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

Form **990**

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		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	Inspection		
A For the 2023 calenda			lar year, or tax year beginning and	d ending		
	Check if applicab	De: C Name o	forganization		D Employer identificat	ion number
	Addre		WARD BOUND, INC.			
	Name	<u> </u>	usiness as		41-1223085	
	Initial		r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	1280	5 HIGHWAY 55	400	763-525-31	.86
L	⊥returr termi ated		cown, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	19,192,607.
	Amer	nded DT.VN	OUTH, MN 55441-3713		H(a) Is this a group retur	
	Appli		nd address of principal officer: ROBERT EDWARDS			Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates include	
1	Tax-ex	empt status: [) or 527		
	Vebsi		HBIMN.ORG	/	H(c) Group exemption n	
			X Corporation Trust Association Other	L Year	of formation: 1973 M S	
	art I				· · · · · ·	
	1	Briefly descrit	be the organization's mission or most significant activities: PROV	/IDE IN	NOVATIVE, LIF	E-
Governance			NG SERVICES TO DISABLED CHILDREN,			
nai	2	Check this bo	x if the organization discontinued its operations or dispo	osed of more	than 25% of its net assets	S.
SVel	3	Number of vo	ting members of the governing body (Part VI, line 1a)			10
	4	Number of ind	Number of independent voting members of the governing body (Part VI, line 1b)			
8 8 8	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)			390
Activities &	6	Total number	of volunteers (estimate if necessary)		6	11
\cti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		1,122,877.	250,283.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		19,914,429.	18,715,870.
se	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		96,804.	137,811.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,134,110.	19,103,964.
			milar amounts paid (Part IX, column (A), lines 1-3)		29,075.	34,375.
	14		to or for members (Part IX, column (A), line 4)			
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		16,706,051.	16,345,968.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 237, 3		0.	0.
ğ	b	Total fundrais	ing expenses (Part IX, column (D), line 25)		2 0 2 0 6 0 2	2 505 210
	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,829,602.	3,585,310.
		=	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>20,564,728.</u> 569,382.	19,965,653.
	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	-861,689. End of Year
Net Assets or		Total assate /			10,092,679.	11,781,534.
\SSe Rala	20		Part X, line 16)		4,113,700.	6,664,244.
let ⊿	21		s (Part X, line 26)		5,978,979.	5,117,290.
_	<u>22</u> art II		fund balances. Subtract line 21 from line 20		5,310,3130	J, II, 430.
		- Shatar				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date					
Here	ROBERT EDWARDS, CEO/PRESI	DENT								
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date				Check	PTIN				
Paid	ANN NEIL	ANN NEIL		10/14	/24 self-employed E	201817922				
Preparer	Firm's name CLIFTONLARSONALLE	N LLP			Firm's EIN $41-0$)746749				
Use Only	Firm's address 220 S 6TH STREET,	SUITE 300								
	MINNEAPOLIS, MN 5	5402			Phone no. 612 – 3	876-4500				
May the I	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes No				
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

Briefly describe the PROVIDING ADOLESCENT Did the organization prior Form 990 or 99 If "Yes," describe the Did the organization If "Yes," describe the Describe the organi Section 501(c)(3) and revenue, if any, for or (Code:) (E HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E) (E 	-	ervice Accomplishments		
PROVIDING ADOLESCENT	ck if Schedule O contains a	response or note to any line in this Pa	art III	X
ADOLESCENT	scribe the organization's mis	sion:		
ADOLESCENT	DING INNOVATIV	E AND LIFE-ENRICHIN	G SERVICES FOR CHILD	DREN,
Did the organization prior Form 990 or 99 If "Yes," describe th Did the organization If "Yes," describe the Describe the organi Section 501(c)(3) an revenue, if any, for e (Code:) (t HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t) (t) (t) (t) (t) (t) (t) (t) (t) (t) (t		ULTS WITH DISABILIT		
prior Form 990 or 94 If "Yes," describe th Did the organization If "Yes," describe th Describe the organi Section 501(c)(3) an revenue, if any, for or (Code:) (E HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E) (Code:) (E) (Code:) (E) (Code:) (E) (Code:) (E) (Code:) (E)	Selling, and an	onio wiin bibnbibii	100.	
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If "Yes," describe the Did the organization of the organization of the organization of the organic section 501(c)(3) and the organic section 501(c)(5) and the organic section 5		inificant program services during the	ear which were not listed on the	
Did the organization If "Yes," describe th Describe the organi Section 501(c)(3) an revenue, if any, for e (Code:) (t HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t) (Code:) (t) (Code:) (t) (Code:) (t)	990 or 990-EZ?			Yes X No
If "Yes," describe the organi Section 501(c)(3) an revenue, if any, for e (Code:) (t HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t 	escribe these new services	on Schedule O.		
If "Yes," describe the organi Section 501(c)(3) an revenue, if any, for e (Code:) (t HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t 	ganization cease conducting	. or make significant changes in how	it conducts, any program services?	Yes X No
Describe the organi Section 501(c)(3) an revenue, if any, for e (Code:) (t HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t) (t) (t) (t) (t) (t) (t) (t) (t) (t) (t			, , , , , , , , , , , , , , , , , , , ,	
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revenue, if any, for a (Code:) (E HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E) (Code:) (E) (Code:) (E) (Code:) (E) (Code:) (E)				
(Code:) (t BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (t			unt of grants and allocations to others, t	ne total expenses, and
HOMEWARD B BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E			24 275	10 010 000
BOUND HAS AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:)(E		,164,469. including grants of \$		
AND ADULTS WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E	ARD BOUND WAS	FOUNDED BY FAMILIES	<u>IN 1973. FOR 49 YE</u>	LARS HOMEWARD
WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (r	HAS PROVIDED	QUALITY AND INNOVAT	IVE SERVICES TO SUPP	ORT CHILDREN
WE SERVE P CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (r	DULTS WITH DIS	ABILITIES IN LEADIN	G MORE FULFILLING LI	VES. WHILE
CAPACITY O PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (F			BILITIES, WE HAVE TH	
PROFOUND D IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E			WITH THE MOST SEVER	
IN-HOME CA PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E				
PARTNERSHI CARING PEO LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E			HOUR SPECIALIZED NUR	
CARING PEO LIFE - AFFIR COMPETENCE ENCOURAGED (Code:) (E		OUP LIVING ENVIRONM		
LIFE-AFFIR COMPETENCE ENCOURAGED (Code:) (E			LS WITH DISABILITIES	
COMPETENCE ENCOURAGED (Code:) (E	G PEOPLE COMMI	TTED TO PROVIDING A	N INDIVIDUALIZED, CH	IALLENGING AND
COMPETENCE ENCOURAGED (Code:) (E	AFFIRMING GROW	TH EXPERIENCE. WE	PROVIDE SUPPORT WHIC	H VALUES THE
ENCOURAGED		HS AND DESIRES OF E		H PERSON IS
(Code:) (E			ILLS AND CAPABILITIE	
(Code:) (E				
Other program serv (Expenses \$) (Expenses \$	including grants of \$) (Revenue \$	
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(Expenses \$) (Expenses \$	including grants of \$) (Revenue \$	
(Expenses \$				
(Expenses \$				
	gram services (Describe on S	Schedule O.)		
Total program servi		including grants of \$) (Revenue \$)
	ram service expenses	16,164,469.		
02 12-21-23		SEE SCHEDULE O	FOR CONTINUATION(S)	Form 990 (202
02 12-21-20		3		

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 Form 990 (2023)
 HOMEWARD BOUND, INC.

 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
•				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI	11a	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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 Form 990 (2023)
 HOMEWARD BOUND, INC.
 41-1223085
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Formation (Continued)
 Formation (Continued)
 Formation (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	Х	
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	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	230		- 23
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
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		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
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		X
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			
	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			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
00	Notes All Forms 000 filese are used to complete Ochochile O	38	Х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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	5			/

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Form	990 (2023) HOMEWARD BOUND, INC. 41-1223 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	085	P	age 5		
I ui			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103			
	filed for the calendar year ending with or within the year covered by this return 2a 390					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		x		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X		
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c				
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_				
		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X		
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a					
	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?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 		
	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					
		14a		x		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u> </u>		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	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		X		
	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.	E c ····	000	(0000)		
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 HOMEWARD BOUND, INC.
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 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	lion A. Governing body and Management					
4 -	Enter the number of upting members of the second is the detail of the barriers		10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			1		
2	officient diversities the state of the state			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
U				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5						
6				5		X X
7a						
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	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 cl	napters	, affiliates,			
	· · · · · · · · · · · · · · · · · · ·			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befoi	e filing the form?	<u>11a</u>	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,		10.	х	
10	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14 15	Did the organization have a written document retention and destruction policy?			14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	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 arrange	ment w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	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, a	nd 990	-T (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	l finano	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 bo	oks an	d records			
	THERESA BLUHM - 763-746-4830					
	12805 HIGHWAY 55, SUITE 400, PLYMOUTH, MN 55441				000	
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Form 990 (2023)	HOMEWARD BOUND, INC.	41-1223085	Page 7							
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors										
Check if Sc	hedule O contains a response or note to any line in this Part VII									
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emp	bloyees								
•	for all persons required to be listed. Report compensation for the calend anization's current officers, directors, trustees (whether individuals or or	, ,								

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-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WYCLIFFE WARA	40.00	_	_				_			
LPN	0.00					X		186,796.	0.	37,565.
(2) DONALD PRIEBE	40.00									
CEO	0.30			Х				177,813.	0.	28,003.
(3) JEROME OLASANMI	40.00									
LPN	0.00					X		162,901.	0.	41,353.
(4) STANLEY WOI	40.00									
LPN	0.00					X		174,753.	0.	19,650.
(5) RICHARD GETONTO	40.00							159 551	0	10 501
LPN	0.00					X		157,551.	0.	18,501.
(6) LYDIA MOGAKA	40.00					x		156 206	0	1 600
LPN (7) PAUL GUSTAFSON (THRU SEP 23)	40.00							156,386.	0.	4,683.
DIRECTOR OF FINANCE & PROPERTY	0.10			х				50,681.	0.	0.
(8) RYAN SHERWOOD	1.00			<u> </u>				50,001.	0.	0.
CHAIR	0.00	х		х				0.	0.	0.
(9) KEVIN RYMANOWSKI	1.00									
VICE CHAIR	0.00	х		х				0.	Ο.	0.
(10) PAUL CHERMAK	0.50									
BOARD TREASURER	0.00	х		х				0.	Ο.	0.
(11) DAVE HOFSTAD (THRU OCT 23)	0.20									
BOARD SECERTARY	0.00	х		х				0.	Ο.	0.
(12) TERRY SEVERNS WILLIAMS	0.20									
BOARD SECERTARY	0.00	Х		Х				0.	0.	0.
(13) MARY YSTESUND	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(14) WOLFGANG GRIENER	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(15) JAN MOSER	0.50									
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.
(16) ANDREA NELSON	0.50								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(17) PAT HURLEY	0.20	37							•	•
DIRECTOR	0.00	Х						0.	0.	0 • Form 990 (2023)

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2023.04030 HOMEWARD BOUND, INC.

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Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unles	heck i ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimated amount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	compensati from the organizatic and relate organizatio	on d
(18)	STEVE LANEK	0.20											
DIRE	CTOR	0.00	X						0.		0.		0.
1b	Subtotal								1,066,881.		0.	149,75	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.	149,75	0.
2	Total number of individuals (including but n									000 of reportable			
	compensation from the organization												<u>18</u> No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•		Ŭ				3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4 X	
5	Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om	any	unre	late	ed organization or indivi	dual for services			v
Sec	rendered to the organization? <i>If "Yes." con</i> tion B. Independent Contractors	plete Schedule	e J fe	or sl	ich i	oerse	on .					5	X
1	Complete this table for your five highest co	•	•							•	pensat	ion from	
	the organization. Report compensation for (A)	the calendar ye	are	nui	ig w				(B)			(C)	
7 MT	Name and business		~	5	70	1		_	Description of s		С	ompensation	
	NGLE CREEK PARKWAY SUI						N		STAFFING	CI CARE		296,54	6.
	IED PROFESSIONS	101 554	~ ^							-			
<u>P0</u>	BOX 1521, MINNEAPOLIS,	<u>MN 554</u>	80						NURSING STAF	F.		185,70	<u> </u>
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	l to i	thos 2		ted	above) who received m	ore than			
			_					-				Form 990 (20	023)

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						BOUN	ID, INC.			41-1223	085 Page 9
Pa	rt V	/111	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a re	esponse	or note to any lin		(5)	(2)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
nts	1		Federated campaigns			1a					
Gra			Membership dues			1b 1c					
fts,			Fundraising events			1C 1d	97,971.				
ia ci			Related organizations			1e	57,571.				
Sir	e Government grants (contributions) 1e f All other contributions, gifts, grants, and										
her		•	similar amounts not included			1f	152,312.				
otio		a	Noncash contributions included in			 1g \$	62,530.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		_		-	250,283.			
			· · · · ·				Business Code				
ø	2	а	PROGRAM SERVICE FEE	S			623000	18,715,870.	18715870.		
, zic		b									
Se		с									
am		d									
Program Service Revenue		е									
д		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					18,715,870.			
	3		Investment income (inclue	ding	dividen	ds, intere	est, and				
		other similar amounts)						40,459.			40,459.
	 4 Income from investment of tax-exempt bond pro 5 Royalties										
	5		Royalties	······	(1)	Real	(ii) Personal				
	~	_	Overe verte	C -	0	neai	(II) Personal				
			Gross rents	6a							
			Less: rental expenses Rental income or (loss)	6b 6c							
			Net rental income or (loss)								
			Gross amount from sales of	») <u></u>		curities	(ii) Other				
	'	a	assets other than inventory	7a		35,995.					
		b	Less: cost or other basis	14		,					
ē		-	and sales expenses	7b	8	38,643.					
venue		с	Gain or (loss)	7c	9	97,352.					
			Net gain or (loss)					97,352.			97,352.
Other Re	8	а	Gross income from fundraisi	ing ev	ents (no	ot					
₿			including \$			of					
			contributions reported on	line	1c). Se	э					
			Part IV, line 18				1				
			Less: direct expenses)				
			Net income or (loss) from								
	9	а	Gross income from gamin	-							
		1-	Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from Gross sales of inventory,			villes .	·····				
	10	a	and allowances			10	-				
		h	Less: cost of goods sold								
			Net income or (loss) from			····· —	-				
		-		24100	////		Business Code				
snc	11	а									
nue		b									
eve		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					19,103,964.	18715870.	٥.	137,811.

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1,819.

11,334.

237,312.

0.

Sacti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	or organizations must con	plete colump (A)	
, 	Check if Schedule O contains a respon				Γ
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		۰ ۱		1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	34,375.	34,375.		
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	205,816.		205,816.	
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	13,888,857.	11,771,896.	1,965,986.	150,97
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	289,000.	229,938.	46,314.	12,748
9	Other employee benefits	880,057.	693,179.	146,542.	<u>12,74</u> 40,33
0	Payroll taxes	1,082,238.	884,031.	182,451.	15,750
1	Fees for services (nonemployees):				
а	Management				
b	Legal	90,943.		90,943.	
С	Accounting	48,193.		48,193.	
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.)	308,985.	165,461.	143,524.	
2	Advertising and promotion				
3	Office expenses	80,154.	57,832.	21,744.	578
4	Information technology				
5	Royalties				
6	Occupancy	803,901.	554,981.	246,693.	2,22
7	Travel	142,652.	142,652.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 055		14 054	4 = 0
9	Conferences, conventions, and meetings	23,055.	7,265.	14,251.	1,53
0	Interest	68,259.	64,034.	4,225.	
1	Payments to affiliates		400 606	TO 400	
2	Depreciation, depletion, and amortization	502,105.	423,606.	78,499.	
3	Insurance				

609,991.

463,839.

443,233.

19,965,653.

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Check here

24

а

b

С d е

25

26

CONSUMABLES

All other expenses

Other expenses. Itemize expenses not covered

PROGRAM CONTRACTS

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.)

MISCELLANEOUS EXPENSES

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

11 2023.04030 HOMEWARD BOUND, INC.

594,839.

463,616.

16,164,469.

76,764.

13,333.

355,135.

3,563,872.

223.

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Form 990 (2023) Part X Balance Sheet

πλ	Balance Sheet					
	Check if Schedule O contains a response or note	e to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			99,874.	1	29,284.
2	Savings and temporary cash investments			1,099,168.	2	713,171.
3	Pledges and grants receivable, net				3	-
4	Accounts receivable, net			1,588,262.	4	1,032,824.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		5	
6	Loans and other receivables from other disqualifi	fied pers	sons (as defined			
	under section 4958(f)(1)), and persons described	l in secti	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			8		
9			97,940.	9	160,336	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		15,343,965.			
b	Less: accumulated depreciation	10b	6,825,376.	6,106,368.	10c	8,518,589
11	Investments - publicly traded securities			809,771.	11	922,598
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			291,296.	15	404,732
16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	10,092,679.	16	11,781,534
17	Accounts payable and accrued expenses			1,074,591.	17	1,494,856
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			60.004	20	
21	Escrow or custodial account liability. Complete F			69,284.	21	0
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of thes	•		2,753,839.	22	5,037,573
23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·	4,155,059.	23	5,057,575
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	215,986.	05	121 015		
00	of Schedule D			4,113,700.	25 26	131,815
26	Total liabilities. Add lines 17 through 25			¥,113,700.	26	0,004,244
	Organizations that follow FASB ASC 958, check	ck nere				
07	and complete lines 27, 28, 32, and 33.			4,644,920.	07	3 791 151
27 28				1,334,059.	27 28	3,791,154. 1,326,136.
28	Net assets with donor restrictions		······	±,33±,039.	28	1,520,150

5,117,290.

29

30

31

32

33

5,978,979.

10,092,679.

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11,781,534.

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

HOMEWARD BOUND, INC.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Form	1990 (2023) HOMEWARD BOUND, INC.	41-1	L223085	Pag	_{ge} 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,103							
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,965							
3	Revenue less expenses. Subtract line 2 from line 1	3	-861							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,978	3,9T	<u>79.</u>					
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain 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	5,117	7,29	<u> </u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits									

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

T

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Nar	ne of	the organization		-					1 100000				
			WARD BOUND						1-1223085				
	art I	Reason for Public C					ee instruction	S.					
	organ	ization is not a private found											
1		A church, convention of chu	-			n 170(b)(1	l)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative					•						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,				
_		city, and state:											
5		An organization operated for		liege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov	•										
7		An organization that normal	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in				
~		section 170(b)(1)(A)(vi). (C											
8		A community trust describe			-								
9		An agricultural research org											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
40	X	university:		than 22 1/20/ of its sum	art from a	ontribution	a mambarab	n face and	d areas ressints from				
10													
		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.											
11		See section 509(a)(2). (Complete Part III.)											
12	\square	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 or	•	•	•			•	• •				
		lines 12a through 12d that	-										
á	a 🗆	Type I. A supporting orga						-	aivina				
		the supported organizatio	-	-	• • • •	-							
		organization. You must c			, ,								
t	b	Type II. A supporting orga			ion with it	s supporte	ed organization	n(s), by hav	ving				
		control or management of	-				•		-				
		organization(s). You mus											
c	: [Type III functionally inte	-		in connect	ion with, a	and functional	y integrate	d with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
c	1 L	Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .						
e	•	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.							
1	f Ente	er the number of supported o	organizations										
		vide the following information			(iv) is the even	ainstica listed							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see in	structions	support (see instructions)				
Tot	al												
101									1				

	(Complete only if you checke fails to qualify under the tests			0	on failed to qualify	under Part III. If the	organization
Se	ction A. Public Support	· · ·					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		(6) 2020	(0) 2021		(6) 2020	
•	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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	•	•		•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	rcentage			· · · · ·	
14	Public support percentage for 2023 (I	ine 6, column (f), c	livided by line 11,	column (f))			%
15	Public support percentage from 2022						%
16 a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			
k	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	is box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Parl	t VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported of	organization		
k	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a public	y supported organ	ization	
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	and see instruction:	s

Schedule A (Form 990) 2023

332022 12-21-23

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Schedule A	(Form 990) 2023	HOMEWARD	BOUND,	INC.	41-1223085	Page 2
Part II	Support Schedule f	or Organizatio	ns Describ	ed in Se	ections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	

HOMEWARD BOUND INC

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 gualify under the tests listed below, please complete Part II.)

Section A. Public Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 187,028 585,842. 3237431. 1122877. 250,283. 5383461. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 15716429.16853645.17498215.19914429.18715870.88698588. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 15903457.17439487.20735646.21037306.18966153.94082049. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 275,000. 5,180. 73,120. 1,020. 354,320. 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 020. 73,120. 275,000. 5,180 1 354 320 c Add lines 7a and 7b 93727729 Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (f) Total 17439487.20735646.21037306.18966153.94082049. 9 Amounts from line 6 15903457. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 28,967. 42,796. 34,928. 40,459. 31,868. 179,018. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 31,868. 28,967. 42,796. 34,928. 40,459. 179,018. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 15935325.17468454.20778442.21072234.19006612.94261067. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.43 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 99.42 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .19 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 .19 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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HOMEWARD BOUND, INC.

Yes No

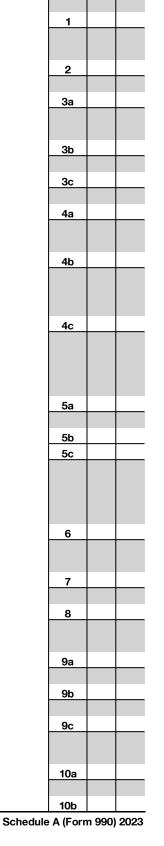
Part IV Supporting Organizations

(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")? // "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?
- 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2023.04030 HOMEWARD BOUND, INC.

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Schedule A	(Form 990) 2023	HOMEWARD	BOUND,
Part IV	Supporting	Organizations (continu	ed)

1

2

No

			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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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)			

INC.

	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
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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

	anization.
Section C. Type II Supporting Organiz	ations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D	All Typ	e III Supportin	g Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

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

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2023

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	edule A (Form 990) 2023 HOMEWARD BOUND, INC.		·	41-1223085 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

e Excess from 2023

Schedule A (Form 990) 2023

2

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations

HOMEWARD BOUND, INC.

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

3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

1

2

Current Year

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Part VI	(Form 990) 2023	HOHEWARD	BOUND,	INC.		41-1223085 Page 8
	Supplemental Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6 (See instructions.)	I nformation. Provide ines 1, 2, 3b, 3c, 4b, 4c, on D, lines 2 and 3; Part 5, and 8; and Part V, Sect	the explanation 5a, 6, 9a, 9b, IV, Section E, ion E, lines 2,	ons required by I 9c, 11a, 11b, an lines 1c, 2a, 2b, 5, and 6. Also c	Part II, line 10; Part II, li d 11c; Part IV, Section 3a, and 3b; Part V, line omplete this part for ar	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
	3					Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

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

2023

Employer identification number

41-1223085

Internal	Revenue	Service

F

E

F

(Form 990)

Name of the organization

Schedule B

Department of the Treasury

IOMEWARD	BOUND,	INC.

rganization type (check one):				
ilers of:	Section:			
orm 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			
orm 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

(a)

No.

(a)

No.

Employer identification number

HOMEWARD BOUND, INC.

41-1223085 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 8,550. Noncash X \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 25,000. Noncash \$

		- *	
		-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$ <u>34,254.</u>	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
4		\$10,000.	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
5		- \$ <u>16,832.</u>	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
<u>6</u> 323452 12-20	6-23	- \$\$6,697 -	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
220102 12-20	23		

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Schedule B (Form 990) (2023)

Name of organization

Part I (a) No.

7

(a) No.

8

Employer identification number

11_1003085

HOMEWARD BOUND, INC.

ARD BOUND, INC.		41-1223085
Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,42	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person X Pavroll

		\$9,829.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>50,000.</u>	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
10		\$ <u> </u>	Person X Payroll
(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.)

Schedule B (Form 990) (2023)

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24 2023.04030 HOMEWARD BOUND, INC.

11531014 131839 A490712

Name of or	rganization		Emplo	yer identification number
HOMEWA	ARD BOUND, INC.		41	-1223085
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	63 HANDMADE QUILTS	_		
		_ _ \$8,5	50.	03/21/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	BUILDING MATERIAL	_		
		\$6,6	97.	_07/15/23_
(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
		-		
		_ \$		

323453 12-26-23

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Schedule B (Form 990) (2023)

25 2023.04030 HOMEWARD BOUND, INC.

Schedule B (Form 990) (2023)

Page 3

Name of o	organization		Employer identification number
IOMEW	ARD BOUND, INC.		41-1223085
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 12-26	6-23	26	Schedule B (Form 990) (202

11531014 131839 A490712

2023.04030 HOMEWARD BOUND, INC. A4907121



		Supplement	L Eineneiel S	tatamanta		OMB No. 1545-0047
	SCHEDULE D Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					2022
(Forn	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					ZUZJ Open to Public
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
	ame of the organization Employer identification number					
Par	HOMEWARD BOUND, INC. 41-1223085					
Fai		n answered "Yes" on Form 990, Part IV, lin			count	5. Complete if the
		,,,,,	(a) Donor advise	ed funds (I	b) Funds	s and other accounts
1	Total number at er	nd of year		· · · · · · · · · · · · · · · · · · ·	,	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		eld in donor advised fund	s	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used or	ıly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for ar	ny other purpose conferri	ng	
Der	impermissible priv					Yes No
Par		ation Easements. Complete if the org			line 7.	
1		servation easements held by the organization	· · · · · ·	_		an automat law of anna
		n of land for public use (for example, recrea if natural habitat	tion or education)	Preservation of a histo Preservation of a certif		
		n of open space				
2		through 2d if the organization held a qualif	ied conservation contrib	nution in the form of a cor	servatio	on easement on the last
-	day of the tax year	. .				leid at the End of the Tax Year
а					2a	
b					2b	
с	-	vation easements on a certified historic stru			2c	
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006,			
	on a historic struct	ture listed in the National Register			2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or	terminated by the organiz	zation du	uring the tax
	year					
4		where property subject to conservation eas				
5	-	tion have a written policy regarding the per		tion, handling of		
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,		nd onforcing concervation		
6	Stall and voluntee	a nours devoted to monitoring, inspecting,	nanding of violations, a	nd enforcing conservation	I Casell	ients during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations. and er	nforcing conservation eas	ements	during the year
		3, 1 3,	5	5		5 5
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?				Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its reve	nue and expense stateme	ent and	
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's	s financial statements tha	t descri	bes the
Dar		ounting for conservation easements. ations Maintaining Collections of	Art Historical Tra	acuras or Othor Si	milor	Accoto
Fai		f the organization answered "Yes" on Form	•		iiiiar i	A33613.
10		elected, as permitted under FASB ASC 95		vanue atatament and hala		
Id	Ũ	easures, or other similar assets held for put	, ,			
		Part XIII the text of the footnote to its finar				IDIC
b	· •	elected, as permitted under FASB ASC 95			sheet w	vorks of
-	-	sures, or other similar assets held for public	-			
		ng amounts relating to these items.				
	•	ded on Form 990, Part VIII, line 1			\$	
		ed in Form 990, Part X				
2		received or held works of art, historical trea			orovide	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these	e items:		
а	Revenue included	on Form 990, Part VIII, line 1			\$	
b	Assets included in	Form 990, Part X			\$	
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023					

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		D BOUND, II		acuras or Ot		41-12 Accets			age 2
							(contin	ued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	ion, and other record	s, check any of the	e following that mak	e significant L	ISE OF ITS			
•	Public exhibition	d		chango program					
a h		e		change program					
b	Scholarly research Preservation for future generations	e							
с 4	Provide a description of the organization's c	olloctions and ovalair	a how thoy further	the organization's o	vompt purpor	o in Port	VIII		
- - 5	During the year, did the organization solicit c	-	•	-		se in Fait.	<u> </u>		
5	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		<u>u</u>						
	reported an amount on Form 990, Pa				on i oni 550,	r arc iv, m	10 0, 01		
1a	Is the organization an agent, trustee, custod		diary for contributio	ons or other assets i	not included				
	on Form 990, Part X?	•					Yes	X	No
b	If "Yes," explain the arrangement in Part XIII					·····			,
			ine thing take to				Amount	:	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F					X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.							X]
Par	t V Endowment Funds Complete it	f the organization and	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	•	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		_%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered fo	r the		ſ	Yes	N
	organization by:							res	No
	(i) Unrelated organizations?						3a(i)		
L							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza			<i>د</i>			3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		whient lunds.						
	Complete if the organization answere) Part IV line 11a	See Form 990 Part	X line 10				
	Description of property	(a) Cost or o			Accumulate		(d) Bool	cyclus	
	Description of property	basis (investr	• •	st or other (c s (other)	depreciation	^u	(u) B001	value	;
10	Land	`	,	86,814.			1,480	5.81	4.
	LandBuildings				,536,46		$\frac{1}{6}, \frac{1}{329}$		
	Leasehold improvements			89,407.	203,90			5,49	
					,312,12				
	d Equipment 1,796,884. 1,312,120. 484,764. e Other 905,034. 772,879. 132,155.								
	al. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 8,518,589.								
		<u>iquai i Unii 330, Fait</u>		יו אין		<u></u>		,	

Schedule D (Form 990) 2023

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Schedule D	(Form 990) 2023	HOMEWARD	BOUND,	INC.	
Part VII	Investments -	Other Securities	;		
	o				

Complete if the organization answered "Yes" on 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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X line 12 col (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

Part IX **Other Assets**

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

(a) Description	(b) Book value
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

2,988.
<u>2,988</u> 26,822
26 822
91,815.
131,815.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. X 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

Schedule D (Form 990) 2023

332053 09-28-23

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Sche	HOMEWARD BOUND, INC.		41-1223085 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		ises per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2 b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	'8 <u>.</u>)	
Pa	rt XIII Supplemental Information		

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

PART IV, LINE 2B:

HOMEWA	ARD	BOUND), INC.	IS	THE	TRUSTI	EE OF	VARIOU	IS RESI	DENTS '	FUNDS	AND 1	HAS	А
FIDUCI	LARY	RESE	ONSIBI	LITY	FOR	THE A	ADMIN:	ISTRATI	ON AND) DISTR	IBUTION	I OF '	THES	Е
FUNDS	FOF	THE	RESIDE	ITS	AND	THEIR	GUARI	DIANS.	THESE	FUNDS A	ARE ON	DEPO	SIT	IN
SEPAR	ATE	BANK	ACCOUNT	rs a	ND A	MOUNTI	ED TO	\$91,81	.5 AND	\$69,284	4 AT DE	CEMB	er 3	1,
2023 4	AND	2022,	RESPE	CTIV	ELY.			·						

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED EXEMPT STATUS RELATIVE TO FEDERAL AND

MINNESOTA CORPORATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE FEDERAL

INTERNAL REVENUE CODE AND APPLICABLE STATE CODES.

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Schedule D (Form 990) 2023	HOMEWARD BOUND,	INC.	41-1223085 Page 5
Part XIII Supplemental Infor	mation (continued)		
THE ORGANIZATION FOR	LLOWS THE ACCOUN	TING STANDARD FOR CONTING	ENCIES IN
EVALUATING UNCERTAI	N TAX POSITIONS.	THE ORGANIZATION'S INCOM	E TAX RETURNS
ARE SUBJECT TO REVI	EW AND EXAMINATI	ON BY FEDERAL, STATE, AND	LOCAL
AUTHORITIES. THE ORG	GANIZATION IS NO	T AWARE OF ANY ACTIVITIES	ТНАТ
WOULD JEOPARDIZE IT:	S TAX-EXEMPT STA	TUS. THE ORGANIZATION IS	NOT AWARE OF
ANY ACTIVITIES THAT	ARE SUBJECT TO	TAX ON UNRELATED BUSINESS	INCOME OR
EXCISE OR OTHER TAX	ES.		

Schedule D (Form 990) 2023

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332055 09-28-23

SCHEDULE I Grants and Other Assistance to Organizations,	OMB No. 1545-0047								
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2023								
Department of the Treasury Attach to Form 990.	Open to Public								
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization	Employer identification number								
HOMEWARD BOUND, INC.	41-1223085								
Part I General Information on Grants and Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assistance?2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	X Yes No								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on	Form 990. Part IV. line 21. for any								
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
	Description of (h) Purpose of grant or assistance								

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

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

HOMEWARD BOUND, INC.

41-1223085

Page 2

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

 Part III can be duplicated if additional space is needed.

(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					
EMPLOYEE TUITION REIMBURSEMENTS	47	34,375.	0.	N/A	N/A					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.						
PART I, LINE 2:	DDOCDAM	ALLOWG HOM								
THE EMPLOYEE EDUCATION SCHOLARSHIP USE DONATED DOLLARS TO REIMBURSE EN										
INTO A COLLEGE DEGREE PROGRAM WHERE										
ADVANCEMENT IN THE FIELD OF LONG-TH										
	BASED ON A FIRST-COME FIRST-SERVE BASIS AS LONG AS FUNDS ARE AVAILABLE. TO									
BE ELIGIBILE, THE INDIVIDUAL MUST:										
HOMEWARD BOUND; (2) STUDY IN THE FIELD OF LONG-TERM CARE; (3) MAINTAIN, AT										

A MINIMUM, A REGULAR SCHEDULE OF 20 HOURS PER PAY PERIOD; (4) HAVE TWO

Schedule I (Form 990) HOMEWARD BOUND, INC. Part IV Supplemental Information	41-1223085 Page 2
MONTHS OF EMPLOYMENT BEFORE THE DATE OF APPLICATION; (!	D) AFFIRMATIVELY
COOPERATE WITH AND COMPLETE THE REPORTING REQUIREMENTS	; (6) RECEIVE PRIOR
APPROVAL FROM THE HUMAN RESOURCES DEPARTMENT; AND (7) (COMPLETE THE COURSE
AND RECEIVE A "B" GRADE OR HIGHER. ON A PASS/FAIL GRAD	ING SYSTEM; ONE MUST
RECEIVE A PASS. IF ALL OF THE REQUIREMENTS ARE MET, RE	IMBURSEMENT OF \$100
PER CREDIT (MAXIMUM OF \$2,500 PER CALENDAR YEAR) MAY BI	E RECEIVED.
	Schedule I (Form 990)

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		
•		Compensated Employees		ZU	Ľ٦)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization			identificatio		mber
		HOMEWARD BOUND, INC.	41-1	L22308	5	
Ра	rt I Question	s Regarding Compensation				——
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	<u> </u>				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
	16					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if ar	w of the following the examination used to establish the compensation of the examination's				
3		y, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		tion of the CEO/Executive Director, but explain in Part III.	UTIO			
	X Compensation					
		ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
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 re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				x
c	•	eive payment from an equity-based compensation arrangement?				x
_		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	j					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the re					
а	The organization?					X
	Any related organiz					X
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
	Any related organiz					X
	If "Yes" on line 6a c	r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2023

LHA 332111 11-06-23

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Schedule J (Form 990) 2023

41-1223085

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WYCLIFFE WARA	(i)	186,271.	525.	0.	32,489.	5,076.	224,361.	0.
LPN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONALD PRIEBE	(i)	177,788.	25.	0.	13,005.	14,998.	205,816.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEROME OLASANMI	(i)	162,501.	400.	0.	27,786.	13,567.	204,254.	0.
LPN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STANLEY WOI	(i)	174,478.	275.	0.	13,146.	6,504.	194,403.	0.
LPN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD GETONTO	(i)	155,201.	2,350.	0.	15,311.	3,190.	176,052.	0.
LPN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LYDIA MOGAKA	(i)	156,111.	275.	0.	4,683.	0.	161,069.	0.
LPN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047 2023

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 3	30.
Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Department of the Treasury Internal Revenue Serv

30.	
	Open to Public Inspection
Employer	identification number

asury ice	Attach to Form Go to www.irs.gov/Form990 for instructio

	HOMEWARD BOUN	ND, INC	с.			41-1	1223	085	
Pa						•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	3	(d Method of c noncash contrib	etermin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		42,804	FA]	IR MARKE	r va	LUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	11,829	FA]	IR MARKE	r va	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (ASPHALT DRIVEWA)	Х	4	7,897	FA]	IR MARKE	r va	LUE	
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				0	
200	During the year did the organization receive by	contributio	n any proporty roo	orted in Dort I lines 1 three	ah 00	that it		Yes	No
30 a	During the year, did the organization receive by				-	uial Il			
	must hold for at least 3 years from the date of t			•			30a		x
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.						308		
	Does the organization have a gift acceptance p	olicy that ro	quires the review	of any nonstandard contribu	itions?)	31	х	
31	boes the organization have a gift acceptance p	oncy that re	quires the review (any nonstanuaru contribi	10015?		31	-11	

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

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

contributions?

Schedule M (Form 990) 2023

32a

LHA 332141 09-11-23

33

Х

_ _

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2023 HOMEWARD BOUND, INC. Part II Supplemental Information. Provide the information

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

39 2023.04030 HOMEWARD BOUND, INC. 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.



41-1223085

HOMEWARD BOUND, INC.

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

INCREASE SELF-RELIANCE AND ENHANCE QUALITY OF LIFE.

WE CURRENTLY OPERATE 22 RESIDENTIAL HOMES, AND AN IN-HOME PROGRAM. OUR

HOMES SPAN THE COMMUNITIES OF: BROOKLYN PARK, CRYSTAL, GOLDEN VALLEY,

HOPKINS, MAPLE GROVE, MINNETONKA, NEW HOPE, PLYMOUTH, ROBBINSDALE AND

ST. LOUIS PARK. WE CURRENTLY SERVE 91 PEOPLE, AGES 14-70+, FROM A

VARIETY OF RACES, RELIGIONS AND ETHNICITIES.

OUR MISSION: TO BE THE LEADING PROVIDER OF LIFE-ENRICHING SERVICES FOR

CHILDREN AND ADULTS WITH DISABILITIES.

WE ACHIEVE THIS BY CONTINUOUSLY IMPROVING THE QUALITY OF SUPPORT SERVICES. THE STAFF WORKS HARD TO MAKE SURE THAT REGARDLESS OF A PERSON'S DISABILITIES, THERE ARE WAYS TO PARTICIPATE AND ENJOY LIFE'S PLEASURES. WE STRIVE TO EXCEED THE EXPECTATIONS OF THE PEOPLE WE SERVE AND THEIR FAMILIES BY FINDING BETTER WAYS OF DELIVERING CARE, HOUSING AND PROGRAMMATIC SERVICES.

SERVICES WE PROVIDE:

*RESIDENTIAL HOUSING SUPPORT: SPECIALLY DESIGNED HOMES TO MEET THE NEEDS OF INDIVIDUALS WITH DISABILITIES. OUR WELL TRAINED SUPPORT PROFESSIONALS HELP CHILDREN AND ADULTS WITH DISABILITIES DEVELOP AND ACHIEVE GOALS IN ALL LIFE AREAS USING SOPHISTICATED PROGRAMMING. WE OFFER 24/7, 365 DAY SUPPORT IN ALL OUR HOMES.

 * EDUCATION AND OUTREACH: HOMEWARD BOUND REACHES OUT TO THE COMMUNITY

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

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AS A WHOLE THROUGH INFORMATIONAL SPEAKING EVENTS, COMMUNITY ACTIVITIES

AND PRESENTATIONS ABOUT DEVELOPMENT DISABILITIES TO EDUCATE THE PUBLIC

ABOUT DISABILITIES AND AVAILABLE SUPPORT PROGRAMS.

COMMUNITY ACTIVITIES WE OFFER:

HOMEWARD BOUND STRIVES TO CONNECT CHILDREN AND ADULTS OF ALL MENTAL AND

PHYSICAL ABILITIES TO THE ARTS, MUSIC, NATURE AND OTHER COMMUNITY

INVOLVEMENT ACTIVITIES.

*ART-ABILITIES: AN ART SHOW AT HENNEPIN COUNTY LIBRARY FEATURING

ARTWORK REPRESENTING OVER 6,500 MINNESOTANS WITH DISABILITIES. THIS

YEAR ARTWORK CREATED BY INDIVIDUALS AT HOMEWARD BOUND IS ON DISPLAY AT

RIDGEDALE LIBRARY IN OCTOBER.

*MADE IN THE SHADE: A NON-COMPETITIVE WALK, RUN OR ROLL EVENT AROUND

LAKE CALHOUN. HOMEWARD BOUND COORDINATES THIS EVENT WITH SIX OTHER

NONPROFITS WITH SIMILAR SERVICES TO CHILDREN AND ADULTS WITH

DISABILITIES. THIS IS A GREAT WAY FOR THE INDIVIDUALS IN OUR HOMES TO

GET OUT INTO THE COMMUNITY AND ENJOY A DAY OUTSIDE.

*HOMEWARD BOUND GOLF CLASSIC: 2023 WILL BE OUR 27TH ANNUAL GOLF EVENT, HELD AT MINNESOTA VALLEY COUNTRY CLUB IN BLOOMINGTON. MANY LARGE AREA CORPORATIONS SUPPORT THIS EVENT AND HAVE FORMED WONDERFUL PARTNERSHIPS WITH HOMEWARD BOUND.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS MAY DESIGNATE AN EXECUTIVE COMMITTEE COMPOSED OF THE

BOARD CHAIR, THE VICE-BOARD CHAIR, THE SECRETARY AND THE TREASURER AND ANY

OTHER DIRECTORS AS THE BOARD MAY DETERMINE FROM TIME TO TIME. THE EXECUTIVE

COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE

MANAGEMENT OF THE BUSINESS OF	THE CORPORATION IN THE INTERVAL	BETWEEN
332212 11-14-23		Schedule O (Form 990) 2023
	41	
.531014 131839 A490712	2023.04030 HOMEWARD BOUND,	INC. A4907122

Name of the organization	Employer identification number
HOMEWARD BOUND, INC.	41-1223085
MEETINGS OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE COM	MITTEE SHALL AT
ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE	BOARD OF
DIRECTORS.	
FORM 990, PART VI. SECTION B. LINE 11B:	
	ERTY REVIEWS THE
BEFORE FORM 990 IS FILED THE DIRECTOR OF FINANCE AND PROP	ERTY REVIEWS THE ECTORS. WE

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

THE ORGANIZATION HAS IN PLACE A POLICY ON CONFLICT OF INTEREST, AS WELL AS A PROCEDURE FOR THE IMPLEMENTATION. THE POLICY COVERS MEMBERS OF THE HOMEWARD BOUND BOARD OF DIRECTORS, THE HOMEWARD BOUND FOUNDATION'S BOARD OF DIRECTORS, HOMEWARD BOUND EMPLOYEES AND VOLUNTEERS. THOSE COVERED ARE 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 332212 11-14-23 42

2023.04030 HOMEWARD BOUND, INC.

Schedule O (Form 990) 2023	Page 2
Name of the organization HOMEWARD BOUND, INC.	Employer identification number 41-1223085
INTERESTED MEMBER, EVEN IF THE DISINTERESTED MEMBERS ARE L	ESS THAN A
QUORUM, PROVIDING THAT AT LEAST ONE CONSENTING MEMBER IS D	ISINTERESTED. A
MEMBER OF ONE OF THE BOARDS WHO IS FORMALLY CONSIDERING EM	PLOYMENT WITH
HOMEWARD BOUND OR THE FOUNDATION WILL SUBMIT A WRITTEN REQU	UEST 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.

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

CEO COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WHO EVALUATES CEO PERFORMANCE BASED ON ESTABLISHED GOALS. COMPENSATION IS THEN BASED ON PERSONAL PERFORMANCE, FINANCIAL PERFORMANCE WITHIN THE INDUSTRY, THE CEO'S PERFORMANCE AND GEOGRAPHIC COMPENSATION COMPARISONS. THE CEO'S COMPENSATION IS DOCUMENTED ANNUALLY IN THE MINUTES OF THE EXECUTIVE COMMITTEE.

OTHER TOP MANAGEMENT OFFICIALS 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, INCLUDING: MINNESOTA COUNCIL ON NONPROFITS, TCS, ERI, ROBERT HALF.

CEO IS RESPONSIBLE FOR SETTING WAGES FOR KEY EMPLOYEES WITH APPROVAL FROM THE BOARD OF DIRECTORS.

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

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Schedule O (Form 990) 2023

Name of the organization

Employer identification number 41 - 1223085

HOMEWARD BOUND, INC.

THE ORGANIZATION'S GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY

DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE 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 O (Form 990) 2023

332212 11-14-23

332161 09-28-23 LHA

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

Department of the Treasury Internal Revenue Service

Name of the organization

HOMEWARD BOUND, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		(g) Section 512(b)(13) controlled	
of related organization		foreign country)	section	status (if section	entity	ent	tity?	
				501(c)(3))		Yes	No	
HOMEWARD BOUND FOUNDATION - 41-1773223	MANAGE FUNDRAISING							
12805 HIGHWAY 55, SUITE 400	ACTIVITIES FOR HOMEWARD				HOMEWARD BOUND,			
PLYMOUTH, MN 55441	BOUND, INC.	MINNESOTA	501(C)(3)	LINE 12A, I	INC.	X		

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

Schedule R (Form 990) 2023

2023 Open to Public Inspection

Employer identification number 41 - 1223085

Schedule R (Form 990) 2023 HOMEWARD BOUND, INC.

41-1223085 Page 2

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

										-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	partn	^{il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	-										
]										

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	(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	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	-								
	-								
	_								
									<u> </u>

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	Х	
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		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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Schedule R (Form 990) 2023 HOMEWARD BOUND, INC.

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)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501((c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
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HOMEWARD BOUND, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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