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Form	990

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

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



AF	or the	2021 calendar year, or tax year beginning OCT 1, 2021 and e	ending SI	EP 30, 2022					
B C	heck if oplicable	C Name of organization		D Employer ident	ification number				
	Addres change	HOMES FOR OUR TROOPS INC							
	Name change	54-214361	2						
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber				
	Final return/	6 MAIN STREET	(508) 823-3	3300					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,768,705.				
	Ameno return	TAUNTON, MA 02780		H(a) Is this a group	return				
	Applic: tion	F name and address of principal officer: If I HANDWERREITER		for subordinat	es? Yes X No				
	pendin	SAME AS C ABOVE		H(b) Are all subordinate	s included? Yes No				
		empt status: 🗴 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. See instructions				
		e: WWW.HFOTUSA.ORG		H(c) Group exempt					
		organization: X Corporation Trust Association Other	L Year	of formation: 2004	M State of legal domicile: MA				
Ра	rt I	Summary							
e		Briefly describe the organization's mission or most significant activities: TO BUII		NATE SPECIALLY					
Governance		ADAPTED CUSTOM HOMES NATIONWIDE FOR SEVERELY (SEE SCHEDULE O							
erna		Check this box F if the organization discontinued its operations or dispos							
jove		Number of voting members of the governing body (Part VI, line 1a)			3 14				
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b) $\ $			4 13				
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 79				
Activities &		Total number of volunteers (estimate if necessary)		6 2097					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			a 4,756.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		b 740.				
				Prior Year	Current Year				
е		Contributions and grants (Part VIII, line 1h)		29,182,383					
/en		Program service revenue (Part VIII, line 2g)		1,244,121					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		627,448					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-133,565					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,920,387 14,363,782					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			20,646,171. 0. 0.				
			Benefits paid to or for members (Part IX, column (A), line 4)						
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,234,307	7. 5,898,915. 0. 0.				
ens		Professional fundraising fees (Part IX, column (A), line 11e)							
Exp		Total fundraising expenses (Part IX, column (D), line 25) 2 ,147,5		8,831,155	6,132,901.				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,429,244					
		Revenue less expenses. Subtract line 18 from line 12		2,491,143					
	19	nevenue less expenses. Subtract line to nonn line 12	ginning of Current Yea						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		31,337,246					
Asse Bali		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		12,313,348					
Vet , und		Net assets or fund balances. Subtract line 21 from line 20		19,023,898					
Pa	rt II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is				
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,				
	201100	NS Courses of San Current of San Cur	propuloi		2022				

			2/1//2023		
Sign	Signature of officer	Date			
Here	H T LANDWERMEYER, PRESIDENT/CEO B	G, USA (RET)			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	ERIN COUTURE	an Contract	2/17/2023	self-employed P01390592	
Preparer	Firm's name SRANT THORNTON LLP		Firm	s EIN ▶ 36-6055558	
Use Only	Firm's address 🕨 75 STATE STREET, 13TH FL	OOR			
	_{e NO.} 617-723-7900				
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No
				00	0

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)								
•	HOMES FOR OUR TROOPS INC		54-214	3612						
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, 6 MAIN STREET	see instruct	tions.							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAUNTON, MA 02780										
Enter th	e Return Code for the return that this application is for (f	ile a separat	te application for each return)			0 1				
Applica	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 99	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870			12				
Form 99	90-T (corporation)	07								
 If the If thi box 1 the the<	phone No. ► 508-823-3300 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization are grown or Calendar year or X tax year beginning OCT 1, 2021 the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta AUGUST ganization's , an	mption Number (GEN) ach a list with the names and TINs of <u>15, 2023</u> , to file return for: ad endingSEP_30, 2022	If this is fo all membe	r the whole (ers the exter npt organizat	group, check this				
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.				
_	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter anv	refundable credits and		*					
	stimated tax payments made. Include any prior year over			3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your p									
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.				
	n: If you are going to make an electronic funds withdrawa			453-TE and	d Form 8879	-TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form 8	3868 (Rev. 1-2022)				

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Form 990 (202

Form	990	(2021)

HOMES FOR OUR TROOPS INC

Part IV Checklist of Required Schedules

54-2143612 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>л</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	x
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		x
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Part IV

HOMES FOR OUR TROOPS INC

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a 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 С 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 Х 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 Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes," complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 x 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 83 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2021) 132004 12-09-21

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Page **4**

	n 990 (2021) HOMES FOR OUR TROOPS INC rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	0	54-214361	12	P	age
. a	continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				165	
	filed for the calendar year ending with or within the year covered by this return	2a	79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruct					
3a				3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheo			3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or oth					
	financial account in a foreign country (such as a bank account, securities account, or other financ			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
u	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contril					
b			•	64		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7		d convices -	provided to the power	70	x	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			7a	x	-
b				7b	^	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i			_		.,
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nization fi	le a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ined by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
u	Note: See the instructions for additional information the organization must report on Schedule O.			1.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
IJ		13b	1			
~	organization is licensed to issue qualified health plans					
-	Enter the amount of reserves on hand		•	14-	-	X
4a ⊾				14a		⊢^^
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche			14b		<u> </u>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu			4-		
	excess parachute payment(s) during the year?			15		X
_	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investm	nent incor	me?	16		X
U	If "Yes," complete Form 4720, Schedule O.					
U				1	1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	•				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•		17		

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ר י	1990 (2021) HOMES FOR OUR TROOPS INC 54-2143		F	Page 6
-	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and fo	r a "No" ı	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
C	tion A. Governing Body and Management			1
		14	Yes	No
1a		14		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	13		
D ,				
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		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
ı	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	··		x
5	Did the organization become aware during the year of a significant antersion of the organization of access.			x
, 7a				
u	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
5	persons other than the governing body?	7b		x
в	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	. 14	Х	
5	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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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			
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. 16b		-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? stion C. Disclosure	. 16b		
ec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0			
ec 7	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))		availa	ble
ec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply.		availa	ble
ec 7	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status arrangement status arrangements? Exempt status arrangements arrangem	(3)s only)		ble
€C 7 3	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply.	(3)s only)		ble
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	(3)s only)		ble
€C 7 3	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE_SCHEDULE_0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	(3)s only)		ble
€C 7 3	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt shall be a required to be filed SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Exempt shall be a hother's website Exempt of the organization made its governing documents, conflict of interest policy, a state mane, address, and telephone number of the person who possesses the organization's books and records CYNTHIA R BAPTISTE - 508-823-3300	(3)s only)		ble
e 7 3	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE_SCHEDULE_0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	3)s only) and finan	cial	ble

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	nsated						
	Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Jer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1099-NEC)	and related
	below	Individual trustee or director	Institutional trustee	-	mplo	st co	Ŀ	,		organizations
	line)	Indivi	In stit	Officer	Key employee	Highest compensated employee	Former			U
(1) H. T. LANDWERMEYER	40.00									
PRESIDENT/CEO BG, USA (RET)	0.00	х		Х				172,374.	0.	6,057.
(2) CYNTHIA R. BAPTISTE	40.00									
CHIEF FINANCIAL OFFICER	0.00			х				140,898.	0.	4,848.
(3) WILLIAM D. IVEY	40.00									
EXECUTIVE DIRECTOR	0.00			х				140,762.	0.	4,927.
<pre>(4) RICHARD A. PRATT (THRU 02/22)</pre>	40.00									
DIRECTOR OF CONSTRUCTION OPS	0.00			Х				139,483.	0.	4,937.
(5) KATHLEEN DEVITO	40.00									
DIRECTOR OF MARKETING	0.00					x		117,727.	0.	4,428.
<pre>(6) RICHARD A. CODY GEN, USA (RET)</pre>	1.00									
CHAIRMAN/DIRECTOR	0.00	Х		X				0.	0.	0.
(7) MICHELLE F. YARBOROUGH COL,USA	1.00									
DIRECTOR/TREASURER	0.00	Х		Х				0.	0.	0.
(8) ADAM KISIELEWSKI SGT, USMC(RET)	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) MATTHEW F. ANDRESEN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) HON PATRICK J. MURPHY	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(11) JERRY MORGAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(12) TIMOTHY P. MCHALE MG, USA (RET)	1.00								_	_
DIRECTOR	0.00	х						0.	0.	0.
(13) VALERIE BALDWIN	1.00									
DIRECTOR (THRU 11/21)	0.00	х						0.	0.	0.
(14) DAN FOUGERE	1.00									<u> </u>
DIRECTOR (AS OF 08/22)	0.00	х						0.	0.	0.
(15) MARVIN L. HILL CSM, USA (RET)	1.00									<u> </u>
DIRECTOR	0.00	X						0.	0.	0.
(16) JOHN F. CAMPBELL GEN, USA (RET)	1.00								_	0
DIRECTOR	0.00	x						0.	0.	0.
(17) CAMERON WEST CAPT, USMC (RET)	1.00	v							_	0
DIRECTOR	0.00	Δ						0.	0.	0.
132007 12-09-21				_	-					Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck) than c	ne	Reportable	Reportable		E	stimat	ed
	hours per	box	, unle	ss pei	rson i	s both pr/trust	an	compensation	compensatior	n	ar	nount	of
	week				Tecto	i/irusi	ee)	from	from related			other	
	(list any hours for	recto						the	organizations			ipens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	6/		rom th Ianiza	
	organizations	ruste	l trustee		ee	npen		1099-NEC)	1033-1120)			d rela	
	below	In dividual trustee or director	In stit utional 1	-	ƙey employee	Highest compensated employee	er					anizat	
	line)	Indivi	Instit	Officer	key ei	Highe	Former				Ū		
(18) JOHN R. ALLEN GEN, USMC (RET)	1.00												
DIRECTOR	0.00	х						0.		٥.			0.
(19) KENNETH O. PRESTON SMA (RET)	1.00												
DIRECTOR	0.00	х						0.		٥.			0.
(20) FREDERICK H. GREIN, JR	1.00												
SECRETARY (NON-VOTING)	0.00	1		x				0.		٥.			0.
		1											
		1											
		1											
		1											
		1											
		1											
1b Subtotal								711,244.		٥.		25	,197.
c Total from continuation sheets to Part VI	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								711,244.		٥.		25	,197.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													5
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	oers	on .					5		X
Section B. Independent Contractors	-												
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	on
MASON SKY ENTERPRISES LLC, 134 WORCES	STER												
PROV TURNPIKE, MILLBURY, MA 01527								CONSTRUCTION				783	,424.
JASON SCOTT CUSTOM BUILDERS													
2138, GAITHERSBURG, MD 20878								CONSTRUCTION				663	,222.
STEVE CURY CONSTRUCTION, 515 N FLAGL	ER DR												
SUITE P-300, WEST PALM BEACH, FL 3340	01						_	CONSTRUCTION				566	,074.
SYMMETRY CONSTRUCTION AND DESIGN													
118 HATCHER RD, PHOENIX, AZ 85021								CONSTRUCTION				448	,445.
SILVER RIDGE LLC													
2927 JERUSALEM RD, LEXINGTON, NC 2729	92						C	CONSTRUCTION				345	,362.
2 Total number of independent contractors (ir	•	ot lin	nited	d to		se list 9	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				2	,						000	

132008 12-09-21

Form **990** (2021)

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			<u>= 0</u> = 1)		R TROOP	S INC			54-214361	.2 Page 9
Pa	rt V	/	Statement of Rev	enue						
			Check if Schedule O co	ontains a l	response	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ss	1	2	Federated campaigns		1a	61,158.				
Contributions, Gifts, Grants and Other Similar Amounts					1b					
Do Cu			Fundraising events		1c	472,630.				
fts,			Related organizations		1d					
, Gi Jila			Government grants (contrib		1e	795,863.				
Sins			All other contributions, gifts, gi							
her		•	similar amounts not included a		1f	33,741,317.				
ot		g	Noncash contributions included in lin		1g \$	5,397,518.				
Con		-	Total. Add lines 1a-1f				35,070,968.			
0.0						Business Code	, , -			
đ	2	а	REIMBURSEMENT FOR HO	ME		900099	852,430.	852,430.		
vice	_	b					,	,		
Ser		ĉ								
am Ser		d								
Program Service Revenue		e								
Pro			All other program service re	evenue						
			Total. Add lines 2a-2f				852,430.			
	3		Investment income (includir							
			other similar amounts)	-			455,893.			455,893.
	4		Income from investment of							
	5		Royalties			►				
) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)			►				
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a 4,1	97,000.					
		b	Less: cost or other basis							
ne					60,031.					
evenue		с	Gain or (loss)	7c -6	63,031.					
			Net gain or (loss)			►	-663,031.			-663,031.
Other R	8	а	Gross income from fundraising							
đ			including \$47	72,630.	of					
			contributions reported on li	-						
			Part IV, line 18							
			Less: direct expenses			· · · ·				
			Net income or (loss) from fu			····· ►	-16,746.			-16,746.
	9	а	Gross income from gaming							
		_	Part IV, line 19							
			Less: direct expenses			L				
			Net income or (loss) from g			▶				
	10	а	Gross sales of inventory, les			9,099.				
			and allowances			· · · · · · · · · · · · · · · · · · ·				
			Less: cost of goods sold			· · · · ·	4,756.		4,756.	
		С	Net income or (loss) from sa	ales of INV	entory	Business Code	4,750.		±,/50.	
sn	44	~				Juaniess Coue				
oer ue	11									
ilar ven		b								
Miscellaneous Revenue		с С	All other revenue							
Ϊ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				35,704,270.	852,430.	4,756.	-223,884.
	9 12-					F	, , , – , – •		, , , , , , , , , , , , , , , , , , , ,	Form 990 (2021

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9

Form 990 (2021) HOMES FOR OUR TROOP
Part IX Statement of Functional Expenses HOMES FOR OUR TROOPS INC

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, 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	20,646,171.	20,646,171.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	540,673.	243,939.	181,853.	114,883
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,191,308.	2,076,815.	1,261,554.	852,939
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	140,605.	67,771.	42,463.	30,371
9	Other employee benefits	650,244.	312,471.	197,723.	140,050
10	Payroll taxes	376,085.	181,071.	113,695.	81,31
11	Fees for services (nonemployees):				
а	Management				
b					
с	•	73,089.		73,089.	
	Lobbying				
е					
f	Investment management fees	40,296.		40,296.	
g					
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	578,738.	305,788.	3,347.	269,603
13	Office expenses	119,489.	35,487.	59,930.	24,072
14	Information technology	357,496.	162,729.	111,778.	82,989
15	Royalties				
16	Occupancy	56,529.	26,775.	17,537.	12,21
17	Travel	551,407.	484,768.	15,720.	50,919
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	148,786.	60,865.	32,069.	55,852
23	Insurance	192,542.	94,223.	57,334.	40,985
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		1,974,496.	1,974,496.		
b	PROFESSIONAL FEES	1,364,925.	1,260,333.	51,598.	52,994
с	PROJECT/FUNDRAISER EVNT	292,351.	291,700.	0.	651
d	POSTAGE & SHIPPING	134,071.	12,150.	1,230.	120,691
е	All other expenses	248,686.	24,217.	7,456.	217,013
25	Total functional expenses. Add lines 1 through 24e	32,677,987.	28,261,769.	2,268,672.	2,147,546
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)

132010 12-09-21

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Form 990 (2021)

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

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

	Beginning of year		End of year
Cash - non-interest-bearing	874,029.	1	279,119.
Savings and temporary cash investments		2	
Pledges and grants receivable, net	2,521,012.	3	1,999,211.
Accounts receivable, net	, ,	4	
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined		-	
(1, 2)		6	
Notes and loans receivable, net		7	
Inventories for sale or use	81,317.	8	79,555.
	473,113.	9	578,136.
a Land, buildings, and equipment: cost or other		-	,
basis. Complete Part VI of Schedule D 10a 2,364,701.			
1 062 708	1,414,499.	10c	1,300,993.
Investments - publicly traded securities	13,343,371.	11	12,220,652.
Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	,,
		13	
Intangible assets	12,629,905.	14	15,759,204.
Other assets. See Part IV, line 11	31,337,246.	15	32,216,870.
Total assets. Add lines 1 through 15 (must equal line 33)	1,670,160.	16	2,789,768.
Accounts payable and accrued expenses	1,070,100.	17	2,709,700.
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		22	
Secured mortgages and notes payable to unrelated third parties		23	
Unsecured notes and loans payable to unrelated third parties		24	
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X	10 642 100		0 510 040
of Schedule D	10,643,188.	25	9,712,049.
Total liabilities. Add lines 17 through 25	12,313,348.	26	12,501,817.
Organizations that follow FASB ASC 958, check here 🕨 🗓			
and complete lines 27, 28, 32, and 33.	16 500 006		18 815 040
Net assets without donor restrictions	16,502,886.	27	17,715,842.
Net assets with donor restrictions	2,521,012.	28	1,999,211.
Organizations that do not follow FASB ASC 958, check here			
and complete lines 29 through 33.			
Capital stock or trust principal, or current funds		29	
Paid-in or capital surplus, or land, building, or equipment fund		30	
Retained earnings, endowment, accumulated income, or other funds		31	
Total net assets or fund balances			
Total liabilities and net assets/fund balances	19,023,898. 31,337,246.	32 33	<u> 19,715,053.</u> 32,216,870.

54-2143612 Page **11**

> (B) _

> > Form 990 (2021)

(A)

Form	1990 (2021) HOMES FOR OUR TROOPS INC	54-214363	L 2	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,	,704,	270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	,677,	987.
3	Revenue less expenses. Subtract line 2 from line 1	3	3 ,	,026,	283.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	,023,	898.
5	Net unrealized gains (losses) on investments	5	-2,	,335,	128.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19	,715,	053.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public

	Ins	specti	on	

Name o	f the organization							identification number	
Davit I		FOR OUR TROOPS						54-2143612	
Part I						ee instructions	5.		
1 2 3 4	 anization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state: 	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	n of churches described Attach Schedule E (Forn anization described in s o njunction with a hospital	in section 1990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	ii). n 170(b)(1)(A)(
5	An organization operated for		llege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in	
6 7 X 8	 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.) 								
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that norma activities related to its exer income and unrelated busin See section 509(a)(2). (Co An organization organized	npt functions, subjec ness taxable income mplete Part III.) and operated exclusi	t to certain exceptions; a (less section 511 tax) fro vely to test for public sa	and (2) no i om busines fety. See	more than sses acquir section 50	33 1/3% of its red by the orga 09(a)(4).	support fanization a	rom gross investment ifter June 30, 1975.	
12 a [An organization organized a more publicly supported or lines 12a through 12d that Type I. A supporting orgative the supported organization	ganizations describe describes the type o anization operated, s	d in section 509(a)(1) of f supporting organization upervised, or controlled	r section and comp by its supp	509(a)(2). plete lines ported org	See section 5 12e, 12f, and anization(s), ty	09(a)(3). (12g. pically by	Check the box on giving	
b	organization. You must of Type II. A supporting org control or management of organization(s). You must	anization supervised of the supporting orga	or controlled in connect anization vested in the sa			•		•	
с [Type III functionally interits supported organizatio						y integrate	ed with,	
d [e [Type III non-functionally that is not functionally int requirement (see instruct Check this box if the organization)	tegrated. The organiz ions). You must con	ation generally must sat	isfy a distri A and D,	ibution rec and Part	quirement and V.	an attentiv		
	functionally integrated, o		nally integrated supportion	ng organiz	ation.			[]	
	ter the number of supported of	-							
g Pr	ovide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see ins	-	(vi) Amount of other support (see instructions)	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Cale	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28,648,056.	25,910,911.	26,309,217.	29,182,383.	35,070,968.	145,121,535
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	28,648,056.	25,910,911.	26,309,217.	29,182,383.	35,070,968.	145,121,535
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						121,528
6	Public support. Subtract line 5 from line 4.						145,000,007
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	28,648,056.	25,910,911.	26,309,217.	29,182,383.	35,070,968.	145,121,535
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	191,677.	320,499.	203,326.	211,917.	455,893.	1,383,312
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	4,624.	7,348.	4,013.	5,168.	4,756.	25,909
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	67,618.	67,294.	9,408.	103,388.	183,315.	431,023
							146 061 770
11	Total support. Add lines 7 through 10						146,961,779
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc. (see instructio	ons)			12	3,640,617
12	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 50		
12	Gross receipts from related activities,	e organization's fir				D1(c)(3)	3,640,617
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for th	e organization's fir here	rst, second, third, f			D1(c)(3)	3,640,617
12 13 Se	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop	e organization's fi here c Support Per	rst, second, third, f	· · · ·		D1(c)(3)	3,640,617
12 13 Se	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li	e organization's fin here c Support Per ne 6, column (f), d	rst, second, third, f centage ivided by line 11, c	olumn (f))		D1(c)(3)	3,640,617
12 13 <u>Se</u> 14 15	Gross receipts from related activities, First 5 years. If the Form 990 is for th organization, check this box and stop ction C. Computation of Publi	e organization's fir here c Support Per ne 6, column (f), d Schedule A, Part	st, second, third, f centage ivided by line 11, c II, line 14	olumn (f))		14 15	3,640,617
12 13 <u>Se</u> 14 15	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c	e organization's fir here c Support Per ne 6, column (f), d Schedule A, Part organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on	olumn (f))	4 is 33 1/3% or m	14 15 0re, check this bo:	3,640,617
12 13 Se 14 15 16a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020	e organization's fin here c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supp	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization	olumn (f))	4 is 33 1/3% or m	14 15 0re, check this bo	3,640,617 98.67 98.95 x and X
12 13 Se 14 15 16a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li	olumn (f)) I line 13, and line 1 ne 13 or 16a, and	4 is 33 1/3% or m line 15 is 33 1/3%	11(c)(3) 14 15 ore, check this box or more, check th	3,640,617 98.67 98.95 x and x and x is box
12 13 Se 14 15 16a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza	olumn (f)) I line 13, and line 1 ne 13 or 16a, and tion	4 is 33 1/3% or m line 15 is 33 1/3%	D1(c)(3) 14 15 ore, check this box or more, check th	3,640,617 98.67 g 98.95 g k and is box
12 13 Se 14 15 16a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies o 33 1/3% support test - 2020. If the c and stop here. The organization quali	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s - 2021. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c	olumn (f)) I line 13, and line 1 ne 13 or 16a, and tion heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	01(c)(3) 14 15 ore, check this box or more, check th nd line 14 is 10%	3,640,617 98.67 98.95 x and x s box pr more,
12 13 Se 14 15 16a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c and stop here. The organization quali	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no offies as a publicly s - 2021. If the org s-and-circumstance	est, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this	olumn (f)) I line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part '	01(c)(3) 14 15 ore, check this box or more, check th nd line 14 is 10%	3,640,617
12 13 Se 14 15 16a 17a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c and stop here. The organization qualifies a 10% -facts-and-circumstances test and if the organization meets the facts	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organization	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul	olumn (f)) I line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ' ganization	01(c)(3) 14 15 ore, check this box or more, check th nd line 14 is 10% VI how the organiz	3,640,617
12 13 Se 14 15 16a 17a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c and stop here. The organization quali a 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no offies as a publicly support - 2021. If the org s- and-circumstance st. The organizatio - 2020. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul anization did not c	olumn (f)) n line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or heck a box on line	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ¹ ganization 13, 16a, 16b, or 1	01(c)(3) 14 15 ore, check this bo: or more, check this nd line 14 is 10% VI how the organiz 7a, and line 15 is	3,640,617
12 13 Se 14 15 16a 17a	Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c and stop here. The organization qualifies a 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	e organization's fir c Support Per ne 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly support - 2021. If the org s-and-circumstance st. The organization - 2020. If the org ne facts-and-circumstance	est, second, third, f centage ivided by line 11, c II, line 14 t check the box on orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a put anization did not c astances test, check	olumn (f)) n line 13, and line 1 ne 13 or 16a, and tion heck a box on line box and stop her blicly supported or heck a box on line ek this box and st	4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain ir	01(c)(3) 14 15 ore, check this box or more, check this nd line 14 is 10% VI how the organiz 7a, and line 15 is n Part VI how the	3,640,617

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
_	check this box and stop here						<u></u>
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box an						►
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						ation
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
13202	23 01-04-22		4 -			Sche	dule A (Form 990) 2021

15

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | Schedule A (Form 990) 2021

16

Part IV	Supporting	organizations	(con	tinue	d)	
Schedule A	A (Form 990) 202	1 HOMES	FOR	OUR	TROOPS	INC

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Yes

2

No

No

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

a Supporting Organia

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

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity	Describe in Part VI how yo	ou supported a governmental entity (s	ee instruction <u>s).</u>
-----	--	----------------------------	---------------------------------------	---------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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Sche	dule A (Form 990) 2021 HOMES FOR OUR TROOPS INC			54-2143612	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus			·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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-functiona	lly integra	ted Type III supporting or	ganization (see	

Schedule A (Form 990) 2021

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instructions).

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				1	
_1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Section D - Distributions

Current Year

Schedule A (Form 990) 2021 HOMES FOR OUR TROOPS INC	54-2143612 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
GROSS INCOME FROM FUNDRAISING	
2017 AMOUNT: \$ 57,183.	
2018 AMOUNT: \$ 50,538.	
2019 AMOUNT: \$ 508.	
2020 AMOUNT: \$ 103,388.	
2021 AMOUNT: \$ 183,315.	
OTHER INCOME	
2017 AMOUNT: \$ 10,435.	
2018 AMOUNT: \$ 16,756.	
2019 AMOUNT: \$ 8,900.	
2020 AMOUNT: \$ 0.	
2021 AMOUNT: \$ 0.	
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Schedule A (Form 990) 2021

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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

54-2143612

HOMES	FOR	OUR	TROOPS	INC

Organization type (check or	Drganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of o	rganization	En	nployer identification number
HOMES FO	R OUR TROOPS INC		54-2143612
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,105,442	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,259,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,123,32	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

22

	B (Form 990) (2021)		Page
Name of o	rganization		Employer identification number
HOMES FO	DR OUR TROOPS INC		54-2143612
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
123453 11-11		I · ·	

10480217 153424 0197562-00009

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
HOMES FO	R OUR TROOPS INC		54-2143612
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Ose duplicate copies of Part III II additiona		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

10480217 153424 0197562-00009

SCHEI (Form 990	DULE D	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.
Department of Internal Reven		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of t	he organizati	on
		HOMES FOR OUR TROOPS INC
Part I	Organiza	ations Maintaining Donor Advised Funds or Other Similar Funds or A

nents

OMB No. 1545-0047 L **Open to Public** Inspection

	Employe	r identification number
PS INC		54-2143612
or Advised Funds or Other Similar Funds or Ac	counts.	Complete if the

	organization answered "Yes" on Form 990, Part IV, line						
		(a) Donor advised funds	(b)) Funds and o	ther accou	unts	
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 w	-		_	_		1
	are the organization's property, subject to the organization's e				Yes		No
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or	, , , , , ,		° _	_		1
Par	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		<u></u>	Yes		No
			J, Part IV, II	ne 7.			
1	Purpose(s) of conservation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·	a for helphanet			_	
	Preservation of land for public use (for example, recreat			cally importan		a	
	Protection of natural habitat		of a certifie	ed historic stru	Icture		
•	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified ay of the tax year.	ed conservation contribution in the for	m of a cons		ment on tr he End of th		
-							TCar
a h				2a 2b			
b	Total acreage restricted by conservation easements	cture included in (a)		20 2c			
c d	Number of conservation easements included in (c) acquired at			20			
u	listed in the National Register	,		2d			
3	Number of conservation easements modified, transferred, rele				e tax		
U	year	ased, extinguished, or terminated by t	ne organize	ation during th			
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the peri		 of				
Ū	violations, and enforcement of the conservation easements it			Г	Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear	,
-		5			5 ,		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	vation ease	ments during	the year		
	▶\$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?				Yes		No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se statemer	nt and			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that	describes the			
D	organization's accounting for conservation easements.				_		
Par	t III Organizations Maintaining Collections of		Jther Sir	nilar Asset	S.		
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958				S		
	of art, historical treasures, or other similar assets held for public			e of public			
L	service, provide in Part XIII the text of the footnote to its finan-						
b	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in tu	rtherance c	of public servic	e,		
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ ► \$			
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	auroa, or other similar aposts for financ					
2			hai gain, pr	ovide			
~	the following amounts required to be reported under FASB AS	-		▶ \$			
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			► \$ ► \$			
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			e D (Form	990)	2021
	10-28-21			General			-961
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Sche		OUR TROOPS INC						54-214		P	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	: make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 L	Loan or exc	change progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	he organizatic	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of								_	_	_
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered '	'Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	is or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a								_		_
	ý 1 C	•	0						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabili	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	r years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a	ı)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		%									
0-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of th					ما 4م 4ام					
38	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are neid a	na administer		e organiza	alion		Yes	No
	by: (i) Unrelated organizations								3a(i)	100	
	(i) Unrelated organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								_00		L
Par	t VI Land, Buildings, and Equipm		WHICH								
	Complete if the organization answered), Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Boo	k valu	e
		basis (investr		. ,	(other)	• •	preciation		()		
1a	Land				50,500.					50,	500.
	Buildings			1	.,712,319.		306,	248.	1	,406,	071.
	Leasehold improvements										
	Equipment				601,882.		757,	460.		-155,	578.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must en	aual Form 990. Part	<u>X. colu</u> n	nn (B). line 1	0c.)	<u></u>	<u></u> .		1	,300,	993.
					-,			Schodulo	D /Form	~ 000	2024

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securities.

(c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value CONSTRUCTION & ACQUISITION COSTS 15,759,204. (1) (2) (3) (4) (5) (6) (7) (8) (9) 15,759,204. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes CONTRACTUAL COMMITMENT TO TRANSFER 9,712,049 (2)(3) (4) (5) (6) (7)(8) (9) 9,712,049. ►

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 HOMES FOR OUR TROOPS INC			54-21436	12 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	42,064,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-2,335,128.		
b	Donated services and use of facilities	2b	8,735,724.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,400,596.
3	Subtract line 2e from line 1			3	35,663,974.
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	40,296.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	40,296.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,704,270.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	41,373,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	8,735,724.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,735,724.
3	Subtract line 2e from line 1			3	32,637,691.
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	40,296.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	40,296.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	32,677,987.
Pa	t XIII Supplemental Information.				

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

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PART	Х,	LINE	2:	

FIN 48 FOOTNOTE:

THE ORGANIZATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE

"CODE") WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION

512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. DURING THE YEARS

ENDED SEPTEMBER 30, 2022 AND 2021, THERE WAS NO SIGNIFICANT UNRELATED

BUSINESS INCOME. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE

INTERNAL REVENUE SERVICE ("IRS") NOT TO BE A PRIVATE FOUNDATION WITHIN THE

MEANING OF SECTION 509(A) OF THE CODE.

THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

AND ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX

POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS,

CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE

ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS AS OF

SEPTEMBER 30, 2022 OR 2021.

THE ORGANIZATION IS CURRENTLY NOT SUBJECT TO ANY AUDITS BY ITS TAXING

JURISDICTIONS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service									
Name of the organization		lentification number							
		OUR TROOPS INC					54-21436		
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
•		 ed funds through any of the followin	a activ	rities (Check all that apply				
a Mail solicita	•		•		overnment grants				
	email solicitations			0	nment grants				
c Phone solici	itations	g 📃 Special		•	U U				
d 📃 In-person sc	olicitations								
2 a Did the organization	on have a written o	r oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with p			e e		Ye		
,	0	riduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to	be	
compensated at le	east \$5,000 by the	organization.							
	a set in stickets at		(iii) fundr	Did	(1) 0		Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor	ustody	(iv) Gross receipts from activity		or retained by fundraiser	to (or retained by)	
or or any (ian			contrib		non douvry	listed in col. (i)		organization	
			Yes	No					
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is (exempt from	registration	
0	DC FL GA HT TT	., KS, KY, ME, MD, MA, MI, MN, MS, M	IO NV	NH N	J NM NY				
NC, ND, OH, OK, OR, PA,				, 1	- ,,				
	,,,,,								

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

Schedule G (Form 990) 2021

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF CLASSIC	SWINGS-SOLDIER	11	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	Gross receipts	148,268.	151,133.	356,544.	655,945.
2	Less: Contributions	66,393.	102,839.	303,398.	472,630.
3	Gross income (line 1 minus line 2)	81,875.	48,294.	53,146.	183,315.
4	Cash prizes				
5	Noncash prizes	1,540.	5,879.	2,032.	9,451.
6 penses	Rent/facility costs	11,936.	10,800.	33,500.	56,236.
Direct Expenses	Food and beverages	13,792.	9,395.		23,187.
ة 8	Entertainment				
9	Other direct expenses	10,907.	32,945.	67,335.	,
10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	200,061.
	Net income summary. Subtract line 10 from I				-16,746.
Part	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
anu		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
enue		(a) Bingo		(c) Other gaming	1 * *

nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	lf "	Yes," explain:				

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Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	HOMES FOR OUR TROOPS INC	54-2	2143612	Page 3
11	Does the organization conduct g	aming activities with nonmembers?		Yes	No
		eficiary or trustee of a trust, or a member of a part			
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gamir				
á	a The organization's facility			13a	%
				13b	%
14	Enter the name and address of t	ne person who prepares the organization's gaming	/special events books and records:		
		ntract with a third party from whom the organizatio		 Yes	L No
ł		ning revenue received by the organization 🕨 💲 _	and the amount		
	of gaming revenue retained by the	e third party > \$			
C	If "Yes," enter name and address	of the third party:			
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	¢			
	Gaming manager compensation	ų			
	Description of services provided	▶			
	Director/officer	Employee Independent co	ontractor		
17	Mandatory distributions:				
á	a Is the organization required unde	r state law to make charitable distributions from th	e gaming proceeds to		
	retain the state gaming license?			· Ves	No
k	Enter the amount of distributions	required under state law to be distributed to other	r exempt organizations or spent in the		
_	organization's own exempt activ				
Pa		rmation. Provide the explanations required by P		art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide any additional information	on. See instructions.		
1007	00 10 01 01				000\ 0004
1320	83 10-21-21	32	Sched	ule G (FOM	n 990) 2021
		J 4			

-	Schedule G (Form 990)

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	d Individual	ls in the Ŭni ' on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Internal Revenue Service			Go to www.ir	•	or the latest inforn	nation.		Inspection
Name of the organization	n Homes for our	TROOPS INC						Employer identification number 54-2143612
Part I General Inf	ormation on Grants a	nd Assistance						
criteria used to av 2 Describe in Part I Part II Grants and	ation maintain records t vard the grants or assis <u>V the organization's pro</u> I Other Assistance to I at received more than \$	stance? ocedures for monit Domestic Organiz	oring the use of grant cations and Domestic	funds in the United	d States. Complete if the org			X Yes No
. ,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total number	er of section 501(c)(3) and er of other organizations Reduction Act Notice,	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

HOMES FOR OUR TROOPS INC

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PECIALLY-ADAPTED HOMES	21	0.	20,646,171.	FMV	SEE PART IV
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
ART I, LINE 2:					
ROCEDURES FOR MONITORING THE USE OF GRANT FUND)S				
FOT TRANSFERS HOME DEEDS DIRECTLY TO VETERANS	AS PART OF ITS M	ISSION.			
LTHOUGH THE VETERAN PAYS NO MORTGAGE, HFOT PLA	CES A 10 YEAR LI	EN ON THE			
OME. THIS PROTECTS THE VETERAN FROM LOSING THE	HOME DUE TO HOM	E EQUITY			
DAN FORECLOSURE AND SAFEGUARDS OUR DONORS' INV	ESTMENTS IN THE	PROGRAM; IT			
LSO PROVIDES A PERIOD OF TIME FOR THE FAMILY T	O BECOME MORE FI	NANCIALLY			
FABLE. BEGINNING IN YEAR SIX, THE VETERAN ACCR	UES 20 PERCENT E	QUITY PER			
ראס מאחדה שבירטים שאל פוווה בטוורשע אבייבים 10 עבאס					

year until he/she has full equity after 10 years in the home. Of the $346\,$

Part IV Supplemental Information

VETERANS FOR WHOM WE HAVE TRANSFERRED HOMES, NINE HAVE MOVED OUT BEFORE THE

END OF THEIR LIEN PERIOD. THIS IS REFLECTIVE OF OUR THOROUGH SELECTION

PROCESS, AND FOLLOW UP ONCE THE VETERANS ARE IN THEIR HOME.

Schedule I (Form 990)

SC	HEDULE J	Compe	ensation Information	1	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					21	
			compensated Employees on answered "Yes" on Form 990, Part IV, line 23.		20		-
	tment of the Treasury		Attach to Form 990.		Open to		ic
	al Revenue Service ne of the organization		m990 for instructions and the latest information.	Employer ide	Inspe		mbor
man	le of the organization	HOMES FOR OUR TROOPS IN	c	54-214		mnui	linei
Pa	rt I Question	s Regarding Compensation	~	54 21	13012		
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form	990,		100	
			relevant information regarding these items.				
	First-class or c		Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S			
	Discretionary :	spending account	Personal services (such as maid, chauffeu	ır, chef)			
b	•	·	tion follow a written policy regarding payment or				
_			d above? If "No," complete Part III to explain		. 1b		
2			sing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Directo	r, regarding the items checked on line 1a?		. 2		<u> </u>
2	Indianta which if a	of the following the exception use	d to actablish the componentian of the eventiation's				
3			d to establish the compensation of the organization's < any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but		51110			
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of o		X Approval by the board or compensation c	ommittee			
				ommittee			
4	During the year, did	l any person listed on Form 990, Part VI	I, Section A, line 1a, with respect to the filing				
	organization or a re						
а	Receive a severance	e payment or change-of-control paymer	nt?		4a		x
b	Participate in or rec	eive payment from a supplemental non	qualified retirement plan?		. 4b		x
с	Participate in or rec	eive payment from an equity-based con	npensation arrangement?		. 4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organiza	-				
5			, did the organization pay or accrue any compensatio	n			
	contingent on the r				-		v
a	The organization?				5a		X X
a					5b		~
~		or 5b, describe in Part III.	did the exercitation pay or econy convergence	-			
6	contingent on the r		, did the organization pay or accrue any compensatio	n			
а	-	-			6a		x
h	Any related organiz	ation?					x
~		or 6b, describe in Part III.					
7		,	, did the organization provide any nonfixed payments				
•					7		x
8			accrued pursuant to a contract that was subject to th		-		
					8		x
9			table presumption procedure described in				
				<u></u>	9		
LHA		eduction Act Notice, see the Instruction			le J (Forn	n 990)	2021

132111 11-02-21

54-2143612

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-N compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) H. T. LANDWERMEYER	(i)	172,374.	0.	0.	6,057.	0.	178,431.	٥.
PRESIDENT/CEO BG, USA (RET)	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	1(11)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

20 Ľ **Open to Public** Inspection

Employer identification number

Name of the organization

	HOMES	FOR	OUR	TROOPS	INC	
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	HOMES FOR OUR TROO	PS INC			54-2	14361	2	
Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	52	636,843.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24								
24 25	Archeological artifacts	x	0	4,760,675.	FMV			
25 26	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	4,700,075.				
	· · · · · · · · · · · · · · · · · · ·							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	l totion during	l the tax year for a					
29	for which the organization completed Form 828	-						
	for which the organization completed form 626	55, Fait V, L	onee Acknowledg	ement 29			Yes	No
202	During the year, did the organization receive by	(contributio	n any proporty rop	orted in Part L lines 1 throug	h 28 that it		165	NU
30a	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	_				30a		х
Ь	If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance	olicy that re	ouires the review (of any ponstandard contribut	ions?	24	х	
31			•	•		31		<u> </u>
JZa	Does the organization hire or use third parties of		•			20-	х	
L	contributions?					32a		
	If "Yes," describe in Part II.	olumn (a) fa	a tupo of property	(for which column (a) is the	lind			
33	If the organization didn't report an amount in c describe in Part II.	01011111 (C) 101	a type of property	nor which column (a) is chec	NGU,			

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

Schedule M (Form 990) 2021

132141 11-17-21

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Part II

NUMBER OF CONTRIBUTIONS:

AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 54-2143612

HOMES FOR OUR TROOPS INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INJURED POST-9/11 VETERANS TO ENABLE THEM TO REBUILD THEIR LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HFOT BUILDS THESE HOMES WHERE THE VETERAN CHOOSES TO LIVE AND THEN

CONTINUES TO SUPPORT THESE VETERANS AFTER HOME DELIVERY TO ASSIST THEM

IN REBUILDING THEIR LIVES. AS OF THE END OF THE FISCAL YEAR 2022, HOMES

FOR OUR TROOPS HAS TRANSFERRED 346 NEW HOMES IN 44 STATES, AND HAS 67

PROJECTS UNDER CONSTRUCTION OR IN THE LAND ACQUISITION PHASE. EACH HFOT

HOME IS DESIGNED TO PROVIDE BARRIER-FREE LIVING FOR OUR INJURED

VETERANS AND THEIR FAMILIES TO RESTORE SOME OF THEIR FREEDOM AND

INDEPENDENCE. AS PART OF OUR CONTINUING SUPPORT, HFOT PROVIDES EACH

VETERAN WITH A PRO-BONO FINANCIAL PLANNER FOR A THREE-YEAR PERIOD TO

ASSIST IN ESTABLISHING AND MAINTAINING FINANCIAL SECURITY AND SETTING

HIM/HER UP FOR SUCCESS AS A HOMEOWNER.

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

DURING THE FISCAL YEAR ENDED 09/30/2022, HOMES FOR OUR TROOPS, INC.

TRANSFERRED 21 NEW HOMES ACROSS THE COUNTRY, PURCHASED 25 LOTS FOR

FUTURE BUILDS, AND BROUGHT 18 NEW VETERANS INTO THE PROGRAM. HOMES FOR

OUR TROOPS, INC. ENDED THE FISCAL YEAR WITH A TOTAL OF 346 HOMES

TRANSFERRED IN 44 STATES AND 67 PROJECTS UNDERWAY. IN ADDITION TO

BUILDING HOMES, HOMES FOR OUR TROOPS, INC CONTINUED ITS SUPPORT TO

VETERANS WHO ARE REBUILDING THEIR LIVES BY ASSISTING THEM WITH

CHALLENGES THEY ENCOUNTER, AND EXPANDING ITS NETWORK OF NON-PROFITS AND

OTHER ENTITIES TO PROVIDE ASSISTANCE. AS PART OF OUR CONTINUING

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

Schedule O (Form 990) 2021

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Employer identification numb 54-2143612

10480217 153424 0197562-00009

Schedule O	(Form 990) 2021
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Name of the organization

HOMES FOR OUR TROOPS INC

VOTING ON SUCH MATTERS.

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

COMPENSATION REVIEW PROCESS

COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, AND OTHER OFFICERS IS

DETERMINED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS BASED ON DATA

OBTAINED FROM VARIOUS SOURCES, INCLUDING FORMS 990 OF COMPARABLE

ORGANIZATIONS, AND NON-PROFIT SALARY AND BENEFIT STUDIES AVAILABLE FROM

INDUSTRY SOURCES. BOTH WERE REVIEWED IN FY21 FOR FY22 SALARIES. THE

COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE OVERALL COMPENSATION

RECOMMENDATION FOR THE NEXT FISCAL YEAR PRIOR TO ITS INCLUSION IN THE

BUDGET, WHICH IS APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF

DIRECTORS.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

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

DOCUMENTS AVAILABLE TO PUBLIC

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE AND ARE

ALSO AVAILABLE VIA POSTAL MAIL OR E-MAIL UPON REQUEST. THE ORGANIZATION

DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY

PUBLIC.

FORM 990, PART IX, LINE 2:

HFOT TRANSFERS HOME DEEDS DIRECTLY TO VETERANS AS PART OF ITS MISSION.

ALTHOUGH THE VETERAN PAYS NO MORTGAGE, HFOT PLACES A 10 YEAR LIEN ON

44

132212 11-11-21

Schedule O (Form 990) 2021

10480217 153424 0197562-00009

Name of the organization HOMES FOR OUR TROOPS INC	Employer identification numb 54-2143612
HE HOME. THIS PROTECTS THE VETERAN FROM LOSING THE HOME DUE TO HOME	
QUITY LOAN FORECLOSURE AND SAFEGUARDS OUR DONORS' INVESTMENTS IN THE	
ROGRAM; IT ALSO PROVIDES A PERIOD OF TIME FOR THE FAMILY TO BECOME	
ORE FINANCIALLY STABLE. BEGINNING IN YEAR SIX, THE VETERAN ACCRUES 20	
ERCENT EQUITY PER YEAR UNTIL HE/SHE HAS FULL EQUITY AFTER 10 YEARS IN	
HE HOME. OF THE 346 VETERANS FOR WHOM WE HAVE TRANSFERRED HOMES, NINE	
AVE MOVED OUT BEFORE THE END OF THEIR LIEN PERIOD, OFTEN BECAUSE OF	
IGNIFICANT CHANGES IN FAMILY SITUATIONS. THIS IS REFLECTIVE OF OUR	
HOROUGH SELECTION PROCESS AND FOLLOW UP ONCE THE VETERANS ARE IN THEIR	
OME. FOR FY22, THE COST OF THE HOMES TRANSFERRED TO VETERANS IS	
EFLECTED AS "OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS" IN PART IX,	
INE 2. HOMES FOR OUR TROOPS, INC. DOES NOT PROVIDE CASH GRANTS TO	
ETERANS.	
³²²¹² 11-11-21 4 5	Schedule O (Form 990) 20