Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Ā	For the 2	2017 cale	ndar year, or tax year beginning , 2017, and endir	ng		, 20					
В	Check if a	pplicable	C Name of organization HOMEFREE USA, INC.		D Employ	er identification number					
	Address c	hange	Doing business as		52-1	885132					
	Name cha	nge	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	E Telepho	ne number					
	Initial retui	m	6200 BALTIMORE AVENUE		(301	891-8400					
\Box	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code								
$\overline{\Box}$	Amended		RIVERDALE, MD 20737		G Gross re	eceipts \$ 8,554,209.					
$\overline{\Box}$	Application	•	F Name and address of principal officer	H(a) is this a o		subordinates ⁹ Yes X No					
_	Application	ir perialing				s included? Yes No					
_	T		X 501(c)(3)			a list (see instructions)					
<u>'</u>	Tax-exem			H(c) Group							
<u>к</u>	Website:		/A X Corporation Trust Association Other ► L Year of forma								
_											
F		Summ									
-	1		scribe the organization's mission or most significant activities: 10 INTON	EDUCATE AND PREPA	RE FUTURE AND	EXISTING HOMEOWNERS FOR GUARANTEED					
Governance	1 7	MORTGA	GE APPROVAL AND LIFELONG FINANCIAL SUCCESS								
'n.	l										
Ver	1		is box ▶ ☐ If the organization discontinued its operations or disposed			its net assets.					
ၓၟ	l .		of voting members of the governing body (Part VI, line 1a)			7					
∑îg S	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)			7					
iệr,	5 T	otal nun	nber of individuals employed in calendar year 2017 (Part V, line 2a) .		5	34					
₩	6 1	otal nun	nber of volunteers (estimate if necessary)		6	12					
20	7a T	otal unre	elated business revenue from Part VIII, column (C), line 12		7a	0.					
<u> </u>	b N	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Ye	ar	Current Year					
ב ב	8 0	Contribut	ions and grants (Part VIII, line 1h)	6,623	3,740.	5,456,696.					
enue	1		service revenue (Part VIII, line 2g)		5,872.	528,940.					
-Ş	1	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,699.	-78,485.					
تين	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		9,636.	707103:					
၁	12 T	otal rove	nue – add lines 8 through 11 (must equal Part VIII, column (A), med),549.	5,907,151.					
<u>သည်</u> ကို	13 (Prante ar	nd similar amounts paid (Part IX, column (A), lines 1-35.	Q3,022							
	14 E	ararita ar	paid to or for members (Part IX, column (A), line 4)	100, 02.	2,538.						
	14 6	Sellellis P	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5-10) nal fundraising fees (Part IX, column (A), line 1149	767		2 244 605					
es	15 9	salaries, c	other compensation, employee benefits (Part IX, dolumn (A), lines 5010)	1,197	5,564.	2,244,695.					
Expenses	16a F	rofessio	nal fundraising fees (Part IX, column (A), line 1769		vase zeek	MAN METS AND SETTING A SETTING					
×			draising expenses (Part IX, column (D), line 25)			国际和企业的					
ш			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,928.	5,713,737.					
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		3,030.	7,958,432.					
	19 F	Revenue	less expenses. Subtract line 18 from line 12		2,481.	-2,051,281.					
Net Assets or Fund Balances				Beginning of Cu	rrent Year	End of Year					
sets	20 T	otal asse	ets (Part X, line 16)	7,269	759 <u>.</u>	5,600,243.					
A B	21 T	otal liabi	lities (Part X, line 26)	2,447	7,190.	3,404,251.					
多급	22 N	let asset	s or fund balances. Subtract line 21 from line 20	4,822	2,569.	2,195,992.					
	art II		ure Block								
Un	der penalti		y, Veclare that I have examined this return, including accompanying schedules and state	ments, and to t	he best of r	my knowledge and belief, it is					
			ete Declaration of prepares (other than officer) is based on all information of which prepare								
			1 / M///		नामर	17AK					
Sig	ın l	Signa	htty-e-of officer	Da	te //	TWIO					
He					1	1					
	.	_	MES M GRIFFIN JR., CHIEF OPERATING OFFICER or print name and title								
	L	/		ate	_	PTIN					
Pa	id	1	THO MAN IN		Check	#					
Pro	eparer	Tyron	e Brown CFO	1/15/201		Dioyea					
	e Only	Firm's na	ame	Firn	n's EIN ▶						
		Firm's ac		Pho	ne no (3	01)891-8419					
Ma	y the IRS	discuss	this return with the preparer shown above? (see instructions)	· · · · · ·		🗙 Yes 🗌 No					
Eau	D	ale Deales	tion Act Notice see the senarate instructions BAA RE	V 09/12/18 PRO		Form 990 (2017)					

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Part	Checklist of Required Schedules		\(\frac{1}{2} = \frac{1}{2}	A1 -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1 1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			_
	Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	×	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	<u>×</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
			000	

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
00		22	<u> </u>	_×_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20	X	-
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
••	•	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		×
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	_×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	×	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	054		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		l	
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Ī	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	···		
4	5. "		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		٠.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i'		
C	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	<u> </u>
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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		×
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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	×
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		Ì	
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 Gross income from members or shareholders			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			,
2a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		· r
	Note. See the instructions for additional information the organization must report on Schedule O.	-		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	.		
С	Enter the amount of reserves on hand	 		+
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	ion A. Governing Body and Management			
	The coroning Dody and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a7		-	i
	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.)	,
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7]	-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	_
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		اـــــا
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<i>:</i>		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		r	
	organization's exempt status with respect to such arrangements?	16b		i
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	·	-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re TYRONE BROWN, 6200 BALTIMORE AVE., RIVERDALE, MD 20737 (301)891-8419	cords:	>	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	unles er and	Pos eck s pe	rson	e than other is or/trust employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARCIA J. GRIFFIN	50.00					ed				
PRESIDENT & CEO	0.00	×		×				142,741.	0.	0.
(2) GWENDOLYN GARNETT BOARD CHAIRPERSON	1.00	×						3,000.	0.	0.
(3) PHILIP W.BRACKEN DIRECTOR	1.00	×						0.	0.	_0.
(4) HALA FARID DIRECTOR	1.00	×						0.	0.	0.
(5) PAUL KOCHES DIRECTOR	1.00	×						0.	0.	0.
(6) JAMES M. GRIFFIN	20.00			×				0.	97,350.	0.
(7) EARLENE M. FIELDS SECRETARY	40.00			×				67,456.	0.	0.
(8) CHRISTINE GOULD SR.COMMUNICATIONS OCF	40.00					×		117,614.	0.	0.
(9) BARBARA UZZI-PATTI Project Director	40.00					×		108,948.	0.	0.
(10)										
(11)										
(12)						-				
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos neck ss pe	rson	than both structured Highest compensated employee	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-N	n from ons	Esti amo o comp froi orgai and	(F) mated punt of ther ensation the nization related	on n
(15)							ed							···
(16)														
(17)														
(18)					_				,					
(10)												_		
(20)										_				
(21)														
(23)														
(24)		-				_								
(25)														
					L				420 750	07.2				
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					 	439,759.	97,3				0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc								est compe	nsated	3	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual												×	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compens	ation	
														
							-							
2.	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

Part VIII		Statement of Revenue									
		Check if Schedule C) contains a res	ponse or note t	-			<u> </u>			
	 -				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	s 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b]		i				
S, C	С	Fundraising events .]			,			
ia ia	d	Related organizations									
ns,	е	Government grants (cor		3,834,062.	[
er S	f	All other contributions, g									
혈		and similar amounts not inc									
ad of	g	Noncash contributions include		222,000.							
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1	<u>†</u>	Business Code	5,456,696.						
Program Service Revenue	0-	Mambanahin Daa	_		40.007	40.007	0.	0.			
eve	2a b	Membership Fee Commission&Fee		541990 541990	49,807. 245,385.	49,807.	0.	0.			
9	C	Commissionaree	<u>TII.</u>	341990	245,365.	243,363.		<u></u>			
ΞŽ	d	••••									
ı S	e		•••					-			
gra	f	All other program ser			233,748.	233,748.	0.	0.			
Pr	g	Total. Add lines 2a-2		•	528,940.		<u> </u>				
	3	Investment income		ends, interest,							
		and other similar amo	•								
	4	Income from investmen	it of tax-exempt be	ond proceeds ▶							
	5	Royalties		<u> ▶</u>							
			(ı) Real	(ii) Personal							
	6a	Gross rents									
	b	Less: rental expenses									
	C	Rental income or (loss)	(1)	· _	- -			·			
	d 7a	Net rental income or (Gross amount from sales of	(IOSS)	(II) Other		-		1			
	'a	assets other than inventory	(1) 0000111100	2,568,573.							
	b	Less: cost or other basis		2,300,373.		İ					
		and sales expenses .		2,647,058.		İ					
	С	Gain or (loss) .		-78,485.							
	d	Net gain or (loss) .		▶	-78,485.	-78,485.	0.	0.			
nue	8a	Gross income from fu	ındraising								
Other Revenue		events (not including \$ of contributions reporte									
her	_	See Part IV, line 18 .									
ō		Less: direct expenses									
		Net income or (loss) for Gross income from ga		events . >			+	1			
		See Part IV, line 19 .	a								
		Less: direct expenses Net income or (loss) fi									
		Gross sales of in		VILLES P				<u>_</u>			
-	IUa	returns and allowance									
	b	Less: cost of goods s	-								
		Net income or (loss) fi									
		Miscellaneous R		Business Code							
	11a	<u></u>			-						
	b										
	c										
	d	Ail other revenue .									
	e	Total. Add lines 11a-	11d '	•							
- 1				_	5 000 050	450 455					

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon	se or note to any lii	ne in this Part IX .		
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			_	-
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	775,186.	433,260.	294,967.	46,959.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
7 8	Other salaries and wages	1,153,128.	1,153,128.	0.	0.
	* * * * * * * * * * * * * * * * * * * *	49,173.	44,256.	4,917.	0.
9	Other employee benefits	105,882.	95,294.	10,588.	0. 5.635
10	Payroll taxes	161,326.	119,795.	35,896.	5,635.
11	Fees for services (non-employees):	62 025	60 640	1,293.	^
a	Management	63,935.	62,642.	1,293.	0.
b	Legal				
C	Accounting	= .			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			·	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		-		
12	Advertising and promotion	72,151.	64,936.	7,215.	0.
13	Office expenses	26,725.	24,052.	2,673.	0.
14	Information technology	100,587.	90,528.	10,059.	0.
15	Royalties			,	
16	Occupancy	319,525.	304,336.	10,126.	5,063.
17	Travel	107,390.	96,651.	10,739.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	343,084.	307,057.	34,308.	1,719.
20	Interest	26,908.	24,218.	2,690.	0.
21	Payments to affiliates	3,952,514.	3,952,514.	0.	0.
22	Depreciation, depletion, and amortization .	30,570.	23,610.	6,960.	0.
23	Insurance	89,069.	80,162.	8,907.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Related Programs	-242,332.	-242,332.	0.	0.
b					
C					
d	All M	000 611	777 44	46.306	
e	All other expenses	823,611.	777,415.	46,196.	0.
25	Total functional expenses. Add lines 1 through 24e	7,958,432.	7,411,522.	487,534.	59,376.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
		DEV 00/12/19 DDO			Form 990 (2017)

Part X Balance Sheet

Part 2	Check if Schedule O contains a response or note to any line in	n this Part X		
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	362,504.	1	241,897
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	2,218,134.	3	1,013,100
4	Accounts receivable, net		4	78,241
5	Loans and other receivables from current and former officers, dire	ectors,		-
	trustees, key employees, and highest compensated empl	oyees.	_	. •
	Complete Part II of Schedule L	107,297.	5	114,993
6	Loans and other receivables from other disqualified persons (as defined under 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employ sponsoring organizations of section 501(c)(9) voluntary employees' ber organizations (see instructions). Complete Part II of Schedule L	section ers and eficiary	6	
7 9	Notes and loans receivable, net		7	229,497
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	19,722
10a	· · · ·	1		•
		,648.		
Ь		,369. 92,929.	10c	64,279
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	3,785,531
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		+ +	52,983
16	Total assets. Add lines 1 through 15 (must equal line 34)			5,600,243
17	Accounts payable and accrued expenses			155,324
18	Grants payable		18	724,185
19	Deferred revenue		19	436,013
20	Tax-exempt bond liabilities		20	·
21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
- 1	Loans and other payables to current and former officers, dire			
	trustees, key employees, highest compensated employees		 	
22	disqualified persons. Complete Part II of Schedule L		22	230,000
i ₂₃	Secured mortgages and notes payable to unrelated third parties		+	1,839,896
24	Unsecured notes and loans payable to unrelated third parties .		24	
25	Other liabilities (including federal income tax, payables to related parties, and other liabilities not included on lines 17-24). Complete	d third		
	of Schedule D	17,683.	25	18,833
26	Total liabilities. Add lines 17 through 25	2,447,190.	26	3,404,251
3	Organizations that follow SFAS 117 (ASC 958), check here ▶ 5 complete lines 27 through 29, and lines 33 and 34.	☑ and		
27	Unrestricted net assets	. 4,822,569.	27	2,195,992
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [complete lines 30 through 34.	and		_
30	Capital stock or trust principal, or current funds		30	····
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other fund		32	
33	Total net assets or fund balances		33	2,195,992
34	Total liabilities and net assets/fund balances		34	5,600,243

Form **990** (2017)

_	4	
Page	1	2

Par	t XI_ Reconciliation of Net Assets	_	•		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		07,1	151.
2	Total expenses (must equal Part IX, column (A), line 25)	2			132.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,0	51,2	281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,8	22,5	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,7	71,2	288.
Párt	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·· .·		<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Γ.,	1.	1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in		_	
	Schedule O.			غـــــــــــــــــــــــــــــــــــــ	لــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipilea or	ľ		-
	reviewed on a separate basis, consolidated basis, or both:			ļ. , .	1
	☐ Separate basis ☐ Both consolidated and separate basis		\- <u>-</u>	-	<u></u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	led on a		. 1	4
				۱. ·	
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization basis.	wareight			
С	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e		1 " '	, .^	
	Schedule O.	Apiaiii iii	1	´	, q.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b	×	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number HOMEFREE USA, INC. 52-1885132 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Par	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i) /
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease compl	ete Part III.)/	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2		<u> </u>	 		· /	<u></u>	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				Í		
4	Total. Add lines 1 through 3					-	
5	The portion of total contributions by					1	
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount		ر ا				
	shown on line 11, column (f)				ĺ		
6	Public support. Subtract line 5 from line 4		1.			-	_
Secti	on B. Total Support						
Calen	ıdar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,	2					
	payments received on securities loans,			1]	
	rents, royalties, and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				·		•
	loss from the sale of capital assets	,					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	-;	L				
12	Gross receipts from related activities, etc.					12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her	e organizatior					
Sacti	on C. Computation of Public Suppor			· · · · ·	• • • • •		<u> </u>
14	Public support percentage for 2017 (line 6			1 column (fl)		14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test 2017. If the organize						
	box and stop here. The organization qual	ifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test-2016. If the organiz					is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a j	publicly suppo	rted organizati	on		> 🗆
17a	10%-facts-and-circumstances test-20	•					
	10% or more, and if the organization me						
	Part VI how the organization meets the "i organization	racts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	· /						🗆
b	10%-facts-and-circumstances test—20 15 s 10% or more, and if the organiza						
	Explain in Part VI how the organization m						
	supported organization						> □
18 /	Private foundation. If the organization did	d not check a	box on line 13,	. 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						▶ 🗆

Schedule A (Form 990 or 990-EZ) 2017

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

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

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	6,305,264.	7,297,437.	6,461,394.	6,623,740.	5,828,666.	32,516,501.
2	Gross receipts from admissions, merchandise			<u> </u>			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	977,813.	881,797.	1,174,886.	655,872.	2,568,573.	6,258,941.
3	Gross receipts from activities that are not an	······································	, , , , , , , , , , , , , , , , , , ,	1		·	
	unrelated trade or business under section 513						
4	Tax revenues levied for the				-		
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	·					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	7,283,077.	8,179,234.	7,636,280.	7,279,612.	8,397,239.	38,775,442.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	l o.	l o.	l o.	0.	0.	0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	633,768.	0.	0.	0.		633,768.
С	Add lines 7a and 7b	633,768.	0.	0.	0.	0.	633,768.
8	Public support. (Subtract line 7c from		-		•		
	line 6.)		_	. <u> </u>	·	-	38,141,674.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	7,283,077.	8,179,234.	7,636,280.	7,279,612.	8,397,239.	38,775,442.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	,					
	royalties, and income from similar sources.	-30,440.	-87,407.	-403,646.	-258,699.	-78,485.	-858,677.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	-30,440.	-87,407.	-403,646.	-258,699.	- 78,485.	-858,677.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
							37,916,765.
14	First five years. If the Form 990 is for the	•			•		
	organization, check this box and stop he			· · · · ·	<u></u>	<u> </u>	
	on C. Computation of Public Suppor	<u>_</u>		0 1 (0)		145	100 500/
15	Public support percentage for 2017 (line 8						100.59 %
16	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16	92.62 %
	on D. Computation of Investment In				(f)	147	0.05.01
17	Investment income percentage for 2017 (•		17	<u>-2.26 %</u>
18	Investment income percentage from 2016					18	% and line
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box	-	_			_	_
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this is						
00		=	_	•	•	-	=
20	Private foundation. If the organization di	a not check a l	box on line 14,	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 🗌

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	Δ. Δ	II Supp	ortina (Organizations

	on A. All Supporting Organizations		Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	-4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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)	7	· 	.]
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).	8		
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 .	9a		
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.	9b		
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.	9c		
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.	10a		
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.)	10b		

David	W Comparison Comparison (contract)			- 3
Part	Supporting Organizations (continued)		V	I NI -
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
	ion B. Type I Supporting Organizations	1	<u> </u>	
			Yes	No
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.			
_	•	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u>'</u>
Secti	on C. Type II Supporting Organizations			
0001	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.00	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			·····
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ctions	2)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			.y.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	onsl
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No_
а	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		Į	1
	that these activities constituted substantially all of its activities.		 -	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-a</u>		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	·	
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			[
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
 4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
.	Distributions to attentive supported organizations to which	h the organization is res	nonewa	
·	(provide details in Part VI). See instructions.	in the organization is res	ропато	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Line o amount divided by line 9 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017]
а			<u>-</u>	
b	From 2013		_	
С	From 2014			
d	From 2015			•
е	From 2016	_	- *	
f	Total of lines 3a through e			J
g	Applied to underdistributions of prior years	-		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years	_		
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			1
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		_	
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			1
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			_
d	Excess from 2016]
е				1

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

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•••••••••••••••••••••••••••••••••••••••
	······································
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	······································
••	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Department of the Treasury Internal Revenue Service

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

wame o	or the organization		Employer identification number
HOM	EFREE USA, INC.		52-1885132
Pai	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	ids or Accounts.
	Complete if the organization answered		
	Complete it the organization anowored	(a) Donor advised funds	(b) Funds and other accounts
_	Takal according at any disk const	(a) position devices relief	(4)
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
•	only for charitable purposes and not for the bene		
Dox			
Par	t II Conservation Easements.	()/" F 000 D-+ I// II 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space	•	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
_			2a
a			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I	, ,	
d	Number of conservation easements included in		
	<u> </u>		· · 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-	garding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	·		· · · · · · □ Yes □ No
^	In Part XIII, describe how the organization reports		_
9			
	balance sheet, and include, if applicable, the text of		ianciai statements that describes the
	organization's accounting for conservation easeme		011 0: 11 4
Part			
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati	•	,
	•	<u> </u>	▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		

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

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(i) unrelated organizations	Par	III Organizations Maintaining	Collections of A	Art, Hist	orical 1	reasures, c	or Other Simila	<u>ır Ass</u>	ets (con	tınued)
b Scholarly research e Other	3		accession, and oth	er recor	ds, chec	k any of the	following that are	e a sig	Inificant L	ise of its
c	а	Public exhibition		d [Loan	or exchange	programs			
c	b	☐ Scholarly research		е [☐ Other	r				
XIII. 5 Dung 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 or collection?	С	☐ Preservation for future generations								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. Is its neganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	4	Provide a description of the organizat		nd expla	in how t	hey further th	e organization's	exemp	ot purpos	e in Part
Part IV	5	During the year, did the organization	solicit or receive of	donations	of art,	historical trea	sures, or other :	sımilar		
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?		assets to be sold to raise funds rather	than to be maintain	ned as p	art of the	e organizatıon	i's collection?		☐ Yes	☐ No
990, Part X, Inne 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Par									_
b If "Yes," explain the arrangement in Part XIII and complete the following table: Reginning balance			answered "Yes"	on Forr	n 990, F	Part IV, line 9	, or reported a	n amo	ount on F	-orm
C Beginning balance	1a									☐ No
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement in Pa	art XIII and complet	te the fol	lowing ta	able:		Am	ount	
e Distributions during the year f Ending balance 2D id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance					1c			
Ending balance Tending ba	d	Additions during the year					1d			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						1e			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f						1f			
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 (a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years be Contributions (a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years be Contributions (d) Grants or scholarships (e) Contributions (e) Contrib	2a						todial account lia	ability?	☐ Yes	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b									
1a Beginning of year balance										
Beginning of year balance 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 ▶ % 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 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 14 b Buildings c Leasehold improvements d Equipment 459, 385. 420, 369. 39, 01 e Other 25, 263. 25, 263.		Complete if the organization	answered "Yes"	on Forn	n 990, F	Part IV, line 1	0.			
b Contributions c Net investment earnings, gains, and losses			(a) Current year	(b) Prio	r year	(c) Two years b	oack (d) Three year	s back	(e) Four ye	ars back
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
d Grants or scholarships	b	<u>-</u>			-					
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and		-						
e Other expenditures for facilities and programs	d	Grants or scholarships								
f Administrative expenses	e	· · · · · · · · · · · · · · · · · · ·								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) (ii) related organizations . 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b 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 Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Buildings . (other) (other) (d) Cost or other basis (e) Accumulated depreciation (d) Book value (d) Buildings . (e) Leasehold improvements . (e) Accumulated depreciation (d) Book value (d) Equipment . (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumula		programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) (ii) related organizations . 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b 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 Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Buildings . (other) (other) (d) Cost or other basis (e) Accumulated depreciation (d) Book value (d) Buildings . (e) Leasehold improvements . (e) Accumulated depreciation (d) Book value (d) Equipment . (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumulated (e) Accumula	f	Administrative expenses								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		· · · · · · · · · · · · · · · · · · ·								
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	_		ne current vear end	balance	(line 1a	. column (a)) h	neld as			
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					` ,					
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	b	Permanent endowment ▶	%							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	c									
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? 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 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 459,385 420,369 39,01 e Other 25,263		•		0%.						
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? 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 Description of property (a) Cost or other basis (other) (investment) (investm	3a				ation tha	at are held an	d administered f	for the		
(i) unrelated organizations			•	J					_	es No
(ii) related organizations		·								-
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		•								
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 Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land	b									_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (nivestment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d)	4									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (nivestment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (other) (ii) Cost or other basis (other) (iii) Accumulated depreciation (iii) Book value	Part									
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (d) Book value (d) Book value (other) (d) Book value (d) Book value (other) (d) Book value (d) Book v				on Forn	n 990. F	Part IV. line 1	1a. See Form !	990. F	art X. lın	e 10.
tall Land (investment) (other) depreciation b Buildings c Leasehold improvements d Equipment e Other 25, 263					•			1		
b Buildings		besomption of property	1 ' '				• •		(2, 200	
b Buildings	12	Land								
c Leasehold improvements	_		-				·	+		
d Equipment		<u> </u>						+		
e Other			150	385			420 360		30	016
		• •			-	-	=20,309			
					column	(B) line 10c)			,279.

Schedule D (Fo	Investments - Other Securities.			Pag
rait VII	Complete if the organization answered "Yes" on Fo	orm 990 Part IV lir	ne 11b. See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value		thod of valuation
	(including name of security)	(4,200		l-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)		_		- <u>-</u> -
(D)				
(E)		- 	ļ	·
(F)		-		
(G)				
(H)				
	p) must equal Form 990, Part X, col. (B) line 12.) ▶			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on Fo	um 000 Bort IV lin	o 11a Soo Form	000 Port V line 12
	(a) Description of investment	(b) Book value		thod of valuation
	(a) Description of investment	(b) Book value		of-year market value
(1) Portf	olio of Property	3,785,531.	Cost	
(2)	offo of froperty	3,703,331.	1030	 .
(3)				
(4)			 	· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.) ▶	3,785,531.		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, Iir	e 11d. See Form	
	(a) Description			(b) Book value
	ty Deposits		-	52,983
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Colur	nn (b) must equal Form 990, Part X, col (B) line 15)			52,983
Part X	Other Liabilities.			32,30
	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.	,		, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability (b) Book value			·
(1) Federal in	come taxes			1
		833.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				1

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

18,833.

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

Pari		Retur	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	4	F 007 151
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	5,907,151.
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,907,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,907,151.
Part		r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,958,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,958,432.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4-	
с 5	Add lines 4a and 4b	4c	7,958,432.
	XIII Supplemental Information.	3	7,930,432.
	e 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
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		
Pt X	Line 2: THE ORGANIZATION HAS OBTAINED A TAX-EXEMPT STATUS AS DEFIN	ED UN	IDER
SECT	ON 501 (c)(3) OF THE INTERNAL REVENUE CODE.		
Pt X	Line 2: THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES IN ACCORDA	NCE	
טיידעז	THE INCOME TAXES TOPIC OF FASB ASC (FORMERLY FIN 48. THE INCOME TAXES	ፑር ጥር	DTC
M T I U	THE INCOME TAXES TOFIC OF FASE ASC (FORMERET FIN 40. THE INCOME TAXE		·
OF F	ASB ASC 740-10 CLARIFIES THE ACCOUNTING FOR INCOME TAXES, BY PRESCRI	RTNG	
			•••••
IM A	IMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE	E BEI	NG
RECO	NIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DER	ECOGN	ITION,
MEAS	REMENT AND CLASSIFICATION OF AMOUNTS RELATING TO UNCERTAIN TAX POSI	TIONS	,
			
ACCO	NTING FOR AND DISCLOSURE OF INTEREST PENALITIES, ACCOUNTING IN INTER	IM PE	RIODS,
DISC	OSURES AND TRANSITION RELATING TO THE ADOPTION OF THE NEW ACCOUNTING	G STA	NDARDS.THE
		_	
יייססר	IZATION ADOPTED FASB 740-10 AS OF JANUARY 1, 2009, AS REQUIRED, AND	DETE	RMINED
ONGAL			

Schedule D (Form	n 990) 2017	Page
	Supplemental Information (continued)	
THAT ITS	ADOPTION DID NOT HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL	
POSITION	AND RESULTS OF OPERATIONS.	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Employer identification number

°N □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING COUNSELING X Yes 52-1885132 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) .; . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-0 0 0 0 0 0 · 0 Ö 0 ö 0 cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 9,313. 98,602. 2,065,988. 23,303. 79,660 183,403 23,708 50,088 179,714 43,733 148,058 171,197 grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 67 HUNT STREET AGAWAM MA 01001 | 04-3337726 PO BOX 208991 CHICAGO IL 60620 | 05-0570943 3521 WEST BELVEDERE BALTIMORE MD 21215 | 52-1585905 3138 GOLANSKY BLVD WOODBRIDGE VA 22192 | 32-0026605 (7) GKC HOUSING INFO. CTR. 3200 WAYNE AVE. STE. 210 KANSAS CITY NO 64109 43-1427341 58-2157986 59-2951883 15720 JOHN DELANEY DR. #575 CHARLOTTE NC 28277 | 56-2196261 14 NEW ZEALAND AVE SEABROOK NH 03874 | 20-5939777 84-0733257 59-3464941 (p) EIN 3299 RAINBOW DR. DECATUR GA 30034 63 E. KNNEDY BLVD # 100 B LAKE COMO FL 32157 1011 N. TENTH ST GRAND JUNCTION CO 81501 1707 ORLANDO CENTRAL PKWY ORLANDO FL 32809 (1) AGORA COMMUNITY SERVICE (5) DEVT. CORP OF NW BALTIMORE (11) HELP COMM. DDVELOP. CORP (2) ALLIANCE CREDIT COUNSELING (4) COMMUNITY HOME SOLUTIONS (8) GRAND JUNCTION HSNG AUTHORITY (9) GREEN FOREST CM. DEV. CORP (3) CAMBRIDGE CREDIT COUNSELING 1 (a) Name and address of organization (10) HANDS OF CENTRAL FL. (6) FIRST HOME ALLIANCE (12)See Statement HOMEFREE USA, Part Part II

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

N

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Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III N က 4 ß ဖ

Schedule I (Form 990) (2017)

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