Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 87-2269671 HOME PLANET FUND File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 259 W SANTA CLARA STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 93001 VENTURA, CA Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DILAFRUZ KHONIKBOYEVA 259 W SANTA CLARA STREET - VENTURA, CA 93001 Telephone No. 805-256-8660 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until JUNE 16 , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _____ or X tax year beginning AUG 1 _____, 20 <u>23</u> , and ending ______ JUL 31 . ,2024If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5247854 | 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 Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning AUG 1, 2023 and en	nding J	UL 31, 2024	
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			87-22696	71
	Initial return	,	oom/suite	E Telephone number	
	Final return/	259 W SANTA CLARA STREET		805-256-	
_	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	983,244.
	Ameno return	VENTURA, CA 93001		H(a) Is this a group re	
	Application pending	F Name and address of principal officer: DILAFROZ KHONIKBOIEV	7A	for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u>I T</u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 2021 $ m N$	M State of legal domicile: DE
Pa	rt I	Summary			
Ð		Briefly describe the organization's mission or most significant activities: SAVE C			BY
Governance	Ι .	HARNESSING THE POWER OF COMMUNITY (SEE SCHI			
ern	l	Check this box if the organization discontinued its operations or disposed	d of more	1	1
Š				3	4
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3 4
Activities &		Total number of volunteers (estimate if necessary)			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
		Ocal Stations and avanta (Data VIII See 41)		20,045,000.	442,948.
ne	ı	Contributions and grants (Part VIII, line 1h)		0.	442,946.
/en	ı	Program service revenue (Part VIII, line 2g)		313,089.	540,296.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	340,290.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,358,089.	983,244.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,080,000.	2,250,000.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		517,607.	737,047.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en:	l loa	Total fundraising expenses (Part IX, column (A), line 25) 60, 281	1 .	<u> </u>	0.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		546,894.	551,229.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,144,501.	3,538,276.
	l	Revenue less expenses. Subtract line 18 from line 12		16,213,588.	-2,555,032.
- Se	٠,٠	TOTALISE 1999 ONPOLISOS. GUBURAUT IIITO TO HOITE IIITO TZ		ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		18,993,364.	14,934,890.
Ass	21	Total liabilities (Part X, line 26)		2,779,776.	1,276,334.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		16,213,588.	13,658,556.
Pa	rt II	Signature Block			, ,
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.	
Sign	า	Signature of officer		Date	
Her	е	DILAFRUZ KHONIKBOYEVA, EXECUTIVE DIRECTOR/	TREAS	URER	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Pate Check	PTIN
Paid		LAUREN A. HAVERLOCK LAUREN A. HAVERLO	OCK 0	4/11/25 self-employ	
Prep		Firm's name MOSS ADAMS LLP		Firm's EIN 9	1-0189318
Use	Only	Firm's address 225 S LAKE AVE., SUITE 900			0 488 0450
		PASADENA, CA 91101		Phone no. 31	0-477-0450
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1 990 (2023) 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	<u></u>	
1	Briefly describe the organization's mission: NONE		
	NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,941,589. including grants of \$ 2,250,000.) (Revenue, if any, for each program service reported.		١
₹a	HPF'S PRIMARY ACTIVITY WILL BE TARGETED GRANTMAKING AND	MOBILIZATION	OF '
	PUBLIC SUPPORT TO CHAMPION AND FUND THE NATURE-BASED SO		
	WORK.		
		_	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	vanua ¢	1
710	(Code) (Expenses \$	enue \$,
	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$,
	Other program conject (Describe on Schodule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,941,589.		
	1 1 2 2 2	Form	90 (2023)

Form 990 (2023) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	• •	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	- 21	\vdash
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	441.	v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	\vdash
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2023) HOME PLANET FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<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			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	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?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Day	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	-		
	Enter the number of Fermi W 2d monded of line 1d. Enter of infortable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	990	(0000)
332004	! 12-21-23	rorm	1000	(८८८)

Form 990 (2		PLANET				87-2269	671	Pa	age 5
Part V	Statements Regarding	ng Other IR	S Filings a	nd Tax Compliance	(continued)				
								Yes	No

			1			.,,
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3а	-			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country	. (55.45)				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad					v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	#'O		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		21
b				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to	the navor?	7a		Х
		vioco providod to		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			15		
_	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	- I		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-10		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a		100		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	,				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

Form **990** (2023)

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 **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 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х 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? 5 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? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 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 X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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** (2023)

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)	J		((C)		iour	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than of the state	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DILAFRUZ KHONIKBOYEVA	40.00			Ι,,				222 720	_	22 520
EXEC. DIRECTOR/TREASURER (2) KARLA BROLLIER	40.00		_	Х		-		333,738.	0.	22,520.
DIRECTOR OF OPERATIONS AND IMPACT	40.00			х				156,479.	0.	10,276.
(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	1								
BOARD MEMBER		Х						0.	0.	0.
(7) LISA PIKE	1.00	1						_	_	_
BOARD MEMBER (THRU 4/4/24)		Х						0.	0.	0.
		1								
						_				

Form 990 (2023)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) Average			(C	C)			(D)	(E)			(F)	1
Name and title	hours per	box,	not ch unles	heck i ss per	more son i	than o	an	Reportable compensation	Reportable compensatio	n		timate nount	
	week (list any	director	cer an	u a u	recto	r/trus	iee)	from the	from related organizations			other pensa	ition
	hours for related	e or dire	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om th anizat	
	organizations below	Individual trustee or	Institutional trustee		loyee	Highest compensated employee		1099-NEC)	10001120)		and	d relat	ed
	line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				orga	anizati	ons
										\dashv			
1b Subtotal								490,217.		0.	3:	2,7	96. 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								490,217.		0.	3:	2,7	
Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable	,			2
compensation from the organization												Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t			3		21
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	•				•			•			5		Х
rendered to the organization? f "Yes." com	<u>piete Scriedule</u>	9 J 70	or su	icn į	pers	on .					J		
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•								ensati	ion fro	om	
(A)		, , , ,		. <u>g</u>				(B)			(C		
TEAL MEDIA	address						\dashv	Description of s	ervices	C	omper	nsatio	n
2810 ELLICOTT ST NW, WASH	INGTON,	C.	A :	20	00	8		MARKETING SE	RIVCES		15	2,3	25.

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

87-2269671

Form 990 (2023) **Part VIII**

ort VIII ∣ Statement of Rev	enue
-----------------------------	------

		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		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
							000110110 0 12 0 1 1
nts		Federated campaigns 1a					
Gra		Membership dues 1b					
S, (С	Fundraising events1c					
a ii	d	Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
bet		similar amounts not included above 1f	442,948.				
Ξō	a	Noncash contributions included in lines 1a-1f					
Sign	-	Total. Add lines 1a-1f		442,948.			
<u> </u>			Business Code	,			
	2 a						
ÿ							
er ne	b						
n S	С						
Je Je	d						
Program Service Revenue	е						
Δ		All other program service revenue	•				
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)		540,296.			540,296.
	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)	(ii) Other				
	<i>i</i> a	(7	(ii) Oti lei				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
Ver	С	Gain or (loss) 7c					
ther Revenue	d	Net gain or (loss)					
Jer	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	то а	•					
		and allowances 10a					
		Less: cost of goods sold 10k	1				
	С	Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a						
ane	b						
Miscellaneous Revenue	С						
Alisc B	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		983,244.	0.	0.	540,296.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) HOME PLANET FUND Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	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	1,000,000.	1,000,000.		
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	1 250 000	1 250 000		
	individuals. See Part IV, lines 15 and 16	1,250,000.	1,250,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	660 707	EEC 020	OF 647	20 120
	trustees, and key employees	662,707.	556,930.	85,647.	20,130.
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	74,340.	74,340.		
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	83,314.		83,314.	
С	Accounting	86,693.		86,693.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	32,275.		32,275.	
12	Advertising and promotion	123,655.	99.	110,631.	12,925
13	Office expenses	45,821.		18,595.	27,226
14	Information technology	- , -		,	,
15	Royalties				
16	Occupancy	3,348.		3,348.	
17	Travel	140,179.	60,220.	79,959.	
18	Payments of travel or entertainment expenses	220,2750	00,2200	737333	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,761.		13,761.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,229.		1,229.	
23		8,492.		8,492.	
23 24	Other expenses, Itemize expenses not covered	J 1 1 7 2 6		0,104	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
_	amount, list line 24e expenses on Schedule 0.) BUSINESS LICENSES & PER	9,781.		9,781.	
a h	BANK SERVICE CHARGES	2,681.		2,681.	
b		2,001.		2,001.	
c C					
d	All other expenses				
e 25	All other expenses Add lines 1 through 24a	3,538,276.	2,941,589.	536,406.	60,281.
25	Total functional expenses. Add lines 1 through 24e	3,330,410.	4,J41,JUJ.	330,400.	00,201
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)				
	Check nere if following SOP 98-2 (ASC 958-720)				Earm 990 (2022

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,628,050.	1	194,021
	2	Savings and temporary cash investments			15,313,088.	2	14,706,080
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			22,457.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	0.7.00
⋖	9	Prepaid expenses and deferred charges			29,769.	9	27,997
	10a	Land, buildings, and equipment: cost or other		0 001			
		basis. Complete Part VI of Schedule D	10a 10b	8,021.			C 700
		Less: accumulated depreciation	0.	10c	6,792		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			18,993,364.	15	14,934,890
	16 17	Total assets. Add lines 1 through 15 (must eq	279,776.	16 17	451,334		
	18	Accounts payable and accrued expenses	2,500,000.	18	825,000		
	19	Grants payable	2,500,000.	19	023,000		
	20	Deferred revenue Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
ties		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
Ľi	23	Secured mortgages and notes payable to unre	-	·····		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,779,776.	26	1,276,334
		Organizations that follow FASB ASC 958, ch	eck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			16,213,588.	27	13,658,556
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC	958, che	eck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund				29	
sse.	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			16 012 502	31	12 (50 55)
Re	32	Total net assets or fund balances			16,213,588.	32	13,658,556
	33	Total liabilities and net assets/fund balances			18,993,364.	33	14,934,890. Form 990 (2023

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,2</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			3,5	88.
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	13,65	8,5	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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:				
	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		
	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 required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

HOME PLANET FUND 87-2269671 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 HOME PLANET FUND 87-2269

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				20045000.	442,948.	20487948.
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.	442,948.	20487948.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						20487948.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				20045000.	442,948.	20487948.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				313,089.	540,296.	853,385.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						21341333.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	e 14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	line 13 or 16a, an	nd line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop h	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	iblicly supported	organization		
b	10% -facts-and-circumstances test	: - 2022. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and	stop here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a public	ly supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17	7b, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c	3a		
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3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a 10b	5a		
5c 6 7 8 9a 9b 9c 10a 10b	Eh		
6 7 8 9a 9b 9c 10a 10b			
7 8 9a 9b 9c 10a	50		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a			
9c 10a 10b	9a		
9c 10a 10b			
10a	9b		
10a			
10b	9с		
10b			
10b			
	10a		
			<u> </u>

332024 12-21-23 Schedule A (Form 990) 2023

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: [[-] fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current 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) 2023

instructions).

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

87-2269671 HOME PLANET FUND Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

HOME :	PLANET FUND	87	-2269671
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

HOME PLANET FUND

87-2269671

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** HOME PLANET FUND 87-2269671 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e)	Transfer	۸f	aift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No.

from

Part I

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HOME PLANET FUND

Employer identification number 87-2269671

organization answered "Yes" on Form 990, Part IV, line 6.				
	and other accounts			
	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 writing that the assets held in donor advised funds				
are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140			
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring				
impermissible private benefit?	Yes No			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1 Purpose(s) of conservation easements held by the organization (check all that apply).				
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area			
Protection of natural habitat Preservation of a certified histori	ric structure			
Preservation of open space				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation				
day of the tax year.	eld at the End of the Tax Year			
a Total number of conservation easements 2a				
b Total acreage restricted by conservation easements 2b				
c Number of conservation easements on a certified historic structure included on line 2a 2c				
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not				
on a historic structure listed in the National Register				
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax			
year				
Number of states where property subject to conservation easement is located				
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No			
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—			
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering ecologicalisms	onto during the your			
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year			
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)				
and section 170(h)(4)(B)(ii)?	Yes No			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the			
organization's accounting for conservation easements.				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet				
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor				
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,			
provide the following amounts relating to these items.				
(i) Revenue included on Form 990, Part VIII, line 1				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
the following amounts required to be reported under FASB ASC 958 relating to these items:				
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 				
	chedule D (Form 990) 2023			

	t III Organizations Maintaining Coll		t Hista	orical Tre	asures o	r Other			3 /		ige 🚣
	•								(CONTIN	uea)	
3	Using the organization's acquisition, accession,	and other record	s, cneck	any of the	rollowing that	make sig	nificant us	e or its			
	collection items (check all that apply).		. $ egin{array}{c} $								
a											
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle							in Part	XIII.		
5	During the year, did the organization solicit or re								_	_	1
D	to be sold to raise funds rather than to be maint								_ Yes		No
Par	t IV Escrow and Custodial Arrange		te if the	organizatior	n answered "	Yes" on F	orm 990, F	Part IV, I	ne 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian,		•						_	_	1
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	lowing t	able:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. Cr										
Par	t V Endowment Funds Complete if the	e organization and	wered "	Yes" on For	m 990, Part						
		a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years l	oack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	t year end balance	e (line 1c	ı, column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%	,,	,,						
b	Permanent endowment	%	_								
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	egual 100%.									
За	Are there endowment funds not in the possession	•	tion tha	t are held ar	nd administer	ed for the					
	organization by:	· ·								Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the organization										
Par	t VI Land, Buildings, and Equipmer	nt									
	Complete if the organization answered "	Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value	
		basis (investr			(other)		reciation		(-,		
	Land										
b	Buildings										
	Leasehold improvements							\top			
	Equipment				8,021.		1,22	9.		5,79	2.
	Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ ,		`	, , ,	
	. Add lines 1a through 1e. (Column (d) must equa	al Form 000 Dort	Y line 1	no column	(R))			\dashv	f	5,79	2.
. J.ul		arı Onn 330. Fall	/. III I	Ju. Cululilli	1 <i>UII</i>	<u> </u>	<u> </u>			,	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HOME PLANET	FUND	8'	7-2269671 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
·	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			1
(6)			1
<u>(7)</u>			
(8)			
(9)	/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, co	i. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 2	5
(a) Description of liability		170 01 1711 000 1 01111 000, 1 01171, 1110 21	(b) Book value
(1) Federal income taxes			(D) Doon Talias
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	J (B))		
Column (b) mast equal Form 500, Fait A, line 25, 60	·· (=// ······		<u> </u>

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

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

Par	TXI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linet XII Reconciliation of Expenses per Audited Financial	Statements With Expense		
Fai		•	es per neturn	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0-1		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		20	
e o	Add lines 2a through 2d			
3 4	Subtract line 2e from line 1			
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	A 1.11: A 1.41		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. II			
	rt XIII Supplemental Information	<u> 16.70.)</u>		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			,
		•		

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

Department of the Treasury Internal Revenue Service

Go to 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 14b				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
				he selection criteria used to award the		Yes No
	and graintood engiamity is	or and grained or o			g. a	
2	For grantmakers Desc	rihe in Part V the	organization's i	procedures for monitoring the use of its	arants and other assistance outs	ide the
_	United States.	inde in i ait v the	organization 3	oroccures for mornioning the use of its	grants and other assistance outs	ide ti ie
•		ha fallawina Dart	L line O toble of	on he dunlicated if additional anges is n	anded \	
3	(a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		(f) Total
	(a) Hegion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and	gram services, investments, grants to		for and
			employees, agents, and independent contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region		.,	In the region
	SIA AND					
NEI	GHBORING STATES -					
ARMI	ENIA, AZERBIJAN,			INDEPENDENT CONTRACTOR FOR		
BELZ	ARUS,	0	1	GRAPHIC DESIGN SERVICES	N/A	3,638.
SOU	TH ASIA	0	0	GRANTMAKING		1,250,000.
		_				1 050 505
	Subtotal	0	1			1,253,638.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and Oh)	l n	l 1			1 253 638

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

Schedule F (Form 990) 2023

Part II

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 n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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 SUPPORT FOR CLIMATE CHANGE SOLUTIONS	1250000.	WIRE	0.		
2 Enter total number of	reginient ergenization	no listed above that are	recognized as charities by the	foreign country	roognized on a tay	1		1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities .

Part III can be duplicated if additional space is needed.									
(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 the 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 the 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 the 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 the 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 the 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? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V | Supplemental Information

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.

PART I, LINE 2:

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) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
HOME PLA	87-2269671						
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records					-		
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p	rocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than						es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SPRUCE ROOT, INC.							GENERAL AND PROJECT
ONE SEALASKA PLAZA, SUITE 400							SUPPORT FOR CLIMATE
JUNEAU, AK 99801	45-4295940	501(C)(3)	1,000,000.	0.			CHANGE SOLUTIONS
2 Enter total number of section 501(c)(3)	and government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organizatio	ns listed in the line	1 table					0.

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.				
PART I, LINE 2:								
THE ORGANIZATION MAKES GRANTS EXCLU	JSIVELY F	OR CHARITA	BLE PURPOS	ES. THE				
ORGANIZATION GENERALLY REQUIRES EVI	ERY POTEN	TIAL GRANT	EE TO PROV	IDE A GRANT				
PROPOSAL PROVIDING DETAILS REGARDIN	NG THE GR	ANTEE, ITS	PROPOSED	USE OF THE				
REQUESTED FUNDS, AND OTHER INFORMA	TION RELE	VANT TO TH	E ORGANIZA	TION'S				
EVALUATION OF THE POTENTIAL GRANT. THE ORGANIZATION ENGAGES IN ADDITIONAL								
DUE DILIGENCE, WHICH MAY INCLUDE A	SITE VIS	IT AND ENS	URING OTHE	R LEGAL				
COMPLIANCE. WITH LIMITED EXCEPTIONS FOR CERTAIN GRANTS TO SECTION 501(C)(3)								
RGANIZATIONS, THE ORGANIZATION ENTERS INTO WRITTEN GRANT AGREEMENTS WITH								

- artif
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 J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HOME PLANET FUND

Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 87-2269671$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		v
	The organization?	6a		X
D	Any related organization?	6b		Δ
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	Х	
0	not described on lines 5 and 6? If "Yes," describe in Part III		-22	
8	50.4050.44.790.45.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19.41.19	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
J	Regulations section 53.4958-6(c)?	9		
	1 togatation 5 5 5 5 to 1 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	9		ı

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DILAFRUZ KHONIKBOYEVA	(i)	279,468.	54,000.	270.	22,520.	0.	356,258.	0.
EXEC. DIRECTOR/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KARLA BROLLIER	(i)	148,229.	5,385.	2,865.	10,276.	0.	166,755.	0.
DIRECTOR OF OPERATIONS AND IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u>I</u>	L

Page 2

Part III Sup	plemental	Informat	ion						
Provide the in	formation,	explanatio	on, or descriptions requi	red for Part I, lines 1a	ı, 1b, 3, 4a, 4	b, 4c, 5a, 5b, 6a, 6	6b, 7, and 8, a	nd for Pa	art II. Also complete this part for any additional information.
PART I,	LINE	7:							
ORGANIZ	ATION	PAID	DISCRETIONAL	RY BONUSES	TO ITS	OFFICERS	DURING	THE	YEAR.

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.

2023
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 HELP PROMOTE

ENVIRONMENTAL CONSERVATION.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE JANUARY 18, 2024, AND PURSUANT TO THE APPROVAL FROM ITS SOLE

MEMBER, THE ORGANIZATION'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO ITS

CERTIFICATE OF INCORPORATION AND BYLAWS TO PROVIDE THAT THE MEMBERS OF THE

ORGANIZATION'S BOARD OF DIRECTORS SHALL SERVE AS ITS MEMBER AND TO PROVIDE

THAT ALL AUTHORITY PREVIOUSLY VESTED IN THE MEMBER, INCLUDING THE RIGHT TO

ELECT AND REMOVE DIRECTORS AND APPROVE SIGNIFICANT TRANSACTIONS, SUCH AS

MERGER, CONSOLIDATION, DISSOLUTION AND APPROVAL OF AMENDMENTS TO ITS

CERTIFICATE OF INCORPORATION AND BYLAWS, SHALL BE NOW BE VESTED IN AND

EXERCISED BY ITS BOARD OF DIRECTORS.

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

THE SOLE MEMBER OF HPF WAS ZZYZX FOUNDATION, INC. UNTIL JANUARY 18, 2024.

SEE FORM 990, PART VI, LINE 4 DISCLOSURE FOR DETAILS REGARDING THE

AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION, WHICH REMOVED THE

SOLE MEMBER AS OF JANUARY 18, 2024.

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

PRIOR TO EFFECTING AMENDMENTS TO ITS CERTIFICATE OF INCORPORATION AND

BYLAWS ON JANUARY 18, 2024, THE ORGANIZATION'S SOLE MEMBER HAD THE RIGHT TO

ELECT AND REMOVE DIRECTORS AND TO APPROVE OTHER SIGNIFICANT TRANSACTIONS,

SUCH AS MERGER, CONSOLIDATION, DISSOLUTION, AND AMENDMENTS TO THE

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

Schedule O (Form 990) 2023

Name of the organization
HOME PLANET FUND

Employer identification number 87-2269671

ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BYLAWS. AS NOTED, IN
RESPONSE TO PART VI, SECTION A, LINE 4 ABOVE, EFFECTIVE JANUARY 18, 2024,
AND WITH THE APPROVAL OF ITS SOLE MEMBER, THE ORGANIZATION EFFECTED

AMENDMENTS TO ITS CERTIFICATE OF INCORPORATION AND BYLAWS TO PROVIDE THAT
THE MEMBERS OF ITS BOARD OF DIRECTORS SHALL SERVE AS THE ORGANIZATION'S
MEMBER, AND THAT ALL AUTHORITY PREVIOUSLY HELD AND EXERCISED BY THE MEMBER
SHALL NOW BE HELD AND EXERCISED BY THE BOARD OF DIRECTORS.

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

SEE RESPONSE TO PART VI, SECTION A, LINE 7A ABOVE.

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

WITH ASSISTANCE FROM LEGAL COUNSEL, THE EXECUTIVE DIRECTOR REVIEWS THE

COMPLETED FORM 990 INTERNALLY FOR HOME PLANET FUND. FORM 990 IS PROVIDED TO

ALL BOARD MEMBERS PRIOR TO FILING.

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

2023.05070 HOME PLANET FUND

Name of the organization

HOME PLANET FUND

Employer identification number 87-2269671

POTENTIAL CONFLICT BETWEEN THE DIRECTOR'S PERSONAL INTERESTS OR THE

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

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 DIRECTOR, OFFICER, EXECUTIVE OR 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.

Name of the organization HOME PLANET FUND Employer identification number 87-2269671

THE BOARD OR COMMITTEE'S REVIEW OF ANY CONFLICT OF INTEREST TRANSACTION 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 COMMITTEE'S FINDINGS AND DETERMINATION. THE BOARD OR COMMITTEE MAY APPROVE 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 BOARD OF DIRECTORS HAS APPROVED A COMPENSATION POLICY,
WHICH SETS FORTH THE BOARD'S REVIEW AND APPROVAL OF COMPENSATION AND
BENEFITS PROVIDED TO HOME PLANET FUND'S EXECUTIVES. THE PURPOSE OF THE
POLICY IS TO ENSURE THAT THE BOARD CARRIES OUT ITS RESPONSIBILITIES AND
THAT TOTAL COMPENSATION, INCLUDING ANY BONUS OPPORTUNITIES, PAID TO THE
EXECUTIVES IS REASONABLE AND IS CONSISTENT WITH HOME PLANET FUND'S
PURPOSES. THE POLICY FURTHER SETS FORTH A PROCESS FOR THE BOARD TO APPROVE
COMPENSATION FOLLOWING PROCEDURES UNDER THE TAX LAW TO ENSURE THAT

Schedule O (Form 990) 2023

Name of the organization

HOME PLANET FUND

Employer identification number 87-2269671

COMPENSATION TRANSACTIONS DO NOT RESULT IN EXCESS BENEFIT TRANSACTIONS, AND SPECIFICALLY, IF DESIRED, TO ESTABLISH A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH RESPECT TO ANY SPECIFIC COMPENSATION ARRANGEMENT. SPECIFICALLY, TO ENSURE COMPENSATION PAID TO ITS EXECUTIVES IS REASONABLE, HOME PLANET FUND WILL GATHER, OR WILL, AS APPLICABLE, DIRECT A COMPENSATION CONSULTANT TO GATHER, APPROPRIATE COMPARABILITY DATA (E.G. EITHER PUBLISHED OR SPECIALLY CONDUCTED COMPENSATION SURVEYS) THAT INCLUDES TOTAL COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE TO EACH OF THE EXECUTIVES. COMPARABILITY DATA SHOULD COVER EMPLOYEES WITH COMPARABLE RESPONSIBILITIES TO THE EXECUTIVES AT A SIGNIFICANT NUMBER OF ORGANIZATIONS, AND SHOULD BE SORTED BY A NUMBER OF DIFFERENT VARIABLES, INCLUDING: THE SIZE OF THE ORGANIZATION, THE GEOGRAPHIC LOCATION OF THE ORGANIZATION, THE NATURE OF THE SERVICES THE ORGANIZATION PROVIDES, WHETHER THE ORGANIZATION IS A NONPROFIT OR FOR PROFIT, THE LEVEL OF EXPERIENCE AND SPECIFIC RESPONSIBILITIES OF THE EMPLOYEES SURVEYED, AND THE COMPOSITION OF THE COMPENSATION PACKAGES OFFERED TO EMPLOYEES AT THOSE ORGANIZATIONS. THE BOARD WILL THEN CONSIDER THE SIGNIFICANT TERMS OF THE ARRANGEMENT WITH EACH EXECUTIVE INCLUDING THE TOTAL COMPENSATION TO BE PAID AND THE EXECUTIVE'S DUTIES AND RESPONSIBILITIES BASED UPON THE COMPARABILITY DATA. THE, THE BOARD WILL THOROUGHLY REVIEW AND DISCUSS THE COMPARABILITY DATA TO DETERMINE WHETHER THE TOTAL COMPENSATION FOR EACH OF THE EXECUTIVES IS REASONABLE, TAKING INTO CONSIDERATION THE JOB DUTIES OF EACH POSITION AND THE PERFORMANCE OF IF APPLICABLE, THE BOARD ALSO WILL CONSIDER ANY OPINIONS EACH EXECUTIVE. FROM COMPENSATION CONSULTANTS CONCERNING THE REASONABLENESS OF EXECUTIVE COMPENSATION AND ANY OPINIONS OBTAINED FROM LEGAL OR OTHER CONSULTANTS IN WITH RESPECT TO OTHER HPF-PAID THEIR RESPECTIVE AREAS OF EXPERTISE. EMPLOYEES, THE BOARD HAS DELEGATED THE REVIEW AND APPROVAL OF SUCH

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization HOME PLANET FUND	Employer identification number 87-2269671
COMPENSATION ARRANGEMENTS TO HOME PLANET FUND'S EXECUTIVE	DIRECTOR, WHO
WILL GENERALLY FOLLOW A PROCESS SIMILAR TO THAT OF THE BOX	ARD DESCRIBED
ABOVE.	
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 ON ITS WE	
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.

Department of the Treasury Internal Revenue Service

Name of the organization

HOME PLANET FUND

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-2269671

Part I Identification of Disregarded Entities. Complete	te 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 of foreign country)	(d) Total inco	me End-of-yea	I	Direct c	(f) ontrolling itity	1
	-							
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, t	pecause it had one	or more re	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	Section 5 contro	olled ity?
ZZYZX FOUNDATION INC - 77-0359427	+			301(0)(3))	+		Yes	No
PO BOX 24950	1							
LOS ANGELES, CA 90024-0950	GRANTMAKING	CALIFORNIA	501(C)(3)	PF	N/A			X
	-							
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	I		1	1	Schedule R (Form 99	0) 2023

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)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Disproportionate income end-of-year assets Share of total income end-of-year assets Disproportionate allocations? Yes No K-1	Code V-UBI	General	Percentage ownership				
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	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
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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

X

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?

b Giff, grant, or capital contribution for related organization(s)	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a	X				
c Gift, grant, or capital contribution from related organization(s) 1d 0						1b	Х				
1	С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
E Lase of facilities, equipment, or other assets form related organization(s) Fig. 16 (1) Fig. 17 (1) Fig. 18 (1) Fig. 18 (1) Fig. 19 (1) Fig.						1d	X				
f Dividends from related organization(s) g Sate of assets to related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations to related organization(s) 1 Name of palated organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Name of related organization(s) 1 Name of related organization(s) for expenses 1 Description of the services or membership or fundraising solicitations or related organization(s) 1 Name of related organization(s) for expenses 1 Description or services or membership or fundraising solicitations or related organization(s) 1 Name of related organization(s) for expenses 1 Description or services or membership or fundraising solicitations or related organization(s) 1 Name of related organization(s) 1 Name of related organization(s) 1 Name of related organization or who must complete this line, including covered relationships and transaction thresholds.	е	Loans or loan guarantees by related organization(s)				1e	X				
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 1 Exchange of assets with related organization(s) 1 Ease of facilities, equipment, or other assets to related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 2 Performance of services or membership or fundraising solicitations by related organization(s) 3 Performance of services or membership or fundraising solicitations by related organization(s) 4 Performance of services or membership or fundraising solicitations by related organization(s) 5 Performance of services or membership or fundraising solicitations by related organization(s) 6 Performance of services or membership or fundraising solicitations by related organization(s) 7 Performance of services or membership or fundraising solicitations by related organization(s) 8 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations for information or services services services or services or membership or services servic											
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	()	103	NO	
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