About Operation Homefront
Operation Homefront, a national 501(c)(3) nonprofit headquartered in San Antonio, TX, and in Arlington, VA, and with 21 locations serving all 50 states, was formed after 9/11 to support the families of deployed service members. While we have adapted our programming over the past 15 years to meet the changing needs of our military families, we have stayed focused on our mission to build strong, stable, and secure military families so they can thrive — not simply struggle to get by — in the communities they have worked so hard to protect.

The Operation Homefront family, consisting of staff, volunteers, individual and corporate donors and partner organizations, supports the families of deployed and transitioning service members and post-9/11 wounded, ill, and injured warriors and veterans. Our programs primarily benefit junior- and mid-grade enlisted (E1–E6) service members.

Serving America’s Military Families
All at Operation Homefront function with a common core belief: to serve our military families in their time of need because they have done so much to serve all of us in our nation’s time of need. Since our founding in 2002, tens of thousands of military families have put their trust in Operation Homefront and we continue to deliver on our promise to serve them when they need us most. In 2016, Operation Homefront supported nearly 150,000 military family members across the country — over 10,000 more family members than we helped the previous year.

Recognized as a highly-trusted nonprofit by independent charity rating services, in 2016, Operation Homefront earned Charity Navigator’s prestigious 4-star rating for the 10th year in a row, received Platinum level from GuideStar and an “A Rating” from CharityWatch, and met all 20 Better Business Bureau standards. We are accountable and resourceful stewards of our donor dollars, with 92% of our expenditures going directly toward programs and services to benefit military families.

“Operation Homefront has been such a huge blessing to our family, during the holidays, and just every day of the year. They help financially and emotionally when we are far away from home, and may not have other help or support. The work they do is irreplaceable for the troops and their families.”
- Military family at Colorado Holiday Meals for Military event

Our Programmatic Impact Since Inception
Our programs and services provide RELIEF through financial assistance and transitional housing programs, RESILIENCY through permanent housing and caregiver
support programs and **RECURRING FAMILY SUPPORT** for additional needs throughout the year. We seek to help military families overcome short-term struggles so these temporary challenges do not turn into chronic problems. We have:

- Provided more than $20 million in critical financial assistance, fulfilling over 35,000 requests from 14,000 families in distress.
- Housed nearly 500 families in transitional housing, saving them $4.7 million in rent and utilities.
- Awarded nearly 600 families mortgage-free homes, and provided more than $48 million in deeded value.
- Helped more than 3,200 caregivers through 60 support groups across the nation.
- Distributed over 250,000 backpacks with school supplies to military children.
- Served nearly 70,000 military families with holiday meals, impacting over 300,000 military family members.
- Celebrated and supported nearly 16,000 new and expectant parents.
- Honored nearly 8,000 military spouses at Homefront Celebrations.

**Focused on Outcomes and Continuous Improvement**

We offer a variety of programs and services to military families across the country, and rigorously measure their effectiveness to ensure each program meets the needs of the very deserving families we serve. To do so, we survey military families to determine if we are accomplishing our mission. The 2016 results clearly show that the military families we serve agree or strongly agree that our programs help them feel strong, stable, and secure:

- **Critical Assistance Program:** 88% of survey respondents
- **Transitional Housing Program:** 97% of survey respondents

“I really appreciate your help. It means a lot. Coming from my background makes this even more special. I have been struggling with depression because I am not in the military, my wife divorced me, and I have not been able to see my son every day. This helped me come out of a bad place. I just want to say thank you.”

– The Guevara Family, CAP Recipient

- **Homes on the Homefront Program:** 97% of survey respondents
- **Hearts of Valor (caregiver) Program:** 90% of survey respondents

“Operation Homefront not only provides our family the tangible home, but provides the intangible ability to grow spiritually, financially, and as a family. We can't thank Operation Homefront enough for what they have done for our family. Not only have they given us a house, they have given us a family for life.”
- Robert and Annmarie, veterans, Ohio, HOTH

- Holiday Meals for Military Program: 98% of survey respondents
- Back-to-School Brigade Program: 90% of survey respondents
- Star-Spangled Babies Program: 94% of survey respondents
- Holiday Toy Drive Program: 98% of survey respondents
- Homefront Celebrations Program: 92% of survey respondents

“Anything that you’re in need of — physically, emotionally — Operation Homefront is there for you. ... We’ve been in the military for a while now, and there were times when I wished I’d known about it before. … To have such a good nonprofit helping us out, that is so amazing.”

- The Weber Family, SSB event attendee

Moving Forward
Since 2002, we have grown rapidly thanks to the support and generosity of the American public. As we look toward the future, we see that the need is great and we remain committed to serving those who have done so much for all of us.

We will continue to evaluate our processes, controls, and organizational structure to ensure we maximize the impact of the available resources. We will seek partnerships to broaden our ability to serve more military families and to enhance our relationships in the veteran community — and we will do so with deep appreciation both for those we serve and for those who support us in our mission.

Together, we are proudly serving America’s military families.
**SCHEDULE B IS NOT AVAILABLE FOR PUBLIC INSPECTION**

**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.

**For the 2016 calendar year, or tax year beginning and ending**

**Name of organization**

OPERATION HOMEFRONT, INC.

Doing business as

1355 CENTRAL PARKWAY S. 100
SAN ANTONIO, TX 78232

**Employer identification number**

32-0033325

**Telephone number**

(210) 659-7756

**Gross receipts**

50,639,452

**H(a) is this a group return?**

Yes

**H(b) Are all subordinates included?**

No

**I Tax-exempt status**

X 501(c)(3) 4947(a)(1) 527

**J Website**

WWW.OPERATIONHOMEFRONT.ORG

**K Form of organization**

X Corporation

**L Year of formation**

2002

**M State of legal domicile**

TX

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### Part I: Summary

1. **Briefly describe the organization's mission or most significant activities: OPERATION HOMEFRONT BUILDS STRONG, STABLE, AND SECURE MILITARY FAMILIES.**

2. **Number of voting members of the governing body (Part VI, line 1a)**

   3. **Number of independent voting members of the governing body (Part VI, line 1b)**

   4. **Total number of individuals employed in calendar year 2016 (Part V, line 2a)**

   5. **Total number of volunteers (estimate if necessary)**

   6. **Total unrelated business revenue from Part VIII, column (C), line 12**

   7. **Net unrelated business taxable income from Form 990-T, line 34**

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### Part II: Activities & Governance

8. **Contributions and grants (Part VIII, line 1h)**

   9. **Program service revenue (Part VIII, line 2g)**

   10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d)**

   11. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**

   12. **Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**

---

### Part III: Expenses

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3)**

14. **Benefits paid to or for members (Part IX, column (A), line 4)**

15. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**

16a. **Professional fundraising fees (Part IX, column (A), line 11e)**

16b. **Total fundraising expenses (Part IX, column (D), line 26)**

17. **Other expenses (Part IX, column (A), lines 11a-11d, 11f24e)**

18. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**

19. **Revenue less expenses. Subtract line 18 from line 12**

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### Part IV: Net Assets or Fund Balances

20. **Total assets (Part X, line 16)**

21. **Total liabilities (Part X, line 26)**

22. **Net assets or fund balances. Subtract line 21 from line 20**

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**Signature Block**

**Sign Here**

JOHN I. PRAY, JR., PRESIDENT/CEO

Date: 5/11/2017

**Type or print name and title**

JOSEPH A HERNANDEZ

Date: 5/17/2017

**Preparer**

AKIN, DOHERTY, KLEIN & FEUGE, P.C.

**Use Only**

8610 N. NEW BRAUNFELS, SUITE 101
SAN ANTONIO, TX 78217

**Phone no.** (210) 829-1300

**May the IRS discuss this return with the preparer shown above? (see instructions)**

Yes

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**Form 990 (2016)**

LHA For Paperwork Reduction Act Notice, see the separate instructions.
Briefly describe the organization's mission:

OPERATION HOMEFRONT BUILDS STRONG, STABLE, AND SECURE MILITARY FAMILIES SO THEY CAN THRIVE - NOT SIMPLY STRUGGLE TO GET BY - IN THE COMMUNITIES THEY HAVE WORKED SO HARD TO PROTECT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
Yes [x] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
Yes [x] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ________ ) (Expenses $ 51,532,818, including grants of $ 43,538,666 ) (Revenue $ ________ )  
OPERATION HOMEFRONT ASSISTS MILITARY FAMILIES COPING WITH A VARIETY OF FINANCIAL CHALLENGES. THE MOST COMMON TYPES OF NEED ARE FOR SHORT-TERM RELIEF CONSISTING OF RENT/MORTGAGE ASSISTANCE, HOME/CAR REPAIRS, FOOD, UTILITIES, AND TRANSITIONAL HOUSING; LONG TERM RESILIENCY CONSISTING OF PERMANENT MORTGAGE-FREE HOMES AND CAREGIVER SUPPORT; AND RECURRING FAMILY SUPPORT CONSISTING OF HOLIDAY MEALS, HOLIDAY TOYS, BACK-TO-SCHOOL ITEMS, BABY SHOWER AND HOMEFRONT CELEBRATIONS THAT ARE DESIGNED TO SUSTAIN, UPLIFT AND TRANSFORM.

4b (Code: ________ ) (Expenses $ ________ , including grants of $ ________ ) (Revenue $ ________ )

4c (Code: ________ ) (Expenses $ ________ , including grants of $ ________ ) (Revenue $ ________ )

4d Other program services (Describe in Schedule O.)

(Expenses $ ________ , including grants of $ ________ ) (Revenue $ ________ )

4e Total program service expenses $ 51,532,818.
<table>
<thead>
<tr>
<th></th>
<th>1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2 Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>11 If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td></td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td></td>
<td>c 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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td>11c</td>
</tr>
<tr>
<td></td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>11d</td>
</tr>
<tr>
<td></td>
<td>e Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>11e</td>
</tr>
<tr>
<td></td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>11f</td>
</tr>
<tr>
<td></td>
<td>12a Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>12a</td>
</tr>
<tr>
<td></td>
<td>b Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>12b</td>
</tr>
<tr>
<td></td>
<td>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>14a Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>14a</td>
</tr>
<tr>
<td></td>
<td>b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>14b</td>
</tr>
<tr>
<td></td>
<td>15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and Ba? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

Form 990 (2016)

0020418 758098 4182.001

2016.03030 OPERATION HOMEFRONT, INC. 4182.001
<table>
<thead>
<tr>
<th>Part IV</th>
<th>Checklist of Required Schedules (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
</tr>
<tr>
<td>20b</td>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
<tr>
<td>21</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
</tr>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
</tr>
<tr>
<td>24b</td>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
</tr>
<tr>
<td>24c</td>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
</tr>
<tr>
<td>24d</td>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
</tr>
<tr>
<td>25a</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
</tr>
<tr>
<td>25b</td>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
</tr>
<tr>
<td>28a</td>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>28b</td>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>28c</td>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
</tr>
<tr>
<td>32</td>
<td>If &quot;Yes,&quot; complete Schedule N, Part I</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
</tr>
<tr>
<td>34</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
</tr>
<tr>
<td>35a</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
</tr>
<tr>
<td>35b</td>
<td>a If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
</tr>
<tr>
<td>36</td>
<td>If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O.
Form 990 (2016)  OPERATION HOMEFRONT, INC.  32-0033325  Page 5

Part 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

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable ............................................. 1a  96

b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable .......................... 1b  0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ........................................... 1c  X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ............................. 2a  139

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ... 2b  X

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year? .............. 3a  X

b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ... 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ........ ..... 4a  X

b If "Yes," enter the name of the foreign country: .............................................................. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ... 5a  X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5b  X

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ............................................... 5c

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible 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  X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? ............... 7b

c 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

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e  X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ........................................................................................................ 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ........................................................................................................ 7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .......................... 8

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? .............................. 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... 9b

10 Section 501(c)7 organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 .................................................. 10a

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:

a 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.) ........................................................................................................ 11b

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 .............................. 12b

13 Section 501(c)29 qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? .............................. 13a

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ........................................................................ 13b

c Enter the amount of reserves on hand ................................................................................................. 13c

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 in Schedule O . 14b

Form 990 (2016)
**Section A. Governing Body and Management**

1a. Enter the number of voting members of the governing body at the end of the tax year: 20

   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 in Schedule O.

1b. Enter the number of voting members included in line 1a, above, who are independent: 19

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? No

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? No

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? No

5. Did the organization become aware during the year of a significant diversion of the organization's assets? No

6. Did the organization have members or stockholders? No

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? No

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a. The governing body? Yes
   b. Each committee with authority to act on behalf of the governing body? Yes

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. No

**Section B. Policies**

10a. Did the organization have local chapters, branches, or affiliates? No

   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? No

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? No

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13 No

   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? No

   c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. No

13. Did the organization have a written whistleblower policy? No

14. Did the organization have a written document retention and destruction policy? No

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a. The organization's CEO, Executive Director, or top management official No
   b. Other officers or key employees of the organization No

16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? No

   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? No

**Section C. Disclosure**

17. List the states with which a copy of this Form 990 is required to be filed: SEE SCHEDULE O

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 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
   - [ ] Another's website
   - [X] Upon request
   - [ ] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization's books and records: OPERATION HOMEFRONT, INC. - (210) 659-7756 1355 CENTRAL PARKWAY S., STE 100, SAN ANTONIO, TX 78232

632008 11-11-16

[Signature] 0020418 758098 4182.001 2016.03030 OPERATION HOMEFRONT, INC. 4182.001
### 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 key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANGELO LOMBARDI</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(2) BOB MCGOWAN</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(3) BRIGADIER GENERAL JOHN I. PRAY, PRESIDENT/CEO</td>
<td>40.00 X X</td>
<td>362,284.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(4) BRIGADIER GENERAL LINDA MEDLER, DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(5) CATHERINE BLADES</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(6) COLONEL MARTY HAUSER, USAF, RET SECRETARY</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(7) ED DELGADO</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(8) COLONEL TYRONE WOODWARD, USAF, DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(9) FRANK PARAS</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(10) STEVEN MAHON</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(11) KEN SLATER</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(12) LARA ASHMORE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(13) LAURA FREDRICKS</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(14) LAURIE GALLO</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(15) LIEUTENANT GENERAL BRIAN ARNOLD, VICE CHAIRMAN</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(16) MAJOR GENERAL LEE BAXTER, USAF, DIRECTOR</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(17) MARK FOSTER</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

632007 11-11-16

Form 990 (2016) OPERATION HOMEFRONT, INC. 32-0033325 Page 7

L0020418 758098 4182.001 2016.03030 OPERATION HOMEFRONT, INC. 4182.001
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) MICHAEL CARNUCIO</td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) ROBERT GIANNELLA</td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) STEVEN ADKINSON</td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) MARQUERITE KIRST</td>
<td>40.00</td>
<td></td>
<td>200,471.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CDO</td>
<td>40.00 X</td>
<td></td>
<td>190,554.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) ROBERT THOMAS</td>
<td>40.00</td>
<td></td>
<td>170,000.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>COO</td>
<td>40.00 X</td>
<td></td>
<td>121,054.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) LAURA YAZAGUIRE</td>
<td>40.00</td>
<td></td>
<td>133,769.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CPAO</td>
<td>40.00 X</td>
<td></td>
<td>120,804.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) JILL ESKIN-SMITH</td>
<td>40.00</td>
<td></td>
<td>1,298,936.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SR DIRECTOR, CORPORATE &amp; FOUNDATION</td>
<td>40.00 X</td>
<td></td>
<td>308,702.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) EUGENIA FITZGERAL</td>
<td>40.00</td>
<td></td>
<td>1,607,638.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VP OF MARKETING AND COMMUNICATIONS</td>
<td>40.00 X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(26) WALTER STERNBERG</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>SR DIRECTOR OF MARKETING</td>
<td>40.00 X</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

**1b Sub-total**

1,298,936. 0. 0.

**c Total from continuation sheets to Part VII, Section A**

308,702. 0. 0.

**d Total (add lines 1b and 1c)**

1,607,638. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

11

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes No

3 Yes 9

4 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

Yes No

4 Yes 9

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

5 Yes 9

### Section B. Independent Contractors

1 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>THOMPSON HABIB &amp; DENISON, INC., 80 HAYFEN AVENUE, SUITE 300, LEXINGTON, MA 02421</td>
<td>DIRECT MAILING SERVICES</td>
<td>413,800.</td>
</tr>
<tr>
<td>RACKSPACE</td>
<td>TECHNOLOGY SERVICES</td>
<td>184,183.</td>
</tr>
<tr>
<td>200 PANATICAL PLACE, SAN ANTONIO, TX 78218</td>
<td>TECHNOLOGY SERVICES</td>
<td>184,183.</td>
</tr>
<tr>
<td>SEEKING HR, 237 WEST TRAVIS ST, STE 100, SAN ANTONIO, TX 78205</td>
<td>HUMAN RES. SERVICES</td>
<td>174,990.</td>
</tr>
<tr>
<td>CDR FUNDRAISING, 16900 SCIENCE DRIVE, STE 210, BOWIE, MD 20715</td>
<td>FUNDRAISING SERVICES</td>
<td>150,360.</td>
</tr>
<tr>
<td>BKD, 10001 REUNION PLACE, STE 400, SAN ANTONIO, TX 78216</td>
<td>ACCOUNTING SERVICES</td>
<td>111,110.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

5

SEE PART VII, SECTION A CONTINUATION SHEETS
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) KAREN SMITHART</td>
<td>40.00</td>
<td>X</td>
<td>104,812.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SR DIRECTOR OF HR</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) CAROL HERRICK</td>
<td>40.00</td>
<td>X</td>
<td>102,236.</td>
<td>0.</td>
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<tr>
<td>SR DIRECTOR OF FIELD OPERATIONS</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) JACOB ADAMS</td>
<td>40.00</td>
<td>X</td>
<td>101,654.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LEAD PROGRAMMER</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 308,702.
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>44,776,558.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>27,863,261.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td><strong>44,776,558.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Program Service Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2f All other program service revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2g Total. Add lines 2a-2f</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td><strong>33,653.</strong></td>
<td><strong>33,653.</strong></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>4,974,600.</td>
<td>268,468.</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>5,035,710.</td>
<td>200,000.</td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>-61,110.</td>
<td>48,468.</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>-12,642.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td>610,322.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>297,119.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>313,203.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a LATE FEES</td>
<td>900099</td>
<td>1,955.</td>
<td>1,955.</td>
</tr>
<tr>
<td>11b MISCELLANEOUS</td>
<td>900099</td>
<td>-6,104.</td>
<td>-6,104.</td>
</tr>
<tr>
<td>11c All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d Total. Add lines 11a-11d</td>
<td>-4,149.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 Total revenue. See instructions.</strong></td>
<td><strong>45,106,623.</strong></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>43,538,666</td>
<td>43,538,666</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>1,057,078</td>
<td>689,347</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>5,469,988</td>
<td>3,567,125</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>138,248</td>
<td>90,155</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>511,814</td>
<td>333,768</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>506,010</td>
<td>329,983</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>126,358</td>
<td>77,634</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>112,950</td>
<td>69,397</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>259,031</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>12,941</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,325,037</td>
<td>973,249</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>143,821</td>
<td>88,363</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>1,070,750</td>
<td>487,672</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>440,516</td>
<td>270,653</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>829,422</td>
<td>671,214</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>252,315</td>
<td>105,198</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>127,134</td>
<td>6,416</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>143,821</td>
<td>88,363</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>1,070,750</td>
<td>487,672</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>440,516</td>
<td>270,653</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>829,422</td>
<td>671,214</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>252,315</td>
<td>105,198</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>MISCELLANEOUS</td>
<td>154,329</td>
<td>1,796</td>
</tr>
<tr>
<td>b</td>
<td>MEMBERSHIP &amp; DUES</td>
<td>14,614</td>
<td>2,941</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>56,349,040</td>
<td>51,532,818</td>
</tr>
</tbody>
</table>

Total functional expenses: Add lines 1 through 24e
## Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>3,487,133</td>
<td>3,057,558</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>348,890</td>
<td>281,627</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>1,687,653</td>
<td>1,184,140</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>9,061</td>
<td>0</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>1,929,559</td>
<td>65,170</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>316,139</td>
<td>248,006</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>10a 663,263</td>
<td>10b 501,303</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>391,176</td>
<td>161,960</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>42,083,241</td>
<td>33,340,851</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>3,267,875</td>
<td>3,293,937</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>42,083,241</td>
<td>33,340,851</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>53,520,927</td>
<td>41,633,249</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>53,520,927</td>
<td>41,633,249</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>1,332,854</td>
<td>898,343</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>150,000</td>
<td>0</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>882,746</td>
<td>713,087</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>2,365,600</td>
<td>1,611,430</td>
</tr>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here [x] and complete lines 27 through 29, and lines 33 and 34.</td>
<td>5,594,543</td>
<td>3,027,739</td>
</tr>
<tr>
<td>28 Unrestricted net assets</td>
<td>45,560,784</td>
<td>36,994,080</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td>51,155,327</td>
<td>40,021,819</td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>53,520,927</td>
<td>41,633,249</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>53,520,927</td>
<td>41,633,249</td>
</tr>
</tbody>
</table>

Form 990 (2016)
### Part XI: Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>45,106,623</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>56,349,040</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-11,242,417</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>51,155,327</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>108,909</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>40,021,819</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b Were the organization's financial statements audited by an independent accountant? |

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: |

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? |

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2016)
Part I

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(All organizations must complete this part.)</em> See instructions.</td>
<td>32-0033325</td>
</tr>
</tbody>
</table>

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- **1** A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- **2** A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- **3** A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- **4** 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:
- **5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- **6** A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- **7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- **8** A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- **9** An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- **10** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- **11** An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- **12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a** 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.
  - **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.
  - **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.
  - **d** 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.
  - **e** 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.
  - **f** Enter the number of supported organizations.
  - **g** Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tr>
</tbody>
</table>

Total

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>66824239</td>
<td>71003529</td>
<td>61458965</td>
<td>49853391</td>
<td>45244698</td>
<td>294384822</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>66824239</td>
<td>71003529</td>
<td>61458965</td>
<td>49853391</td>
<td>45244698</td>
<td>294384822</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>140190628</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>154194194</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>66824239</td>
<td>71003529</td>
<td>61458965</td>
<td>49853391</td>
<td>45244698</td>
<td>294384822</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>182,096</td>
<td>196,214</td>
<td>248,473</td>
<td>107,249</td>
<td>33,653</td>
<td>767,685</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>295189294</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,615,731</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2016 (line 6, column (f)) divided by line 11, column (f) | 14 | 52.24 % |
| Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 54.11 % |

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization □

16b 33 1/3% support test - 2015. If the organization did not check a box on line 13a or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization □

17a 10% - facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization □

17b 10% - facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions □

Schedule A (Form 990 or 990-EZ) 2016

632022 08-21-16

LC020418 758098 4182.001

2016.03030 OPERATION HOMEFRONT, INC. 4182.001
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
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</tr>
<tr>
<td>include any &quot;unusual grants.&quot;............</td>
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<tr>
<td>2 Gross receipts from admissions,</td>
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<td></td>
<td></td>
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<tr>
<td>merchandise sold or services performed,</td>
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<tr>
<td>or facilities furnished in any activity</td>
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<tr>
<td>that is related to the organization's tax-exempt purpose</td>
<td></td>
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</tr>
<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>are not an unrelated trade or business</td>
<td></td>
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<tr>
<td>under section 513 ............................................</td>
<td></td>
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</tr>
<tr>
<td>4 Tax revenues levied for the</td>
<td></td>
<td></td>
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<tr>
<td>organization's benefit and either paid to</td>
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<tr>
<td>or expended on its behalf ....................</td>
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<tr>
<td>5 The value of services or facilities</td>
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<tr>
<td>furnished by a governmental unit to the</td>
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</tr>
<tr>
<td>organization without charge ................</td>
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</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>b Amounts included on lines 2 and 3</td>
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<tr>
<td>received from other than disqualified</td>
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<tr>
<td>persons that exceed the greater of $5,000</td>
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<tr>
<td>or 1% of the amount on line 13 for the</td>
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<tr>
<td>year ..............................................................</td>
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<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b .................................</td>
<td></td>
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</tr>
<tr>
<td>8 Public support. (Subtract line 7c from</td>
<td></td>
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</tr>
<tr>
<td>line 6) ..........................................................</td>
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</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6 ............................</td>
<td></td>
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</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
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<td></td>
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<tr>
<td>rents, royalties and income from</td>
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<tr>
<td>similar sources ...........................................</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less</td>
<td></td>
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<tr>
<td>section 511 taxes) from businesses acquired</td>
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<tr>
<td>after June 30, 1975 .....................................</td>
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<tr>
<td>c Add lines 10a and 10b .........................</td>
<td></td>
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<tr>
<td>11 Net income from unrelated business</td>
<td></td>
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<tr>
<td>activities not included in line 10b,</td>
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<tr>
<td>whether or not the business is regularly</td>
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<tr>
<td>carried on ....................................................</td>
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<tr>
<td>12 Other income. Do not include gain or</td>
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<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
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<td></td>
</tr>
<tr>
<td>(Explain in Part VI) .................................</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))</th>
<th>15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage from 2015 Schedule A, Part III, line 15</td>
<td>16%</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))</th>
<th>17%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage from 2015 Schedule A, Part III, line 17</td>
<td>18%</td>
</tr>
</tbody>
</table>

#### 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

#### 19b 33 1/3% support tests - 2015. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

#### 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
## Supporting Organizations

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

### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?

   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

   b. A family member of a person described in (a) above?

   c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11c</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

1. Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
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</tbody>
</table>

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

1. 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.

   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

2. Activities Test. Answer (a) and (b) below.

   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2a</td>
<td></td>
</tr>
</tbody>
</table>

   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2b</td>
<td></td>
</tr>
</tbody>
</table>

3. Parent of Supported Organizations. Answer (a) and (b) below.

   a. 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? Provide details in Part VI.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3a</td>
<td></td>
</tr>
</tbody>
</table>

   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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
### Part V

**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

| 1 | Net short-term capital gain | 1 |
| 2 | Recoveries of prior-year distributions | 2 |
| 3 | Other gross income (see instructions) | 3 |
| 4 | Add lines 1 through 3 | 4 |
| 5 | Depreciation and depletion | 5 |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |
| 7 | Other expenses (see instructions) | 7 |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 |

| (A) Prior Year |
| (B) Current Year (optional) |

#### Section B - Minimum Asset Amount

(Complete the schedule for the prior year and see instructions for determining the current year minimum asset amount.)

| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |  |
| a | Average monthly value of securities | 1a |
| b | Average monthly cash balances | 1b |
| c | Fair market value of other non-exempt-use assets | 1c |
| d | Total (add lines 1a, 1b, and 1c) | 1d |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): |  |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 |
| 3 | Subtract line 2 from line 1d | 3 |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 | Multiply line 5 by .05 | 6 |
| 7 | Recoveries of prior-year distributions | 7 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 |

#### Section C - Distributable Amount

- Current Year

| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1 | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3 | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

- Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
**Schedule A (Form 990 or 990-EZ) 2016**

**OPERATION HOMESTART, INC.**

**Part V**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3  Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4  Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5  Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6  Other distributions (describe in Part VI). See instructions</td>
<td></td>
</tr>
<tr>
<td>7  <strong>Total annual distributions. Add lines 1 through 6</strong></td>
<td></td>
</tr>
<tr>
<td>8  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions</td>
<td></td>
</tr>
<tr>
<td>9  Distributable amount for 2016 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by Line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

**Section E - Distribution Allocations (see instructions)**

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Underdistributions, if any, for years prior to 2016 (reasonable cause required: explain in Part VI). See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3  Excess distributions carryover, if any, to 2016:  
   a |                          |                                |                                    |
|  b |                          |                                |                                    |
|  c From 2013 |                          |                                |                                    |
|  d From 2014 |                          |                                |                                    |
|  e From 2015 |                          |                                |                                    |
| f **Total of lines 3a through e** |                          |                                |                                    |
|  g Applied to underdistributions of prior years |                          |                                |                                    |
|  h Applied to 2016 distributable amount |                          |                                |                                    |
|  i Carryover from 2011 not applied (see instructions) |                          |                                |                                    |
|  j Remainder: Subtract lines 3g, 3h, and 3i from 3f. |                          |                                |                                    |
| 4  Distributions for 2016 from Section D, line 7: $  
   a Applied to underdistributions of prior years |                          |                                |                                    |
|  b Applied to 2016 distributable amount |                          |                                |                                    |
|  c Remainder: Subtract lines 4a and 4b from 4 |                          |                                |                                    |
| 5  Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                          |                                |                                    |
| 6  Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions |                          |                                |                                    |
| 7  **Excess distributions carryover to 2017. Add lines 3j and 4c** |                          |                                |                                    |
| 8  Breakdown of line 7:  
   a |                          |                                |                                    |
|  b Excess from 2013 |                          |                                |                                    |
|  c Excess from 2014 |                          |                                |                                    |
|  d Excess from 2015 |                          |                                |                                    |
|  e Excess from 2016 |                          |                                |                                    |
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$8,671</td>
</tr>
<tr>
<td>2013</td>
<td>$41,989</td>
</tr>
<tr>
<td>2014</td>
<td>$3,823</td>
</tr>
<tr>
<td>2015</td>
<td>-$22,969</td>
</tr>
<tr>
<td>2016</td>
<td>-$6,105</td>
</tr>
</tbody>
</table>

LATE FEES

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$5,327</td>
</tr>
<tr>
<td>2015</td>
<td>$4,096</td>
</tr>
<tr>
<td>2016</td>
<td>$1,955</td>
</tr>
</tbody>
</table>
Schedule of Contributors

Name of the organization:

OPERATION HOMFRONT, INC.

Employer identification number:

32-0033325

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year $

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$ 2,575,295</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$ 1,835,000</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$ 8,848,542</td>
<td>Person</td>
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<td>Payroll</td>
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<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td>$ 13,186,424</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
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<td>Noncash</td>
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<tr>
<td>5</td>
<td></td>
<td>$ 1,029,396</td>
<td>Person</td>
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<td></td>
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<td>Noncash</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate) (See instructions)</td>
<td>Date received</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>3</td>
<td>RESIDENTIAL REAL ESTATE - 58 UNITS</td>
<td>$8,820,292.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>BACK TO SCHOOL SUPPLIES HOLIDAY TOY DRIVE TOYS</td>
<td>$13,186,424.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>RESIDENTIAL REAL ESTATE - 7 UNITS</td>
<td>$971,400.</td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of Gift</td>
<td>Use of Gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
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<td>---------------------------------</td>
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</tr>
</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of Gift</th>
<th>Use of Gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of Gift</th>
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<tr>
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</tr>
</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of Gift</th>
<th>Use of Gift</th>
<th>Description of how gift is held</th>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

---

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of Gift</th>
<th>Use of Gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

---

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of Gift</th>
<th>Use of Gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Transfer of Gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

---
Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year

(a) Donor advised funds
(b) Funds and other accounts

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   □ Yes □ No

6 Did the organization inform all grantees, donors, and donor 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 harming impermissible private benefit?  
   □ Yes □ No

Part II  Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area
   □ Protection of natural habitat □ Preservation of a certified historic structure
   □ Preservation of open space

2 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. 

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  

4 Number of states where property subject to conservation easement is located  

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   □ Yes □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
   □ $  

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   □ Yes □ No

9 In Part III, 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 SFAS 116 (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.

1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
   (a) Revenue included on Form 990, Part VIII, line 1
   (b) Assets included in Form 990, Part X
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations
   d. Loan or exchange programs
   e. Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes ☐ No ☒

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes ☐ No ☒

b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes ☐ No ☒

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b. Contributions

c. Net investment earnings, gains, and losses

d. Grants or scholarships

e. Other expenditures for facilities and programs

f. Administrative expenses

g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment ▶ %
   b. Permanent endowment ▶ %
   c. Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b. ☒

4. Describe in Part XIII the intended uses of the organization's endowment funds.

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>20,000.</td>
<td></td>
<td>20,000.</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold Improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>393,628.</td>
<td>307,146.</td>
<td>86,482.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>249,635.</td>
<td>194,157.</td>
<td>55,478.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

161,960.
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII: Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX: Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIFT CARDS</td>
<td>491,815</td>
</tr>
<tr>
<td>IN-KIND GOODS</td>
<td>778,816</td>
</tr>
<tr>
<td>CONTRIBUTED HOUSES INVENTORY</td>
<td>32,054,642</td>
</tr>
<tr>
<td>CONTRIBUTED SHIRTS INVENTORY</td>
<td>14,629</td>
</tr>
<tr>
<td>OTHER</td>
<td>949</td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td>33,340,851</td>
</tr>
</tbody>
</table>

### Part X: Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
**Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>1 Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>45,670,731</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>108,909</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
<td>468,140</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
<td>577,049</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>45,093,682</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>12,941</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
<td>12,941</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td></td>
<td>45,106,623</td>
</tr>
</tbody>
</table>

**Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>1 Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>56,804,239</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
<td>468,140</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
<td>468,140</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>56,336,099</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td>12,941</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
<td>12,941</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td></td>
<td>56,349,040</td>
</tr>
</tbody>
</table>

**Part XIII: Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART IV, LINE 2B:**

**THROUGH AN AGREEMENT WITH OPERATION HOMEFRONT, HENDRICKS PROPERTY MANAGEMENT LLC COLLECTS SECURITY DEPOSITS FROM TENANTS PARTICIPATING IN THE HOMES ON THE HOMEFRONT PROGRAM. HENDRICKS ALSO COLLECTS FUNDS FROM THESE TENANTS EACH MONTH IN ORDER TO PAY PROPERTY TAXES AND INSURANCE COSTS WHILE THE TENANTS ARE OCCUPYING THE HOMES, BUT BEFORE THEY ARE DEEDED TO THE HOMES AND ASSUME THE RESPONSIBILITY TO PAY THESE COSTS THEMSELVES. HENDRICKS REIMBURSES THE TENANTS FOR SECURITY DEPOSITS AND OPERATION HOMEFRONT FOR PROPERTY TAXES PAID. THESE SECURITY DEPOSIT AND PROPERTY TAX ESCROW ACCOUNTS ARE MAINTAINED ON THE BOOKS OF OPERATION HOMEFRONT. FOR THE YEAR ENDED 12/31/2016 THEIR BALANCES WERE $110,000 AND $603,087, RESPECTIVELY.**
**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [X] Mail solicitations
   - [X] Solicitation of non-government grants
   - [X] Internet and email solicitations
   - [ ] Solicitation of government grants
   - [ ] Phone solicitations
   - [X] Special fundraising events
   - [X] In-person solicitations

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes  [ ] No
   
   b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>THOMPSON HABIB &amp; DENISON, INC. - 80 HAYFN AVENUE, STE</td>
<td>DIRECT MAILING SERVICES</td>
<td>X</td>
<td>2,407,450</td>
<td>413,800</td>
<td>1,993,650</td>
</tr>
<tr>
<td>CDR FUNDRAISING GROUP - 16900</td>
<td>DIRECT MAILING SERVICES</td>
<td>X</td>
<td>1,594,033</td>
<td>150,360</td>
<td>1,443,677</td>
</tr>
</tbody>
</table>

Total: 4,001,483, 564,160, 3,437,327.

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2016

SEE PART IV FOR CONTINUATIONS

2016.03030 OPERATION HOMEFRONT, INC. 4182.001
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>396,993</td>
<td>213,329</td>
<td></td>
<td>610,322</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>396,993</td>
<td>213,329</td>
<td></td>
<td>610,322</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th></th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td>65,000</td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td>219</td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>14,096</td>
<td>30,623</td>
<td></td>
<td>44,719</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>93,661</td>
<td>1,619</td>
<td></td>
<td>95,280</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>39,708</td>
<td>52,193</td>
<td></td>
<td>91,901</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td>11 Direct expense summary. Add lines 4 through 9 in column (d)</td>
</tr>
<tr>
<td>10 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>297,119</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>313,203</td>
</tr>
</tbody>
</table>

### Part III: Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor

<table>
<thead>
<tr>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [ ] No

b If "No," explain:

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? [ ] Yes [ ] No

b If "Yes," explain:

---

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016
Schedule G (Form 990 or 990-EZ) 2016

OPERATION HOMEFRONT, INC.

32-0033325

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 or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility ____________________________________________ 13a %
   b An outside facility ____________________________________________ 13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

   c If "Yes," enter name and address of the third party:

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $ ____________

   Description of services provided ▶

   ☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THOMPSON HABIB & DENISON, INC.

(I) ADDRESS OF FUNDRAISER: 80 HAYFEN AVENUE, STE 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: CDR FUNDRAISING GROUP

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE, STE 210, BOWIE, MD 20715

632063 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

L0020418 758098 4182.001

2016.03030 OPERATION HOMEFRONT, INC. 4182.001
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.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization: OPERATION HOMEFRONT, INC.
Employer identification number: 32-0033325

**Part I  General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [Yes] [No] ✔

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2016)
### Part III: Grants and Other Assistance to Domestic Individuals

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSISTANCE TO CLIENTS</td>
<td>147944</td>
<td>7,381,038.</td>
<td>0.</td>
<td>FMV</td>
<td>FOOD, TOYS, FURNITURE, COMPUTERS AND COMPUTER EQUIPMENT, CLOTHING, DECORATIVE ITEMS, SCHOOL</td>
</tr>
<tr>
<td>ASSISTANCE TO CLIENTS</td>
<td>147944</td>
<td>0.</td>
<td>36,157,628.</td>
<td>FMV</td>
<td>DECORATIVE ITEMS, SCHOOL</td>
</tr>
</tbody>
</table>

### Part IV: Supplemental Information

**PART I, LINE 2:**

Funds are not paid to the clients directly. They are paid to the lending institution/lessor/creditor upon review of the bills and financial statements. This way we always know the funds are used for the intended purpose only.

(F) Description of non-cash assistance: Food, toys, furniture, computers and computer equipment, clothing, decorative items, school supplies, gift
CARDS, VEHICLES, AND CONCERT/SPORTS TICKETS.
## 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.

- Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATION HOMEFRONT, INC.</td>
<td>32-0033325</td>
</tr>
</tbody>
</table>

### Part I  Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (such as, maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; complete Part III to explain</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3  Indicate which, if any, of the following the filing 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Independent compensation consultant</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  Receive a severance payment or change-of-control payment?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b  Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>4b</td>
<td>X</td>
</tr>
<tr>
<td>c  Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>4c</td>
<td>X</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

9  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)/(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BRIGADIER GENERAL JOHN I. PRAY, PRESIDENT/CEO</td>
<td>(i) 305,554</td>
<td>(ii) 56,730</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td>(2) MARGUERITE KIRST</td>
<td>(i) 190,471</td>
<td>(ii) 10,000</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td>CDO</td>
<td>(i) 0</td>
<td>(ii) 0</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td>(3) ROBERT THOMAS</td>
<td>(i) 190,554</td>
<td>(ii) 0</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td>COO</td>
<td>(i) 0</td>
<td>(ii) 0</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
<tr>
<td>(4) LAURA YZAGUIRRE</td>
<td>(i) 160,000</td>
<td>(ii) 10,000</td>
<td>0</td>
<td>0</td>
<td>0.</td>
</tr>
</tbody>
</table>
## SCHEDULE M (Form 990)  
**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

### Part I  
**Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td>X</td>
<td>16,706,594. FMV</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td>X 66</td>
<td>10,527,954. FMV</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other ▶ (GIFT CARDS)</td>
<td>X 6,455</td>
<td>628,713. FMV</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ▶ (                  )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ▶ (                  )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ▶ (                  )</td>
<td></td>
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</tr>
</tbody>
</table>

### Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
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</tbody>
</table>

### 30a
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

- Yes
- No

30a X

### 31
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

- Yes
- No

31 X

### 32a
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

- Yes
- No

32a X

### 33
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2016)
[Part II] Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CEO, CFO, CDO, COO, VP OF COMMUNICATIONS AND VP OF MARKETING PRIOR TO SUBMITTING TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

EACH YEAR, ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND RECERTIFY THE CONFLICT OF INTEREST POLICY. IT IS ALSO ADDRESSED MID-YEAR IN THE BOARD ASSESSMENT.

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

INDEPENDENT BOARD OFFICERS, DIRECTORS, AND TRUSTEES ARE NOT COMPENSATED. AN EMPLOYEE COMPENSATION STUDY WAS PERFORMED MID-YEAR 2016. THE STUDY LOOKED AT A NUMBER OF FACTORS INCLUDING JOB CONTENT, ORGANIZATIONAL REVENUE AND PROFILE, INDUSTRY, AND GEOGRAPHIC REGION. THIS COMPENSATION SURVEY WAS USED TO DETERMINE EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

DOCUMENTS MADE AVAILABLE ON OPERATION HOMEFRONT WEBSITE AND ARE AVAILABLE UPON REQUEST.