Form 990-T	Exempt Orga	nization Bus	ine	ss Income T	غرار ax Returr	メ ト	OMB No 1545-0687
	(a		2010				
	For calendar year 2018 or other tax ye		2018				
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numbe	.	Open to Public Inspection for 01(c)(3) Organizations Only				
A Check box if address changed	Name of organization (and see instructions.)		D Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print OPERATION H	OMEFRONT, II	NC.				2-0033325
X 501(c)(3 O)	Number, street, and room						ted business activity code structions }
408(e)220(e)	1355 CENTRA					4	
408A530(a) 529(a)	City or town, state or pro	, TX 78232	r foreig	n postal code		8129	930
C Book value of all assets at end of year	F Group exemption num		<u> </u>	501(a) truet	401/6	ı) trust	Other trust
30,650,4	68. G Check organization typorganization typorganization's unrelated trades or l		1		the only (or first) u		T Other trust
	► NON-DEDUCTABLE		ARK]		complete Parts I-V		than one,
-	lank space at the end of the previo						
business, then complete				·			-
-	the corporation a subsidiary in an		nt-subsi	diary controlled group?	>	Ye:	S X No
	and identifying number of the parer		~	Talaah		/ 21 0	659-7756
	OPERATION HO d Trade or Business Inc		<u>.</u>	(A) Income	one number (B) Expense	(210)	(C) Net
1a Gross receipts or sale		I		(A) moonic	(0) Expense	•	· 1
b Less returns and allo	***************************************	c Balance	1c			- ,	- 1
2 Cost of goods sold (S		,	2				
3 Gross profit. Subtract	t line 2 from line 1c		3		,	,	
4a Capital gain net incon			4a				
	4797, Part II, line 17) (attach Forn	n 4797)	4b				
c Capital loss deduction		ttanh atatamant\	4c 5				
5 Income (loss) from a6 Rent income (Schedu	partnership or an S corporation (a	ttach statement)	6				
,	ed income (Schedule E)		7				
	valties, and rents from a controlled	organization (Schedule F)	8				
9 Investment income of	f a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt acti	vity income (Schedule I)		10				
11 Advertising income (•		11		•	-	
,	structions, attach schedule)		12	0.	•		
Part II Deduction	ons Not Taken Elsewher	e (See instructions for				<u>\</u>	
	contributions, deductions mus				income)		
14 Compensation of off	ficers, directors, and trustees (Schi	edule K)				14	
15 Salaries and wages		RECE	IVF	n		15	
16 Repairs and mainter	nance	·	VL			16	
17 Bad debts		MAY 1	L 004	9 030		17	
18 Interest (attach sche19 Taxes and licenses	edule) (see instructions)	MAY 1	5 201	9 2		18	
	ions (See instructions for limitation	rilac)	_			20	
21 Depreciation (attach	•	"I" OGDE	N	21			
	aimed on Schedule A and elsewher	e on return	And and divine a	22a		22b	
23 Depletion						23	
	erred compensation plans					24	
25 Employee benefit pr	· .					25	
26 Excess exempt expe27 Excess readership c	,					26	
28 Other deductions (a)	·					28	
,	dd lines 14 through 28					29	0.
	taxable income before net operation	g loss deduction, Subtrac	t line 29	from line 13		30	0.
31 Deduction for net op	perating loss arising in tax years be	ginning on or after Janua	ry 1, 20	18 (see instructions)		31	, ,
	taxable income. Subtract line 31 fro					32	0.
823701 01-09-19 LHA F	or Paperwork Reduction Act Notic	e, see instructions.				7()	Form 990-T (2018)

	Of Bigit Ton House Rout / Tito.	, , , , , , , , , , , , , , , , , , , 	<u> </u>		
Part I	II Total Unrelated Business Taxable Income				_
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33			0.
34	Amounts paid for disallowed fringes	34	3	1,8	50.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	<u> </u>		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		<u> </u>		
•	lines 33 and 34	36	1 3	1,8	50.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,00	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	 3 /-	 	<u> </u>	-
30	enter the smaller of zero or line 36	٠,	1 3	0,8	د ۸
Part I		38		0,0	00.
			т	6,4	01
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	├───	0,4	01.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_			
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	 		
41	Proxy tax. See instructions	▶ 41	 		
42	Alternative minimum tax (trusts only)	42	ļ		
43	Tax on Noncompliant Facility Income. See instructions	43	├ ───		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	L	6,4	<u>81.</u>
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
p	Other credits (see instructions) 45b		}		
C	General business credit, Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46		6,4	81.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	dule) 47			
48	Total tax. Add lines 46 and 47 (see instructions)	48		6,4	81.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			0.
50 a	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments 50b		ļ		
	Tax deposited with Form 8868 50c				
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions) 50e	_			
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
	Other credits, adjustments, and payments: Form 2439				
y	Form 4136 Other Total ▶ 50g	1			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	 		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	 	6,4	R1.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	 	<u> </u>	<u></u>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	 		
Part \		1 33			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			168	110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	3 2	119		•
		, ()	7 60 7		$\overline{\mathbf{x}}$
	here >				$\frac{\mathbf{x}}{\mathbf{x}}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	•		\vdash	
50	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year				
58	Under perfaities of perjury, I decigre that Have examined this return, including accompanying schedules and statements, and to the best of my kinds and statements.	nowledge and	helief it is trus	لــــا	
Sign	compensation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owiedge and	Janor, It is the	'	
Here	4-302019 PRESIDENT/CEO		IS discuss this		ith
	Signature of officer Date Title		er shown belov s)? X Ye		7 a
				8	No
	Print/Type preparer's name Preparer's signature Date Check	if PT	·N		
Paid	TOGERY & HERNANDEZ Self-empl	- 1	00050	0.44	
Prepa	arer DOSEPH A REKNANDEZ FOCE FOCE		00950		
Use (Only Firm's name ► AKIN, DOHERTY, KLEIN & FEUGE, P.C. Firm's El	N - 7	4-260	025	<u> </u>
	8610 N. NEW BRAUNFELS, SUITE 101	/040	١ ٥٥٥	4 2 4	١.
	Firm's address ► SAN ANTONIO, TX 78217	o. (210	1 829	ーエろし	JU

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Form **990-T** (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A	1			
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6				ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	1 263A (1	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or	acquired	l for resale) apply to		<u> </u>
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (From Real	Property and	l Per	sonal Property l	_ease	d With Real Prop	erty)	
(see instructions)				=				
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued				2(a) Dodustions directly	nonnasta	d with the income in
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percente property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (att	ach schedule)
(1)								
(2)	_							
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
		<u>-</u>	$\prod_{i=1}^{n} x_i$	Gross income from		3. Deductions directly conto debt-finance		
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	((b) Other deductions (attach schedule)
(1)			1	•				
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions of turns 6 x total of columns 3(a) and 3(b))
(1)		-	1	%				
(2)			1	<u>~</u>	Ì	<u></u>		
(3)			1	%	1	· -		
(4)			Ť	%				
			•			inter here and on page 1, Part I, line 7, column (A)		iter here and on page 1, art I, line 7, column (B)
Totals				_	.	0		0.
Total dividends-received deductions	cluded in column	n 8						0.
				· · ·				

Schedule F - Interest, A	Annuities	s, Royalt	ies, and					tions	(see ins	truction	s)
				Exempt (Controlled O	rganizatio	ons				
Name of controlled organizat	ion	2. Em identific num	cation	3. Net unrelated income (loss) (see instructions)			al of specified nents made	5. Part of column 4 that i included in the controlling organization's gross incom		olling	6. Deductions directly connected with income in column 5
(1)											 -
(2)		-						1			
(3)											
(4)			İ				_				
Nonexempt Controlled Organi	zations					<u> </u>					
7. Taxable Income	8. Net ur	related incom		9. Total	of specified payi made	nents	10. Part of column the controlling gross	mn 9 thai ing organ s income	ization's		ductions directly connected income in column 10
(1)								_			·····
(2)											
(3)											
(4)											•
(4)	J						Add colun Enter here and line 8, c		1, Part I	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or (17) Org	anization				
1. Desc	ription of incor	ne			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
				·	Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				>		0.					0
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income	_			
Description of exploited activity	2. G unrelated income trade or b	business e from	3. Exp directly co with pro- of unre- business	onnected duction elated	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)				-							
(2)					******						· · · · · · · · · · · · · · · · · · ·
(3)							-				
(4)	<u> </u>										
	Enter her page 1, line 10,	, Part I, col (A)	Enter here page 1, line 10,	Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	na Incon	0.l	netruction	<u>. 0 ·</u>	<u> </u>						.1 0
Part I Income From					solidated	Basis				-	
1. Name of periodical		2. Gross advertising income		3. Oirect rtising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput arough 7	5. Circula income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)				-	٦.						
(3)					7						
(4)					7						
· /		•	<u> </u>					-			
Totals (carry to Part II, line (5))	•	(0.	0	.]						0 Form 990-T (201

Form 990-T (2018), OPERATION HOMEFRONT, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)	,		•	Enter here and on page 1, Part II, line 27
Fotals, Part II (lines 1-5)	▶	0.	0.				0.

Contraction of Children of Chi									
	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business					

(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total Enter here and on page 1, Part II, line 14	_	0.

Form 990-T (2018)