PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 6363954 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Α	For th	e 2023 calendar year, or tax year beginning	an	d ending						
В	Check if	C Name of organization			D Employe	r identific	ation number			
	applicab	e:								
	Addre									
	Name chang	Doing business as			41-1	77322	23			
	Initial return		s)	Room/suite	E Telephon	e number				
	Final return	12805 HTCHWAY 55	,	400	763-	746-4	1830			
	termin	City or town, state or province, country, and ZIP or foreign postal	l code	•	G Gross receip	ts\$	393,546.			
	Amen	ded DIVMOTTHU MN 55//1_2712			H(a) Is this a	group re	turn			
	Applie	F Name and address of principal officer: ROBERT EDWARD	1	for subordinates? Yes X No						
	pendi	SAME AS C ABOVE			H(b) Are all sub					
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527	If "No,"	attach a l	ist. See instructions			
J	Websi	te: WWW.HBIMN.ORG			H(c) Group	exemption	number			
ĸ	Form o	f organization: X Corporation Trust Association Othe	er	L Year	of formation: 1	.993 м	State of legal domicile: MN			
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities	: PRO	VIDING	RESOURC	ES TO	HELP			
Governance		PEOPLE WITH COMPLEX DISABILITIES LIV								
r E	2	Check this box if the organization discontinued its operation	s or disp	osed of more	than 25% of it	ts net asse	ets.			
S e	3	Number of voting members of the governing body (Part VI, line 1a)					5			
		Number of independent voting members of the governing body (Part VI	I, line 1b)				5			
90	5	Total number of individuals employed in calendar year 2023 (Part V, line	e 2a)			5	0			
ij	6	Total number of volunteers (estimate if necessary)				6	5			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.			
					Prior Yea		Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			105,		81,849.			
	9	Program service revenue (Part VIII, line 2g)				0.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				141.	47,323.			
4	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				177.	59,409.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)	, line 12)			371.	188,581.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			86,	951.	97,971.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), li			38,	486.	57,565.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.			
Ž	. b	Total fundraising expenses (Part IX, column (D), line 25)		0.		205	15 202			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				825.	15,389.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	5)			262.	170,925.			
	19	Revenue less expenses. Subtract line 18 from line 12				109.	17,656.			
Net Assets or				B	eginning of Curre		End of Year			
sset	20	Total assets (Part X, line 16)			1,028,		1,134,722.			
etA	21	Total liabilities (Part X, line 26)				033.	27,847.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			1,014,	104.	1,106,875.			
			aa aabadul	laa and atatam	anta and to the	hoot of my	Impulades and halist it is			
	•	alties of perjury, I declare that I have examined this return, including accompanyin at, and complete. Declaration of preparer (other than officer) is based on all inform	•		•	-	knowledge and belief, it is			
uut	, corre	t, and complete. Declaration of preparer (other than officer) is based on an infor-	ilalion or v	Willell preparei	lias ally kilowie	uye.				
C:-		Signature of officer			Date					
Sig		ROBERT EDWARDS, CEO/PRESIDENT			2410					
He	е	Type or print name and title								
_		Print/Type preparer's name Preparer's signature		Τ	Date	Check	PTIN			
Pai	d	ANN NEIL ANN NEIL			L0/14/24	if				
	u parer	Firm's name CLIFTONLARSONALLEN LLP		-		•	L-0746749			
	Only	Firm's address 220 S 6TH STREET, SUITE 300			1111111	JLIN TE				
200	,	MINNEAPOLIS, MN 55402			Phon	ne no 612	2-376-4500			
	ı, tha l	PS discuss this return with the preparer shown above? See instructions			[1 11011		X Ves No			

### Post Code Program services Program service Program service Program service Program service Program services Program service Program service Program service Program service Program service Program service Program services Program service Program services P		Check if Schedule O contains a response or note to any line in this Part III
Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 930 527	1	·
prior Form 990 or 990 CE? Yes X No Yes, Cascinible three new services on Schedule O.		
prior Form 980 or 980 E27 Yes X No 11 Yes, Cascinible these new services on Schedule O. 12 Yes, Cascinible three new services on Schedule O. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901(e)(8) and 901(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, 8 may for each program service reported. 4a (cose) ((sucreses \$ 97,911.) (revenue \$ 97,971.) (revenue \$ 0.) HOMEWARD BOUND POUNDATION WAS ESTABLISHED TO MANIAGE THE PUNDRAISING ACTIVITIES OF HOMEWARD BOUND, INC., A \$01(C)(3) EXEMPT ORGANIZATION. 4b (cose) ((superces \$ reducing grants of \$) (Revenue \$)) (Revenue \$) 4c (cose) ((superces \$ reducing grants of \$) (Revenue \$)) (Revenue \$) 4d Other program services (Describe on Schedule O.) 5c (cose) (superces \$ reducing grants of \$) (Revenue \$) 5c (cose) (superces \$ reducing grants of \$) (Revenue \$) 5c (cose) (superces \$ reducing grants of \$) (Revenue \$) 6c (cose) (superces \$ reducing grants of \$) (Revenue \$) 6c (cose) (superces \$ reducing grants of \$) (Revenue \$) 6c (cose) (superces \$ reducing grants of \$) (Revenue \$) 6c (cose) (superces \$ reducing grants of \$) (Revenue \$) 6c (cose) (superces \$ reducing grants of \$) (Revenue \$) 7c (cose) (superces \$ reducing grants of \$) (Revenue \$) 7c (cose) (superces \$ reducing grants of \$) (Revenue \$) 8c (cose) (superces \$ reducing grants of \$) (Revenue \$) 8c (cose) (superces \$ reducing grants of \$) (Revenue \$) 9c (cose) (superces \$ reducing grants of \$) (Revenue \$) (Revenue \$) 9c (cose) (superces \$ reducing grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) 9c (cose) (superces \$ reducing grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$		
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1 **Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services? Yes \(\frac{1}{2} \) No If *Yes," describe these changes on Schedule O.	2	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
If "Yes," describe these changes on Schedule O. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and aflocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:	2	
4c (code:) (Expenses 5	3	· · · · · · · · · · · · · · · · · · ·
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (code) (Excenses	4	·
4d Code:	•	
4a Cooker		revenue, if any, for each program service reported.
### ACTIVITIES OF HOMEWARD BOUND, INC., A 501(C)(3) EXEMPT ORGANIZATION. #### ### ### ### ###################	4a	(Code:) (Expenses \$ 97,971. including grants of \$ 97,971.) (Revenue \$ 0.)
4b (Code:) (Expenses s		HOMEWARD BOUND FOUNDATION WAS ESTABLISHED TO MANAGE THE FUNDRAISING
4c (Code:) (Expenses \$		ACTIVITIES OF HOMEWARD BOUND, INC., A 501(C)(3) EXEMPT ORGANIZATION.
4c (Code:) (Expenses \$		
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 97,971.	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4e Total program service expenses 97,971.	4d	
	<u> </u>	
	40	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
·	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,	Ť		
'	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		х
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	i		T -
	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? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	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		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

332003 12-21-23

Form 990 (2023) HOMEWARD BOUND FOU Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	25a		х
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
^-	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		l
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		Х
37	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	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)

023) HOMEWARD BOUND FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Γ	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization								
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	L	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7с		X				
d	,	-	7e		Х				
e •									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h	If the organization received a contribution of qualified intellectual property, and the organization life Form 8899 as r		7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	111 1090-01	,, ,						
Ū	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.	····							
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	Г							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b	-							
	Enter the amount of reserves on hand [13c] Did the examination receive any payments for indeer temping continue during the tay year?		1/1-		X				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
13			15		х				
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х				
	If "Yes," complete Form 4720, Schedule O.	·····-							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	· · · · · · · · · · · · · · · · · · ·					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	1			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6	X	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or				
	more members of the governing body?			7a	X	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	· · · · · · · · · · · · · · · · · · ·			10b	Х		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u>X</u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	, -					
	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>	
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith 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	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
<u> </u>	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	- I (section 501(c)(3)	s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict c	of interest policy, an	d finand	cial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	THERESA BLUHM - 763-746-4830 12805 HIGHWAY 55 SIITTE 400 PLYMOITH MN 55441						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)							
Name and title	Average	(do	Position (do not check more than one box, unless person is both an			than	one	Reportable	Reportable	Estimated amount of			
	hours per week		cer ar					compensation from	compensation from related	other			
	(list any	ector						the	organizations	compensation			
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the			
	related organizations	ustee	truste		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	dual tr	Institutional trustee	_	Key employee	st con	- E	1099-1120)		organizations			
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
(1) DONALD PRIEBE	0.30												
CEO	40.00			Х				0.	177,813.	28,003.			
(2) PAUL GUSTAFSON (THRU SEP 23)	0.10												
DIRECTOR OF FINANCE & PROPERTY	40.00			Х				0.	50,681.	0.			
(3) JIM BERGESON	40.00	l											
CHAIR	0.00	Х		Х				0.	0.	0.			
(4) RICHARD MORRIS	40.00	٠,		٦,					_	_			
VICE CHAIR (5) JILL TIES	0.00	Х	\vdash	Х		├		0.	0.	0.			
TREASURER/SECRETARY	0.00	X		х				0.	0.	0.			
(6) DAN ETZEL	0.25	^		^				0.	0.	· ·			
DIRECTOR	0.00	X						0.	0.	0.			
(7) PEGGY NEALE	0.25	25				\vdash		, ·	•	•			
DIRECTOR	0.00	х						0.	0.	0.			
			_			├							
		-											
		-											
			\vdash			\vdash							
		1											
			L				L						
										= 000 (aaaa)			

Form 990 (2023) HOMEWARD	BOUND F	'OU	ND	ΑT	'IO	N			41-17	773223	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	director	not cl , unles	ss per	ition more rson is irecto	Highest compensated than complete the state of the state	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	Est n amo l comp sc/ fro orga and	imated pount of other eensation om the nization related nizations
											_
1b Subtotal								0.	228,49	0. 28	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	A							0.	228,49		,003.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)	0
compensation from the organization											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	ne organization		
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				5	X
Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensation fror	m
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wit	thin	the organization's tax y (B)	ear.	(C)	<u> </u>
Name and business	address	NC	ONE	3				Description of s	ervices	Compen	
							T				
							\dashv				
							\dashv				
2 Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than		
Too, 555 or compensation from the organiz						-				Form 9	90 (2023)

Form 990 (2023) HOMEWAR
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse (or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts									
ij g					48,400.				
ts, Ar			9		40,400.				
ig ig									
ns, Sim			Government grants (contributions) 1e						
utio er (Ť	All other contributions, gifts, grants, and		22 440				
현된			similar amounts not included above 1f		33,449.				
ont od (_	Noncash contributions included in lines 1a-1f 1g	\$	3,000.	01 040			
<u>0 g</u>		h	Total. Add lines 1a-1f			81,849.			
					Business Code				
e	2	а							
Program Service Revenue		b							
S		С							
am		d							
og B		е							
Ā		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
			other similar amounts)			26,640.			26,640.
	4		Income from investment of tax-exempt be			,			
	5		Royalties	-					
	·		(i) Rea	 d	(ii) Personal				
	6	•	Gross rents 6a		()				
	Ü								
	_				(ii) Other				
	′	а			(ii) Other				
		_	assets other than inventory 7a 161,28	<u> </u>					
-		b	Less: cost or other basis						
une			and sales expenses 76 140,59	99.					
her Revenue			Gain or (loss) 7c 20,68			00 600			00 603
å			Net gain or (loss)			20,683.			20,683.
her	8	а	Gross income from fundraising events (not						
ᅙ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18		123,775.				
		b	Less: direct expenses	8b	64,366.				
		С	Net income or (loss) from fundraising eve	nt <u>s</u>		59,409.			59,409.
	9	а	Gross income from gaming activities. See	•					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns						
			and allowances	10a					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inventor						
			The state of the s	.,	Business Code				
ns	11	2							
Miscellaneous Revenue	••	a b							
lla ven									
Sce		q	All other revenue						
Ξ			All other revenue						
	40		Total. Add lines 11a-11d			188,581.	0.	0.	106,732.
	12		Total revenue. See instructions			T00,30T•	1 0.	J 0 •	100,/34.

		-			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons		his Part IX	(C)	
	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	97,971.	97,971.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	57,565.		57,565.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	6 005		6 005	
14	Information technology	6,037.		6,037.	
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
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.) FEES & CHARGES	8,540.		8,540.	
a b	MISCELLANEOUS EXPENSE	812.		812.	
-		014.		014.	
C C					
d	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	170,925.	97,971.	72,954.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	110,343.	JI, JI 1 4 •	14,334.	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X | Balance Sheet

Par	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	54,904.	1	5,464.
	2	Savings and temporary cash investments		2	198,307.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	250
	5	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	
	6	Loans and other receivables from other disqualified persons (as defined			
Σ		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	2 000	9	2,000
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	816,694.	11	928,701
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 000 010	16	1,134,722.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ű	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35	%		
Liabilities		controlled entity or family member of any of these persons		22	
ם	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D	14,033.	25	27,847.
	26	Total liabilities. Add lines 17 through 25	1 11 022	26	27,847.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances	27	Net assets without donor restrictions	983,257.	27	1,077,563.
Ba	28	Net assets with donor restrictions	30,927.	28	29,312.
pur		Organizations that do not follow FASB ASC 958, check here			
딘		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	1,014,184.	32	1,106,875.
	33	Total liabilities and net assets/fund balances	1,028,217.	33	1,134,722.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5	18 17 1 1,01	7,6 4,1	25. 56.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,10	6,8	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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	O.	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	Х	
С	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
·	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch		2c	Х	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		3a		x
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	or addits, explain wity on schedule o and describe any steps taken to didengo such addits			990	(2023)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Inspect That Table trust.

Open to Inspect That Table trust.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HOMEWARD BOUND FOUNDATION 41-1773223 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) HOMEWARD BOUND, 41-1223085 97,971 INC. 10 Х

0.

Schedule A	(Form 990) 2023	HOMEWARD	BOUND	FOUNDATION	41-1773223	Pag
Part II Support Schedule for Organizati			ns Descr	ibed 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 failed to qualify under Part III.						ion
	faile to qualify under the to	acta listed balaw r	Jacob comp	lote Dort III \		

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	<u> </u>	I		1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-1- / :				40	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
Sec	organization, check this box and storetion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•	* * * * * * * * * * * * * * * * * * * *		15	
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-	·		
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the	-				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	·
_						Schedule A	(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		V	N
		Yes	NO
1		Х	
-		71	
2			Х
3a			X
3b	•		
3c			
			v
4a			X
4b			
40	,		
4c			
5a			X
5b			
5c	:		
			v
6			X
7			Х
,			
8			Х
9a			Х
9b			X
9c			X
			v
10a	3		X
401			
10)	000	0000

Pa	Triv Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	· · · · · · · · · · · · · · · · · · ·	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		11c		X
Sec	tion B. Type I Supporting Organizations	— т	1	
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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	Х	
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,			Х
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion 6. Type in oupporting organizations		V	NI-
4	Mare a majority of the expeniention's divestors by twisters duving the tay year also a majority of the divestors		Yes	No
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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** HOMEWARD BOUND FOUNDATION 41-1773223

Organization 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					
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
For an organization sections 509(a)(1) contributor, during or (ii) Form 990-E.	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one age 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; Z, 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\$						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must to e2, 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 an or requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

HOMEWA	ARD BOUND FOUNDATION		41-1773223
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$10,00	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

HOMEWARD BOUND FOUNDATION

41-1773223

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	1 1773223
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 12-26	i-23		Schedule B (Form 990) (2023

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** 41-1773223 HOMEWARD BOUND FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HOMEWARD BOUND FOUNDATION

Employer identification number 41-1773223

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year	and the land of	
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

	dule D (Form 99 t III Orga n	izations Maintaining C	Collections of Art		easures, or Othe	r Sin		Assets			age Z
3				-					COITE	<u>ucu)</u>	
•	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).										
а											
b	=	research	e		mango program						
c		tion for future generations	J								
4		ription of the organization's c	ollections and explain	how they further th	ne organization's exe	mpt p	urnos	e in Part	XIII		
5		r, did the organization solicit of						o iiii aic	,		
	,	ise funds rather than to be m		•	•				Yes		No
Par		w and Custodial Arran									
		d an amount on Form 990, Pa		· ·			,	,	,		
1a	Is the organizat	tion an agent, trustee, custod	lian, or other intermed	liary for contribution	ns or other assets no	t inclu	ded				
		Part X?							Yes		No
b	If "Yes," explain	n the arrangement in Part XIII	and complete the foll	lowing table:		_					
									Amount	i	
С	Beginning bala	nce				L	1c				
		ng the year					1d				
		uring the year					1e				
f	Ending balance	·				L	1f				
2a	Did the organiz	ation include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?		\square	Yes		No
		n the arrangement in Part XIII.]
Par	t V Endov	vment Funds Complete in							T		
			(a) Current year	(b) Prior year	(c) Two years back	(d) ⊺		ears back	(e) Four		
		ear balance	12,615.	12,615.	12,615.	12,615. 12,615. 12,61					
		earnings, gains, and losses			1,243.			1,334.		2,	025.
		larships									
е	•	ures for facilities			1 042			1 224		•	005
_	and programs				1,243.			1,334.		2,	025.
		expenses	10 615	10 615	10 615			10 615		1 2	
	End of year bal			12,615.	· · ·		•	12,615.		12,	615.
2		imated percentage of the cur	rent year end balance)) held as:						
	· ·	ted or quasi-endowment dowment 100		_%							
	Permanent endowme	0.000	% %								
C		es on lines 2a, 2b, and 2c sho	-								
32		wment funds not in the posse	•	tion that are held ar	nd administered for t	ho					
ou	organization by	•	socion of the organiza	alon that are neid a	ia dariii iiotoroa for t	110			ſ	Yes	No
	(i) Unrelated								3a(i)	\neg	X
	(ii) Related ord								3a(ii)	\neg	X
b	` '	3a(ii), are the related organiza							3b	\neg	
4		t XIII the intended uses of the									
Par		Buildings, and Equipm									
	Comple	te if the organization answere	ed "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 1	10.				
	Desc	ription of property	(a) Cost or of	ther (b) Cost	t or other (c)	Accum	nulate	d	(d) Bool	k value	——— Э
		<u> </u>	basis (investm	. ,	' '	eprecia					
1a	Land										
		rovements									
[ntal	Add lines 1a th	arough 1e (Column (d) must o	agual Form 000 Post	V line 10e column	(D))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HOMEWARD BOU Part VII Investments - Other Securities			L773223 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	year market value
1) Financial derivatives	. ,	<u> </u>	<u>, </u>
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(E) (F)		<u> </u>	
` /			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Dort IV line	110 Con Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	voor market value
····	(b) book value	(c) Method of Valuation. Cost of end-of	-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities		·	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATE			27,847
(2)			

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	DUE TO AFFILIATE	27,847.
(3)		
(4)		
(5)		
(6)		
(7		
(8)		
(9)		
Total	· (Column (b) must equal Form 990. Part X, line 25. col. (B))	27,847.

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) 2023

Part	XI Reconciliation of Revenue per Audited Financial St	tatements With Revenue	e per Return				
	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				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
	Add lines 2a through 2d						
3	Subtract line 2e from line 1		3				
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	(2.)	5				
Pan	t XII Reconciliation of Expenses per Audited Financial S		ses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV,						
	Total expenses and losses per audited financial statements		1				
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1					
	Donated services and use of facilities						
	Prior year adjustments						
	Other losses						
	Other (Describe in Part XIII.)						
	Add lines 2a through 2d						
	Subtract line 2e from line 1		3				
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4. 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)		40				
	Add lines 4a and 4b						
5 Parl	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information	! 18.)	5				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h and 2h: P:	art V line 4: Part X line 2: Par	+ XI			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, mic 4, r art X, mic 2, r ar	· //i,			
	and 15, and 1 arrain, into 2d and 15.7 to 5 complete the part to provide	ary additional information.					
PAR	T V, LINE 4:						
	·						
THE	ORGANIZATION HAS ADOPTED AN INVESTME	NT POLICY FOR TH	IE ENDOWMENT FUI	ND.			
THA	T ATTEMPTS TO PROVIDE A BALANCE OF LO	NG TERM CAPITAL	APPRECIATION,				
PRE	SERVATION OF CAPITAL, AND INCOME PROD	UCTION TO SUPPOR	RT ADDITIONAL				
RES	OURCES FOR THE CONTINUATION AND EXPAN	SION OF THE CHAP	RITABLE MISSION	OF			
THE	ORGANIZATION.						
<u>PAR</u>	T X, LINE 2:						
THE	THE FOUNDATION HAS BEEN GRANTED EXEMPT STATUS RELATIVE TO FEDERAL AND						
M I N	NESOTA CORPORATE INCOME TAXES UNDER S	ECTION $501(C)(3)$	OF THE FEDERAL	_			
T 3.T.M	INTERNAL DEVENUE CODE AND ADDITIONED CENTE CODEC						
T IV.T,	ERNAL REVENUE CODE AND APPLICABLE STA	TE CODES.					

Part XIII Supplemental Information (continued)
THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THE FOUNDATION'S INCOME TAX RETURNS
ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL
AUTHORITIES. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD
JEOPARDIZE ITS TAX-EXEMPT STATUS. THE FOUNDATION IS NOT AWARE OF ANY
ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE
OR OTHER TAXES.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 41-1773223 HOMEWARD BOUND FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990		t events with gross receip	ts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				MADE IN THE	NONE	(add col. (a) through		
			GOLF EVENT	SHADE				
			(event type)	(event type)	(total number)	col. (c))		
Revenue								
š	1	Gross receipts	156,026.	16,149		172,175.		
å	•	aross rescripts						
	9	Less: Contributions	33,400.	15,000		48,400.		
	_	Less. Contributions	337233	23,000	•	10,1001		
	3	Gross income (line 1 minus line 2)	122,626.	1,149		123,775.		
		Gross moonie (inte i mindo inte 2)			•	12077700		
	4	Cash prizes						
	•	Cucii prizzo						
	5	Noncash prizes	23,913.			23,913.		
S	Ĭ	Tronocci prizoc						
use	6	Rent/facility costs	33,231.	3,615		36,846.		
Direct Expenses	ľ	There is a series of the serie	3372327	3,023	•	30,0101		
Ω H	7	Food and beverages						
ire	′	1 ood and beverages						
	Q	Entertainment						
	a	Other direct expenses		3,607		3,607.		
	10	Direct expense summary. Add lines 4 through				64,366.		
		Net income summary. Subtract line 10 from li				59,409.		
Pa	rt I					00/2000		
		\$15,000 on Form 990-EZ, line 6a.		,	1			
			() 5:	(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
e e								
å	1	Gross revenue						
"	2	Cash prizes						
ses								
Direct Expenses	3	Noncash prizes						
Ř								
Sec.	4	Rent/facility costs						
Ö								
	5	Other direct expenses						
			Yes%	Yes9	6 Yes%			
	6	Volunteer labor	☐ No	☐ No	☐ No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9		ter the state(s) in which the organization condu						
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No		
b	b If "No," explain:							
	_							
	_							
		ere any of the organization's gaming licenses re	•	~	•	Yes No		
		Yes," explain:						
b	If "							
b	If "` —							

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 HOMEWARD BOUND FOUNDATION	<u>41-1</u>	773223	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
iou	- 5000 the organization have a contract with a time party from whom the organization received gaining revende:			
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt		
D		uni		
	· · · · · · · · · · · · · · · · · · ·			
С	If "Yes," enter name and address of the third party:			
	Nama			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23

Schedule G	G (Form 990)	HOMEWARD B	OUND	FOUNDATION	41-1773223	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				<u> </u>
		(continued)				
				<u> </u>	 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOMEWARD	BOUND FOU	NDATION					41-1773223
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than to					ganization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOMEWARD BOUND, INC. 12805 HIGHWAY 55, SUITE 400	44 4002005	E04 (G) (2)	05.054				SUPPORT EDUCATION AND TRAINING OF HOMEWARD BOUND DIRECT SERVICE
PLYMOUTH, MN 55441	41-1223085	501(C)(3)	97,971.	0.	N/A	N/A	STAFF TO ENHANCE
2 Enter total number of section 501(c)(3) a	ınd government orç	ı ganizations listed in th	e line 1 table				
3 Enter total number of other organization	s listed in the line 1	I table					0 .

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

TIII 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.									
(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				
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
PART I, LINE 2:									
THE FOUNDATION MONITORS THE USE OF	GRANT FU	NDS THROUG	H REPORTS	PROVIDED BY					
THE RECIPIENT AGENCY TO THE FOUNDAT	TIONS BOA	RD.							
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT: HOMEWARD BOUND, INC.									
(H) PURPOSE OF GRANT OR ASSISTANCE:	(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EDUCATION AND TRAINING OF								
HOMEWARD BOUND DIRECT SERVICE STAFF TO ENHANCE SERVICES.									

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Employer identification number HOMEWARD BOUND FOUNDATION 41-1773223

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

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DONALD PRIEBE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	177,788.	25.	0.	13,005.	14,998.	205,816.	0.
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	(ii)							
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	(i) (ii)							
	(II)							

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.
PART I, LINE 3:
THE CEO/PRESIDENT IS COMPENSATED BY HOMEWARD BOUND, INC., A RELATED
ORGANIZATION, WHICH USES THE FOLLOWING METHODS TO DETERMINE COMPENSATION:
1. COMPENSATION COMMITTEE,
2. WRITTEN EMPLOYEE CONTRACT,
3. COMPENSATION SURVEY OR STUDY,
4. APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE.

SCHEDULE O (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 41-1773223 HOMEWARD BOUND FOUNDATION FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE ORGANIZATION IS HOMEWARD BOUND, INC. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS ARE APPOINTED BY THE BOARD OF DIRECTORS OF HOMEWARD BOUND, INC. FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY THE SOLE MEMBER, HOMEWARD BOUND, INC. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: BEFORE FORM 990 IS FILED THE DIRECTOR OF FINANCE AND PROPERTY REVIEWS THE FORM WITH BOTH THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS. WE COMPARE THE 990 FINANCIAL INFORMATION TO THE AUDITED FINANCIAL STATEMENTS AND GO THROUGH ALL OF THE NON-FINANCIAL QUESTIONS. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION HAS IN PLACE A POLICY ON CONFLICT OF INTEREST, AS WELL AS A PROCEDURE FOR ITS IMPLEMENTATION. THE POLICY COVERS MEMBERS OF THE HOMEWARD BOUND BOARD OF DIRECTORS, THE HOMEWARD BOUND FOUNDATION'S BOARD OF

332211 11-14-23

DIRECTORS

AND VOLUNTEERS.

HOMEWARD BOUND EMPLOYEES,

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

THOSE COVERED ARE

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

HOMEWARD BOUND FOUNDATION

Employer identification number

41-1773223

ORIENTED TO BOTH POLICY AND PROCEDURE IN THE FIRST MONTH OF THE

COMMENCEMENT OF THE INDIVIDUAL'S RELATIONSHIP WITH HOMEWARD BOUND OR THE

FOUNDATION, AND THE ORIENTATION IS DOCUMENTED.

THOSE COVERED ARE ASKED TO DISCLOSE IN WRITING WHETHER THEY HAVE AN ACTUAL

OR POTENTIAL CONFLICT OF INTEREST ANNUALLY, OR AS THEY ARISE. THE

DETERMINATION OF A CONFLICT AND WHAT TO DO ABOUT IT ARE DECIDED IN THE

FOLLOWING MANNER:

- 1) THE CEO, THE DIRECTOR OF THE AFFECTED DEPARTMENT AND THE DIRECTOR OF HUMAN RESOURCES IF THE DISCLOSURE COMES FROM AN EMPLOYEE;
- 2) THE CEO AND THE DIRECTOR OF DEVELOPMENT IF THE DISCLOSURE COMES FROM A VOLUNTEER;
- 3) THE AFFECTED BOARD OF DIRECTORS IF THE DISCLOSURE COMES FROM A MEMBER OF THE BOARD OR THE CEO.

IF THE AFFECTED BOARD TAKES A VOTE ON ACTION, DECISION WILL BE BY MAJORITY

VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED MEMBER, EVEN IF THE

DISINTERESTED MEMBERS ARE LESS THAN A QUORUM, PROVIDING THAT AT LEAST ONE

CONSENTING MEMBER IS DISINTERESTED. ALL PROCEEDINGS ARE DOCUMENTED IN THE

MEETING MINUTES OR AS OTHERWISE APPROPRIATE.

A MEMBER OF ONE OF THE BOARDS WHO IS FORMALLY CONSIDERING EMPLOYMENT WITH

HOMEWARD BOUND WILL SUBMIT A WRITTEN REQUEST FOR A TEMPORARY LEAVE OF

ABSENCE TO THE SECRETARY INDICATING THE TIME PERIOD OF THE LEAVE.

IF A POTENTIAL CONFLICT ARISES, THOSE NOTED ABOVE ARE TASKED WITH REVIEWING
THE CASE AND MAKING A DECISION.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** HOMEWARD BOUND FOUNDATION 41-1773223 FORM 990, PART VI, SECTION B, LINE 15: BOARD OFFICERS DO NOT RECEIVE COMPENSATION. OTHER KEY EMPLOYEES: COMPENSATION IS BASED ON THE EMPLOYEE'S POSITION LEVEL WITHIN THE ORGANIZATION, FINANCIAL PERFORMANCE WITHIN THE INDUSTRY, PERSONAL PERFORMANCE AND GEOGRAPHIC COMPENSATION COMPARISONS. THE COMPANY USES FOUR SALARY AND BENEFIT SURVEYS: MINNESOTA COUNCIL ON NONPROFITS, TCS, ERI, ROBERT HALF. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERMENT DOCUMENTS, CONFLICT OF INTEREST POLICY DOCUMENTS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOMEWARD BOUNI	FOUNDATION				41	_17732	23	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state foreign country)		(d) or Total inco	me End-of-yea			ontrolling	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one	or more rela	ted tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct co	f) ontrolling tity	1	i) i12(b)(13) rolled ity?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501(c)(3))			Yes	No
HOMEWARD BOUND, INC 41-1223085 12805 HIGHWAY 55, SUITE 400 PLYMOUTH, MN 55441	RESIDENTIAL CARE TO DEVELOPMENTALLY DISABLED INDIVIDUALS.	MINNESOTA	501(C)(3)	LINE 10	N/A			Х

		0 11 77 1 1	"\"	
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	34, because it had one or more related
Part III	organizations treated as a partnership during the tax year.		, ,	•
	organizations treated as a partition input uning the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	entity:	
		,						Yes	No	

Page 3

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X			
С	c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
	Dividends from related examination(s)				1f		X		
١	Dividends from related organization(s)				1g		X		
	Sale of assets to related organization(s)				1h		X		
 h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 									
	Lease of facilities, equipment, or other assets to related organization(s)				1i 1i		X		
,	Lease of facilities, equipment, of other assets to related organization(s)				-				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
I Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1 p	X	X		
q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r		_X_		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered related	tionships and transaction thresholds.					
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining an									
(1)									
(2)									
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/									
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						_			
(6)									
332163	9 09-28-23	45		Schedule	∍ R (Forr	n 990)	2023		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000