PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning AUG 1, 2022 and ending JUL Check if applicable: C Name of organization D Employer identification number Address change HOME PLANET FUND Name change 87-2269671 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 805-256-8660 259 W SANTA CLARA STREET 20,358,089. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return VENTURA, CA 93001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DILAFRUZ KHONIKBOYEVA Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HOMEPLANETFUND.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2021 M State of legal domicile: DE Trust Part I Summary Briefly describe the organization's mission or most significant activities: SAVE OUR HOME PLANET BY Activities & Governance HARNESSING THE POWER OF COMMUNITY (SEE SCHEDULE O) 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 0. 20,045,000. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. 313,089. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 20,358,089 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 3,080,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 517,607. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 546,894. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 4,144,501. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,213,588. 0. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 0. 18,993,364. Total assets (Part X, line 16) 2,779,776 0. 21 Total liabilities (Part X, line 26) 三年 16,213,588 0. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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. Signature of officer Date Sign DILAFRUZ KHONIKBOYEVA, EXECUTIVE DIRECTOR/ACTING TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 06/14/24 P00545829 LAUREN A. HAVERLOCK LAUREN A. HAVERLOCK Paid self-employed Firm's EIN 91-0189318MOSS ADAMS LLP Preparer Firm's name Firm's address 225 S LAKE AVE., SUITE 900 Use Only Phone no. 310 - 477 - 0450PASADENA, CA 91101 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	1 990 (2022) HOME PLANET FUND	87-2269671	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO SAVE OUR HOME PLANET BY HARNESSING THE POWER OF COMMUN	NITY AND	
	BUSINESS TO ADVANCE NATURE-BASED SOLUTIONS TO END THE CL:		•
			<u>-</u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		□v _{**}	X No
	prior Form 990 or 990-EZ?	L Yes	A NO
_	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,421,577. including grants of \$3,080,000.) (Revenue)
	HPF'S PRIMARY ACTIVITY WILL BE TARGETED GRANTMAKING AND I	MOBILIZATION	OF
	PUBLIC SUPPORT TO CHAMPION AND FUND THE NATURE-BASED SOLU	UTIONS THAT	
	WORK.		
4b	(Code:) (Expenses \$) (Revenue)	ue \$)
_			```
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	.e \$)
	Other pregram conjuges (Deceribe on Cabadida O.)		
4d	Other program services (Describe on Schedule O.)	,	
_	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}}\) (Revenue \$\text{Revenue \$})	
<u>4e</u>	Total program service expenses 3,421,577.		00 (000=1)
		⊦orm ¥	90 (2022)

Form 990 (2022) HOME PLANET FUND 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ _{3,7}
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	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	– "		
.0		12		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2022)

Part IV	Checklist of Required Schedules	(continued)
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	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			37
	"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		├^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more trial \$25,000 in non-cash contributions? If "yes," complete Schedule IVI Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
50		38	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2a Enter the number of employees reported on Form W-3, Transmittal filled for the calendar year ending with or within the year covered by b if at least one is reported on line 2a, did the organization file all requipations. It is a second to be in the organization have unrelated business gross income of \$1,0 b if "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, p and the organization have unrelated business gross income of \$1,0 b if "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, p and the organization have an infinancial account in a foreign country (such as a bank account, see instructions for filing requirements for FinCEN Form 114, Repose if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Repose if "Yes," to line 5a or 5b, did the organization that it was or is a party or if "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
filed for the calendar year ending with or within the year covered by if at least one is reported on line 2a, did the organization file all required. Join the organization have unrelated business gross income of \$1,0 b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, properties of the organization have an infinancial account in a foreign country (such as a bank account, see instructions for filing requirements for FinCEN Form 114, Repose instructions for filing requirements for FinCEN Form 114, Repose Was the organization a party to a prohibited tax shelter transaction bid any taxable party notify the organization file Form 8886-T7. Does the organization have annual gross receipts that are normally any contributions that were not tax deductible as charitable contributions that were not tax deductible as charitable contributions that were not tax deductible contributions under a bid the organization receive a payment in excess of \$75 made partly as a cobif "Yes," did the organization notify the donor of the value of the go to bid the organization receive any funds, directly or indirectly, to pay fold the organization received a contribution of qualified intellectual problems of the organization received a contribution of qualified intellectual problems of the organization received a contribution of cars, boats, airplanes, sponsoring organization maintaining donor advised funds. Did sponsoring organization have excess business holdings at any time sponsoring organization make any atxable distributions und bid the sponsoring organization make as a distribution to a donor, dor to Section 501(c)(T2) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources. (Do not net amounts due or received from them.) Section 501(c)(12) organizations. Enter: Gross income from other sources. (Do not net amounts due or paid amounts due or received from them.) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organi				_
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excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section		14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section				
16 Is the organization an educational institution subject to the section		15		X
· · · · · · · · · · · · · · · · · · ·				
If "Yes," complete Form 4720, Schedule O.	4968 excise tax on net investment income?	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified	d or other person engage in any activities			
that would result in the imposition of an excise tax under section 49	951, 4952 or 4953?	17		

Form **990** (2022) 232005 12-13-22

If "Yes," complete Form 6069.

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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DILAFRUZ KHONIKBOYEVA - 805-256-8660

Form **990** (2022)

VENTURA, CA

259 W SANTA CLARA STREET,

93001

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

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	cer an	id a d	irecto	tor/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tn	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DILAFRUZ KHONIKBOYEVA	40.00	_	_			1 0				
EXEC. DIRECTOR/ACTING TREASURER				Х				137,017.	0.	577.
(2) KARLA BROLLIER (AS OF 6/23)	40.00									
DIRECTOR OF OPERATIONS AND IMPACT				Х				0.	0.	0.
(3) MASEGO MADZWAMUSE	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(4) ALEJANDRO ARGUMEDO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) SANJAY JOSHIE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) AYISHA SIDDIQA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) LISA PIKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2022)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iHi</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(-1-		Pos	itior			Reportable	Reportable	ا د	Es	stimate	ed
	hours per	box	, unle	ss per	rson i	than	h an	compensation	compensation		l .	nount	
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	d		other	
	(list any	ector						the	organization		l	pensa	
	hours for	or dir	9			ated		organization	(W-2/1099-MIS		l .	om the	
	related organizations	ıstee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC))	ı -	anizati	
	below	nal tru	ional		ploye	le e		1099-NEC)			l .	d relati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	SIIC
	'	드	드	0	ž	王高	프						
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4. 0								137,017.		0.			77.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								137,017.		0.		5'	77.
d Total (add lines 1b and 1c)								•	000 of reportable		<u> </u>		<i>, ,</i> •
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ac	oove	e) wr	io re	eceived more than \$100,	OUU of reportable	9			1
compensation from the organization												Yes	No
Did the organization list any former officer.	director truct	00 1		mnl	0.40		hia	hast componented amp	lavos on	1		100	110
3	•		•	•	•		_	•	•		3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
											4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											_		
rendered to the organization? If "Yes." com	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scrieduit	2 J 10	or st	ICII Į	oers	SOII							
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of com	nensa ²	tion fro	nm	
the organization. Report compensation for										perioa		J	
(A)	trio dalcridar y	Jui C	, i i dii	19 W	1011	O1 VVI		(B)	cur.		(0	<u>.,</u>	
Name and business	address	NO	ONE	3				Description of s	ervices	С	Compe		n
							1						
2 Total number of independent contractors (i	ncludina but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organi)		,					

Form **990** (2022)

87-2269671

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Forderestand community and					
nts Ints		Federated campaigns 1a					
Gra		Membership dues 1b					
is,		Fundraising events 1c					
a Gif	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)					
ion	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	20,045,000.				
Öţ	g	Noncash contributions included in lines 1a-1f					
Sor	h	Total. Add lines 1a-1f		20,045,000.			
			Business Code				
σ.	2 a						
Š	2 b						
er ue							
n S	C						
an Be	d						
Program Service Revenue	е						
۵		All other program service revenue					
_	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		313,089.			313,089.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	areas arream name areas ar	(ii) Other				
		assets other than inventory 7a					
-	b	Less: cost or other basis					
an		and sales expenses					
ther Revenue	С	Gain or (loss) 7c					
æ	d	Net gain or (loss)	T				
þe	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	h	Less: direct expenses 9b					
		Not be a second of the second					
		Gross sales of inventory, less returns					
	10 a	• • • • • • • • • • • • • • • • • • • •					
		and allowances 10a					
		Less: cost of goods sold	•				
$\overline{}$	С	Net income or (loss) from sales of inventory					
Ø			Business Code				
oc e	11 a						
ane	b						
Miscellaneous Revenue	С						
/lisk B	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		20,358,089.	0.	0.	313,089.
				· · ·			

Form **990** (2022) 232009 12-13-22

Form 990 (2022) HOME PLANET FU Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		•		•					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	3,080,000.	3,080,000.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	517,607.	284,684.	207,043.	25,880.					
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									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b	Legal	67,053.		67,053.						
С	Accounting	43,541.		43,541.						
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,	222 472		00 010	222 660					
	column (A), amount, list line 11g expenses on Sch O.)	332,472.		99,812.	232,660.					
12	Advertising and promotion	24 520		12,421.	22 110					
13	Office expenses	34,539. 24,873.	24,873.	12,421.	22,118.					
14	Information technology	24,073.	24,073.							
15	Royalties	3,090.	3,090.							
16	Occupancy	30,277.	22,545.	7,732.						
17 18	Travel Payments of travel or entertainment expenses	30,277	22,343.	7,752.						
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	450.	450.							
20	Interest	-555								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	4,664.		4,664.						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule O.)									
а	BUSINESS LICENSES & PER	5,425.	5,425.							
b	BANK SERVICE CHARGES	510.	510.							
С										
d										
	All other expenses	/ 1// EO1	2 / 21 [77	112 266	200 650					
25	Total functional expenses. Add lines 1 through 24e	4,144,501.	3,421,577.	442,266.	280,658.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									
	II IOIIOWING SOP 98-2 (ASC 938-720)				5 000 (2222)					

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Part X	Balance Sneet				
	Check if Schedule O contains a response or	note to any line in this Part X		······································	
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		0.	1	3,628,050
2			0.	2	15,313,088
3	Pledges and grants receivable, net			3	
4			0.	4	22,457
5					
	trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
	controlled entity or family member of any of t	hese persons		5	
6	Loans and other receivables from other disqu	ualified persons (as defined			
	under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
န 7	Notes and loans receivable, net			7	
Assets	Inventories for sale or use			8	
₹ 9	Prepaid expenses and deferred charges		0.	9	29,769
10	a Land, buildings, and equipment: cost or other	er			
	basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation			10c	
11	. , ,			11	
12	Investments - other securities. See Part IV, lir	ne 11		12	
13	Investments - program-related. See Part IV, li	ne 11		13	
14				14	
15	Other assets. See Part IV, line 11			15	10 000 004
16	9 ,		0.	16	18,993,364
17	. ,			17	279,776
18				18	2,500,000
19				19	
20	1			20	
21	, ,			21	
_{တို} 22	. ,				
≣	trustee, key employee, creator or founder, su				
Liabilities	controlled entity or family member of any of t			22	
23				23	
24	1			24	
25	,	· ·			
	parties, and other liabilities not included on li	nes 17-24). Complete Part X			
	of Schedule D		0.	25	2 770 776
26			0.	26	2,779,776
ဖွ	Organizations that follow FASB ASC 958, o	cneck nere A			
ğ 37	and complete lines 27, 28, 32, and 33.			27	16,213,588
<u>a</u> 27					10,213,300
<u>හි</u> 28 පි	***************************************			28	
들	Organizations that do not follow FASB ASC and complete lines 29 through 33.	C 956, Clieck liefe			
চ ১ 29		nds		29	
30 Sets	,			30	
88 30 8 31				31	
Net Assets or Fund Balances 22 28 29 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35			0.	32	16,213,588
			0.	33	18,993,364
33	Total liabilities and net assets/fund balances		0.	აა	Form 990 (20)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,14		
3	Revenue less expenses. Subtract line 2 from line 1	3	16,21	<u>.3,5</u>	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
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	16,21	.3,5	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	edule O.			
За	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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n 990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

OMB No. 1545-0047

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

Inspection
Employer identification number

HOME PLANET FUND 87-2269671 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					20045000.	20045000.
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					20045000.	20045000.
	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.						20045000.
	tion B. Total Support						200130001
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(3) 2010	(6) 2020	(4) 2021	20045000.	20045000.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					313 089.	313,089.
0	Net income from unrelated business					313,003.	313,003.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20358089.
	Total support. Add lines 7 through 10					40	<u> </u> <u>20330003.</u>
	Gross receipts from related activities,	· ·				[12]	
13	First 5 years. If the Form 990 is for the	•				. , . ,	X
<u>Sac</u>	organization, check this box and stop tion C. Computation of Publi		_				A
	Public support percentage for 2022 (li			oolumn (fl)		14	0,4
						15	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the contract of the contra						<u>%</u>
Ioa		-					
L	stop here. The organization qualifies		-			/ or more about th	
D	33 1/3% support test - 2021. If the condition and step here. The expenientian quality						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					_	
	meets the facts-and-circumstances te	-		* '	-	47- and line 45 in	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, check this box		S

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

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

Sec	etion A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not 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						
	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	` '		, ,	, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (li	, ,,,		.,,		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•					147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from 2			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	nox on line 14 19	a or 19h check th	ns hox and see in	structions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
01 .		
9b		
9с		
-		
10a		
461		
10b	n 990)	2022

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	_{il in} Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ctors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	ervised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
		·		Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
		r		Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A -4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NIa
2		vities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		the organization was responsive to those supported organizations, and now the organization determined these activities constituted substantially all of its activities.	2a		
h		these activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
.,		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		s supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_	_	_

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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):			
а	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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HOME PLANET FUND

Employer identification number 87-2269671

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	d in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribute	tion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and no	t on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	l enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
•			of o o object 470/b\/4\/D	\/:\
8	Does each conservation easement reported on line 2(d) above	•		
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio		·	
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	ote to the organization's i	manciai statements tr	at describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Trea	sures. or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 958		nue statement and hal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	·		nice of public
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public	·		
	provide the following amounts relating to these items:	extribition, education, or	escaron in fartherane	e or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS			p. 5 . 140
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

	t III Organizations Maintaining Co		t. Histo	orical Tre	asures. o	r Othe	r Sin			Conti		age 🚄
3	Using the organization's acquisition, accessio									COITUI	iueu)	
3	collection items (check all that apply):	ii, and other records	s, crieck	ally of the i	ioliowing tha	t make s	ngriine	ant us	oc or its			
_	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			l aan ar ava	hanaa neaae							
a	Public exhibition	d			hange progra							
b	Scholarly research	е		Other								
C	Preservation for future generations	la aktawa awal awalata		6 41 41-					. in Deat	N/III		
4	Provide a description of the organization's col								e in Part	XIII.		
5	During the year, did the organization solicit or									٦.,		٦
Dai	to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be main to be main to be sold to raise funds rather than to be main to be ma									Yes		<u>No</u>
ı aı	reported an amount on Form 990, Part		ete ii the	organizatio	n answered	Yes or	1 Form	1 990,	Part IV, I	ine 9, or		
10	•	•	ion, for a	ontribution	o or other ser	ooto not	inoluc	dod.				
ıa	Is the organization an agent, trustee, custodia									7 ٧		l Na
	on Form 990, Part X?								∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	na complete the fol	iowing to	able:			Г			Amoun	+	
_	Designing belongs						F	4-		Amoun		
C	Beginning balance						·· ⊢	1c				
	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f		7 ٧	$\overline{}$	7
	Did the organization include an amount on Fo						-			Yes	H	」No □
	If "Yes," explain the arrangement in Part XIII. (TV Endowment Funds. Complete if											
ı aı	Endowment Funds: Complete II	(a) Current year		rior year	(c) Two yea			nraa va	ars back	(e) Fou	r veare	hack
4.	Parimina of war halana	(a) Ourrent year	(6)	noi yeai	(C) TWO year	II S DACK	(u) 11	noo yo	ars back	(e) i ou	yours	Dack
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 curre	•	e (line 1g	g, column (a))) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Term endowment9	-										
	The percentages on lines 2a, 2b, and 2c shou	•										
3a	Are there endowment funds not in the posses	sion of the organiza	tion that	t are held ar	nd administe	red for th	ne			ĺ	7.	
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat									3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.								
Pai	t VI Land, Buildings, and Equipme							_				
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990), Part X,	, line 1	0.				
	Description of property	(a) Cost or o			or other		Accum		d	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	precia	ation	\perp			
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
е	Other											
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990 Part	X colum	n (R) line 1	00)							0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOME PLANET Part VII Investments - Other Securities.			-2269671 Page
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-vear 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
· · ·	Description		(b) Dook value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	70.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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

Schedule D (Form 990) 2022

(8) (9)

20,

5

358,089

Sche	edule D (Form 990) 2022 HOME PLANET FUND		87-	2269671	Page
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements		1	20,358	,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0
3	Subtract line 2e from line 1		3	20,358,	,089
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			

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	4,144,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,144,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,144,501.
Da	t VIII Cupplemental Information			

| Part 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 X, LINE 2:

c Add lines 4a and 4b

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS.

THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JULY 31, 2023, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE OR ACCRUAL.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOME PLANET FUND	87-2269671 Page 5
Schedule D (Form 990) 2022 HOME PLANET FUND Part XIII Supplemental Information (continued)	·
(Sommon)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** HOME PLANET FUND 87-2269671 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV	/ line 14h		orde and ormical ordinary	ete ii tile organization answered	res on
		maintain record	ds to substantiate the amount of its gra	ants and other assistance.	
=	-		the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	0	LOCATED IN THE REGION	N/A	1,000,000.
RUSSIA AND			GRANTS TO RECIPIENTS		
NEIGHBORING STATES	0	0	LOCATED IN THE REGION	N/A	80,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	2,000,000.
SUB-BARAKAN AFRICA		0	LOCATED IN THE REGION	N/A	2,000,000.
RUSSIA AND		1	INDEPENDENT CONTRACTOR FOR	AT / 2	2 200
NEIGHBORING STATES	0	1	GRAPHIC DESIGN SERVICES	N/A	2,200.
3 a Subtotal	0	1			3,082,200.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			3,082,200.

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

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL AND PROJECT					
		EAST ASIA AND THE	SUPPORT FOR CLIMATE					
		PACIFIC	CHANGE SOLUTIONS	1000000.		0.		
			GENERAL AND PROJECT					
		NEIGHBORING	SUPPORT FOR CLIMATE					
		STATES	CHANGE SOLUTIONS	80,000.		0.		
			CENEDAL AND DOCTOR					
			GENERAL AND PROJECT					
			SUPPORT FOR CLIMATE					
		AFRICA	CHANGE SOLUTIONS	2000000.		0.		
			recognized as charities by the f					_
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	>		3

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

THE ORGANIZATION MAKES GRANTS EXCLUSIVELY FOR CHARITABLE PURPOSES. THE
ORGANIZATION GENERALLY REQUIRES EVERY POTENTIAL GRANTEE TO PROVIDE A
GRANT PROPOSAL PROVIDING DETAILS REGARDING THE GRANTEE, ITS PROPOSED USE
OF THE REQUESTED FUNDS, AND OTHER INFORMATION RELEVANT TO THE
ORGANIZATION'S EVALUATION OF THE POTENTIAL GRANT. THE ORGANIZATION
ENGAGES IN ADDITIONAL DUE DILIGENCE, WHICH MAY INCLUDE A SITE VISIT AND
ENSURING OTHER LEGAL COMPLIANCE. WITH LIMITED EXCEPTIONS FOR CERTAIN
GRANTS TO SECTION 501(C)(3) ORGANIZATIONS, THE ORGANIZATION ENTERS INTO
WRITTEN GRANT AGREEMENTS WITH ALL OF ITS GRANTEES, THE TERMS OF WHICH
REQUIRE THE GRANTEE BOTH TO USE THE FUNDS EXCLUSIVELY FOR CHARITABLE
PURPOSES AND TO RETURN ANY FUNDS NOT USED FOR SUCH PURPOSES OR IN
INSTANCES OF NONCOMPLIANCE, AND ALSO TO PROVIDE REPORTING ON THE USE OF
GRANT FUNDS, COMPLIANCE WITH GRANT TERMS AND THE PROGRESS MADE BY THE
GRANTEE IN FURTHERING THE CHARITABLE PURPOSES OF THE GRANT. THE
ORGANIZATION MAINTAINS PRINTED AND ELECTRONIC FILES ON EVERY GRANT THAT
INCLUDE THE INFORMATION ABOVE. AT THE TIME OF FILING THIS RETURN, THE
ORGANIZATION'S BOARD HAS ADOPTED WRITTEN GRANTMAKING PROCEDURES THAT
REFLECT THE INFORMATION ABOVE AND MAINTAINS ALL GRANT DOCUMENTS IN
ACCORDANCE WITH ITS BOARD-APPROVED DOCUMENT RETENTION POLICY.

Schedule F (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOME PLANET FUND

Employer identification number 87-2269671

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

AND BUSINESS TO ADVANCE NATURE-BASED SOLUTIONS TO END THE CLIMATE

CRISIS.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF HPF IS ZZYZX FOUNDATION, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS ONE MEMBERSHIP CLASS MADE UP OF THE SOLE MEMBER. THE

SOLE MEMBER ANNUALLY APPOINTS THE BOARD OF DIRECTORS AND HAS THE ABILITY TO

ADD OR REMOVE BOARD OF DIRECTORS. IN THE EVENT OF A BOARD VACANCY, THE

POSITION MAY BE FILLED BY THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION HAS ONE MEMBERSHIP CLASS MADE UP OF THE SOLE MEMBER. EACH
MEMBER HAS ONE VOTE AT A MEETING OF MEMBERS. THE APPROVAL OR CONSENT OF THE
SOLE MEMBER IS REQUIRED FOR THE FOLLOWING ACTIONS EXCEPT TO THE EXTENT
OTHERWISE PROVIDED IN THE ORGANIZATION'S CHARTER OR BYLAWS: ELECTION OF
OTHER MEMBERS AND OF DIRECTORS; ADDITION OR REMOVAL OF DIRECTORS; APPROVAL
OF A MERGER, CONSOLIDATION, DISSOLUTION, OR TRANSFER OF SUBSTANTIALLY ALL
OF THE ASSETS; ANY AMENDMENT OF THE GOVERNING DOCUMENTS; AND ON SUCH OTHER
MATTERS AS THE BOARD MAY DETERMINE FROM TIME TO TIME. THE SOLE MEMBER WILL
VOTE WHEN DETERMINING ANY ACTION OR BUSINESS REQUIRED BY LAW TO HAVE A VOTE
OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization HOME PLANET FUND

Employer identification number 87-2269671

THE DIRECTOR OF OPERATIONS AND IMPACT REVIEWS THE COMPLETED FORM 990

INTERNALLY FOR HOME PLANET FUND. HOME PLANET FUND PROVIDES A COMPLETED FORM

990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE FORM 990 PRIOR

TO FILING. THE ACTING TREASURER SIGNS OFF FOR THE BOARD.

FORM 990, PART VI, SECTION B, LINE 13:

AT THE TIMING OF FILING THIS RETURN, THE ORGANIZATION'S BOARD HAS ADOPTED A WRITTEN WHISTLEBLOWER POLICY.

FORM 990, PART VI, SECTION B, LINE 14:

AT THE TIME OF FILING THIS RETURN, THE ORGANIZATION'S BOARD HAS ADOPTED A WRITTEN DOCUMENT RETENTION POLICY.

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

EACH DIRECTOR, OFFICER, AND EXECUTIVE SHALL ANNUALLY SIGN A DISCLOSURE

STATEMENT WHICH AFFIRMS: (1) THEY HAVE RECEIVED A COPY OF THE CONFLICTS OF

INTEREST POLICY AND PROCEDURES; (2) THEY HAVE AGREED TO COMPLY WITH THE

POLICY; (3) THEY HAVE DISCLOSED ALL FINANCIAL TRANSACTIONS OF HOME PLANET

FUND IN WHICH THEY MIGHT HAVE A FINANCIAL BENEFIT; AND (4) THEY WILL NOTIFY

THE CHAIR IF THEY BECOME AWARE OF ANY ERROR OR MATERIAL CHANGE IN THE

INFORMATION PROVIDED IN THEIR ANNUAL STATEMENT.

EACH MEMBER OF THE BOARD (EACH, A "DIRECTOR") OR ANY COMMITTEE OF THE BOARD

IS EXPECTED TO USE GOOD JUDGMENT, TO ADHERE TO HIGH ETHICAL STANDARDS, AND

TO CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR

POTENTIAL CONFLICT BETWEEN THE DIRECTOR'S PERSONAL INTERESTS OR THE

INTERESTS OF ANOTHER ENTITY, ON THE ONE HAND, AND THE INTERESTS OF HOME

Schedule O (Form 990) 2022 Page 2

Name of the organization HOME PLANET FUND

Employer identification number 87-2269671

PLANET FUND ON THE OTHER HAND. BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTEREST SHOULD BE AVOIDED.

TRANSACTIONS THAT PROVIDE FINANCIAL BENEFIT OR COMPENSATION TO DIRECTORS,

OFFICERS, OR EXECUTIVE ARE NOT FORBIDDEN BY THE CONFLICT OF INTEREST

POLICY. RATHER SUCH TRANSACTIONS MUST BE DISCLOSED AND REVIEWED AND

APPROVED BY THE BOARD OR A BOARD COMMITTEE. A DIRECTOR, OFFICER, OR

EXECUTIVE MUST DISCLOSE TO THE CHAIR THE EXISTENCE OF A FINANCIAL BENEFIT

THAT MIGHT RESULT FROM ANY PROPOSED FINANCIAL TRANSACTION INVOLVING HOME

PLANET FUND. THE BOARD MAY CREATE A CONFLICTS COMMITTEE AUTHORIZED TO

REVIEW TRANSACTIONS AND TO DETERMINE CONFLICTS OF INTEREST WHERE RELIANCE

ON A COMMITTEE IS PERMITTED BY LAW AND HPF'S BYLAWS. THE MEMBERS OF SUCH

CONFLICTS COMMITTEE MUST CONSIST EXCLUSIVELY OF DIRECTORS WHO ARE NOT

RELATED TO OR SUBJECT TO THE CONTROL OF THE PERSON DISCLOSING THE FINANCIAL

INTEREST OR POTENTIAL CONFLICT. NEVERTHELESS, FINAL RESPONSIBILITY FOR

IDENTIFYING AND RESOLVING CONFLICTS OF INTEREST RESTS ON THE BOARD.

WHEN A DIRECTORS, OFFICER, EXECUTIVE AND THEIR FAMILY MEMBERS HAS A

CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED

TRANSACTION, THE DIRECTOR, OFFICER OR EXECUTIVE SHALL: DISCLOSE SUCH

AFFILIATION OR ARRANGEMENT IN ACCORDANCE WITH THIS POLICY; AND, UNLESS

OTHERWISE DETERMINED BY THE BOARD, RECUSE THEMSELVES FROM ANY DISCUSSION OR

VOTE BY THE BOARD REGARDING ANY ARRANGEMENT BETWEEN HOME PLANET FUND AND

ANY SUCH ENTITY; PROVIDED, HOWEVER, THAT THE DIRECTOR, OFFICER OR EXECUTIVE

MAY, AT THE REQUEST OF THE BOARD, ANSWER QUESTIONS OR PROVIDE ADDITIONAL

INFORMATION TO THE BOARD REGARDING ANY SUCH AFFILIATION OR ARRANGEMENT.

THE BOARD OR COMMITTEE'S REVIEW OF ANY CONFLICT OF INTEREST TRANSACTION

Schedule O (Form 990) 2022 Page **2**

Name of the organization HOME PLANET FUND

Employer identification number 87-2269671

WILL REQUIRE INVESTIGATING AND GATHERING INFORMATION AND DATA ON COMPARABLE TRANSACTIONS OR COMPENSATION ARRANGEMENTS AND/OR FAIR MARKET VALUE, AND DEVELOPING A REPORT THAT ADEQUATELY DOCUMENTS THE BASIS FOR THE BOARD OR THE BOARD OR COMMITTEE MAY APPROVE COMMITTEE'S FINDINGS AND DETERMINATION. A FINANCIAL TRANSACTION THAT PROVIDES A FINANCIAL BENEFIT TO A DIRECTOR, OFFICER, OR EXECUTIVE ONLY IF IT DETERMINES, UPON REVIEW OF THE FACTS AND RESULTS OF ITS INVESTIGATION, THAT THE VALUE OF THE FINANCIAL BENEFIT DOES NOT EXCEED THE VALUE RECEIVED BY THE ORGANIZATION. FOR ANY MATTER IN WHICH A DIRECTOR RECEIVES A FINANCIAL BENEFIT, THE FOLLOWING ADDITIONAL PROCEDURES AND FINDINGS ARE REQUIRED BEFORE THE BOARD OR COMMITTEE MAY APPROVE THE FINANCIAL TRANSACTION, SUCH BODY DETERMINES IN GOOD FAITH THAT A) THE ORGANIZATION WILL ENTER INTO THE FINANCIAL TRANSACTION FOR ITS OWN BENEFIT; B) FINANCIAL TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION; AND C) AFTER REASONABLE INVESTIGATION THAT ORGANIZATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

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

HOME PLANET FUND'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY A

FORMED HIRING TEAM. THE HIRING TEAM IS RESPONSIBLE FOR ESTABLISHING A

COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE

ORGANIZATION. HOME PLANET FUND USES COMPARABLE NONPROFIT ORGANIZATIONS TO

BENCHMARK PAY, AND MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS SUCH

AS PRIVATE FOUNDATIONS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS

MAY BE USED AS A SUPPLEMENT. IN ADDITION, HOME PLANET FUND MAY ALSO COLLECT

OTHER PUBLISHED SURVEY DATA, WHEN APPROPRIATE, FOR FOR-PROFIT ORGANIZATIONS

FOR SPECIFIC FUNCTIONAL COMPETENCIES SUCH AS FINANCE AND HUMAN RESOURCES.

TOGETHER WITH DATA FROM THE COMPARABLE ORGANIZATIONS, DATA FROM THESE

Schedule O (Form 990) 2022 Page **2**

Name of the organization HOME PLANET FUND	Employer identification number 87-2269671
MARKET SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO A	SSESS THE
COMPETITIVENESS OF COMPENSATION. THE COMPENSATION POLICY I	S DESIGNED TO BE
FLEXIBLE SO THAT COMPENSATION CAN BE ABOVE OR BELOW THE ME	DIAN BASED ON
EXPERIENCE, PERFORMANCE, AND BUSINESS NEED TO ATTRACT AND	RETAIN SPECIFIC
TALENT.	
THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR,	AND ANY OTHER
INDIVIDUAL WHO IS AN OFFICER OR KEY EMPLOYEE IS OR WILL BE	APPROVED BY THE
INDEPENDENT MEMBERS OF THE BOARD BASED ON COMPARABILITY DA	TA AND DOCUMENTED
IN BOARD MINUTES OR OTHER DOCUMENTATION. THE ORGANIZATION'	S EXECUTIVE
DIRECTOR HAS AUTHORITY TO APPROVE THE COMPENSATION OF ALL	OTHERS FOLLOWING
A SIMILAR PROCESS ADOPTED BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
HOME PLANET FUND MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.

SCHEDULE R (Form 990)

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-2269671

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	me End-of-yea		ets Direct controllin entity		J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more rel	ated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct of	(f) controlling ntity	Section 5 contrenti	olled
ZYZX FOUNDATION INC - 77-0359427 PO BOX 24950 LOS ANGELES, CA 90024-0950	GRANTMAKING	CALIFORNIA	501(C)(3)	PF	N/A		100	X

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

HOME PLANET FUND

Schedule R (Form 990) 2022

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	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income end	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)				1f	Х
	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	Х
	Exchange of assets with related organization(s)				1i	Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
l.	Local of facilities and import or other coasts from valeted avantation(s)				41,	X
K	Lease of facilities, equipment, or other assets from related organization(s)	nization(s)			1k	X
	Performance of services or membership or fundraising solicitations for related organ					X
	Performance of services or membership or fundraising solicitations by related organ				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization.				1n	X
0	Sharing of paid employees with related organization(s)				10	1^
р	Reimbursement paid to related organization(s) for expenses				1p	Х
q	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	Х
					1s	X
	If the answer to any of the above is "Yes," see the instructions for information on w					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved	
(1)						
(2)						
(2)						
(3)						
(4)						
(5)						
(6)	00.14.00	I		Schedule	D (Earm (00/ 2022
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partr	(kal or Perce ping owne	(k) entage ership
								Ochodolo			