL SCHOOL YEAR AND JOYFUL HOLIDAY SEASON.

#### 3. BASIC NEEDS

HOMEFRONT BELIEVES THAT EVERY FAMILY DESERVES ACCESS TO BASIC

NECESSITIES TO LIVE A LIFE OF DIGNITY. MANY OF THE FAMILIES WE SERVE,

CONSTRAINED BY LIMITED RESOURCES AND A FOCUS ON MERE SURVIVAL, LACK

ACCESS TO ESSENTIAL ITEMS SUCH AS GROCERIES, CLOTHING, AND DIAPERS.

THROUGH OUR RESOURCE NETWORK, WE PROVIDE THESE VITAL RESOURCES TO

THOUSANDS OF HOUSEHOLDS EACH YEAR.

FREESTORE: A WELCOMING PLACE WHERE FAMILIES CAN SHOP FOR CLOTHING AND SMALL DONATED GOODS AT NO COST.

FOOD PANTRIES: INCLUDING OUR MAIN CHOICE FOOD MARKET, WHERE FAMILIES

CAN SELECT THE GROCERIES THEY NEED.

DRIVE HOME: A PROGRAM THAT PROVIDES DONATED CARS TO FAMILIES IN NEED.

Schedule O (Form 990) 2022 Page 2

Name of the organization
HOMEFRONT, INC.

Employer identification number
22-3165145

DIAPER RESOURCE CENTER: SUPPLYING FAMILIES WITH MILLIONS OF DIAPERS

AND WIPES EACH YEAR.

PRO BONO SERVICES: OFFERING FAMILIES ACCESS TO DONATED PROFESSIONAL

#### 4. PERSONAL WELLNESS

TIME AND EXPERTISE.

HOMEFRONT BELIEVES THAT PERSONAL WELLNESS WHETHER PHYSICAL, MENTAL, OR

EMOTIONAL IS CRITICAL TO ENSURING THRIVING FAMILIES. HOMEFRONT IS

DEDICATED TO IMPROVING ACCESS TO PHYSICAL AND MENTAL HEALTH SERVICES TO

ENHANCE THE WELL-BEING OF FAMILIES AND CHILDREN. WE ALSO RECOGNIZE THE

TRANSFORMATIVE POWER OF HEALING AND GROWTH THROUGH ART. OUR PROGRAMS

INCLUDE:

FORMAL LIFE SKILLS: OFFERING A VARIETY OF EDUCATIONAL OPPORTUNITIES

SUCH AS OUR TEACHING KITCHEN, HEALTH AND WELLNESS EDUCATION, AND

PARENTING WORKSHOPS.

LIFE ENHANCEMENT: PROVIDING THERAPEUTIC ACTIVITIES INCLUDING ART AND SEWING CLASSES, MUSIC AND PERFORMING ARTS PROGRAMS, AND YOGA SESSIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

O COMPREHENSIVE SUPPORT: OFFERING EMERGENCY RENTAL ASSISTANCE, HELP IN

LOCATING AFFORDABLE HOUSING, AND ASSISTANCE WITH SECURITY DEPOSITS AND

FIRST MONTH'S RENT.

#### 3. CHILDREN'S CHAMPION

O INTENSIVE CASE MANAGEMENT: PROVIDING DEDICATED SUPPORT FOR SCHOOL-AGED CHILDREN AT THE FAMILY PRESERVATION CENTER.

Schedule O (Form 990) 2022

Name of the organization

HOMEFRONT, INC.

Page 2

Employer identification number
22-3165145

4. FURNISH THE FUTURE

O FURNITURE ASSISTANCE: SUPPLYING ESSENTIAL FURNITURE TO FAMILIES IN NEED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORTIVE SERVICES TO HOUSEHOLDS EXPERIENCING HOMELESSNESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TOOLS FOR SUCCESS

HOMEFRONT BELIEVES THAT WITH THE RIGHT TOOLS, ALL FAMILIES CAN SUCCEED.

FOR FAMILIES TO BECOMEAND, MORE IMPORTANTLY, REMAINSTABLE, THEY NEED

THE TOOLS, SKILLS AND OPPORTUNITIES TO KEEP THEM ON TRACK AND BUILD

SELF-SUFFICIENCY. LIFE SKILLS ARE INTERWOVEN THROUGHOUT ALL THAT WE DO,

BUT WE ALSO HAVE FORMAL PROGRAMMING FOR:

-EDUCATIONAL SUPPORT (HIGH SCHOOL EQUIVALENCY TUTORING/TESTING)

-JOB TRAINING (JOB TRAINING, JOB PLACEMENT, AND CAREER CERTIFICATION

PROGRAMMING)

BASIC NEEDS

HOMEFRONT BELIEVES THAT FAMILIES NEED BASIC NECESSITIES TO LIVE A LIFE
WITH DIGNITY. FACED WITH LIMITED RESOURCES AND A FOCUS ON SURVIVING,
THE FAMILIES WE SERVE DO NOT HAVE THE MEANS TO GET BASIC NECESSITIES.
WE PROVIDE THOSE RESOURCES TO THOUSANDS OF HOUSEHOLDS A YEAR, THROUGH
OUR RESOURCE NETWORK:

-FURNISH THE FUTURE (PROVIDING FURNITURE TO FAMILIES FACING HARDSHIP)

-FREESTORE (WHERE FAMILIES CAN SHOP FOR CLOTHING AND SMALL DONATED

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization Employer identification number HOMEFRONT, INC. 22-3165145

GOODS)

-FOOD PANTRIES (INCLUDING A MAIN CHOICE FOOD MARKET WHERE FAMILIES CAN

SHOP FOR THE ITEMS THEY WANT)

-DRIVE HOME (DONATIONS OF CARS)

-DIAPER RESOURCE CENTER (PROVIDING FAMILIES WITH MILLIONS OF DIAPERS

AND WIPES ANNUALLY)

-PRO BONO DONATIONS OF TIME AND EXPERTISE

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

THE BOARD REVIEWS AND APPROVES THE 990 BEFORE FILING.

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

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, CONFIDENTIALITY POLICY,

WHISTLEBLOWER POLICY, AS WELL AS THE RECORD RETENTION AND DESTRUCTION

POLICY ON AN ANNUAL BASIS.

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

THE ANNUAL REVIEW AND COMPENSATION INCREASES FOR THE CEO ARE PERFORMED AND DETERMINED BY THE BOARD. FOR OTHER OFFICERS AND KEY EMPLOYEES, ANNUAL

REVIEWS ARE PERFORMED AND ANY INCREASES ARE DETERMINED BY THEIR SUPERVISOR

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON ITS WEBSITE AND THE 1023

APPLICATION IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND CEO.

Name of the organization  HOMEFRONT, INC.	Employer identification number 22-3165145
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, LINE XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	