Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023

Open to Public

OMB No. 1545-0047

Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization HOMEGROWN NATIONAL PARK INC D Employer identification number Address change Doing business as 86-1228991 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 1106 (860)499-0760 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return SHARON, CT 06069 612,961 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: HOMEGROWNNATIONALPARK.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2021 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: SEE STATEMENT 01 Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 508,589 612,961 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 508,589 612,961 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 77,361 16a Professional fundraising fees (Part IX, column (A), line 11e) 36,046 16,550 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 131,652 655,319 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 167,698 749,230 Revenue less expenses. Subtract line 18 from line 12 340,891 (136,269)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 289,209 417,249 21 Total liabilities (Part X, line 26) 9,761 17,990 Net assets or fund balances. Subtract line 21 from line 20 407,488 271,219 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge MICHELLE ALFANDARI Sign Signature of officer Date Here MICHELLE ALFANDARI, PRESIDENT AND DIRECTOR Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check **Paid** George R Sinnamon CPA 05-14-2024 P00759996 George R Sinnamon CPA self-employed Preparer Firm's name SINNAMON & ASSOCIATES LLC Firm's EIN **Use Only** PO BOX 665 Firm's address Phone no. Canaan CT 06018 860-824-7734 May the IRS discuss this return with the preparer shown above? See instructions Yes No

86-1228991

Form 990 (2023) HOMEGROWN NATIONAL 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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	х	
	candidates for public office? If "Yes," complete Schedule C, Part L	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	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,	_		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Λ
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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		Х
b	, , ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		44-		
ام	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
۵	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	110		Λ
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV

HOMEGROWN NATIONAL PARK INC 86-1228991 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
a	to defease any tax-exempt bonds?	24c 24d		
d 252		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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? 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			
20	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	20		
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Ochequie O contains a response of hote to any line in this part v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch-		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
h	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	14b		-11
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 5 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. Enter the number of voting members included in line 1a, above, who are independent 5 b 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 х 5 х 6 Did the organization have members or stockholders? 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b x 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a х **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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 х 14 Х 15 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? 15a Х 15b х 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 16a х 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Statement #17 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 Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

20

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.

MICHELLE ALFANDARI (860)499-0760, PO BOX 1106, SHARON, CT 06069

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 employees."
- 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.
- · 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 instructions for the order in which to list the persons above.

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

	(C)									
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
. talle and the	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	1 4 3		Officer	Ke)	em]	Former	1099-MISC/	1099-MISC/	organization and
	related	direc	ituti	cer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	al tru	Institutional trustee		Key employee	com				
	below	ıstee	trust		ее	pen				
	dotted line)		ee			Highest compensated employee				
						Ĭ				
(1) LEONORA WIENER	2.00									
DIRECTOR		х						0	0	0
(2) DENNIS LIU	2.00									
DIRECTOR		х						0	0	0
(3)KEN MONTEIRO	2.00									
TREASURER SECRETARY AND DIRECTOR		Х						0	0	0
(4)MICHELLE_ALFANDARI	40.00									
PRESIDENT AND DIRECTOR		Х		х				0	0	0
_(5)DAVID_ROTH	10.00									
DIRECTOR		Х		х				0	0	0_
_(6)										
_(7)										
_(8)										
_(9)										
<u>(10)</u>										
<u>(11)</u>										
(42)										
(12)										
<u>(13)</u>		<u> </u>								
(14)										

EEA Form 990 (2023) Form 990 (2023) HOMEGROWN NATIONAL PARK INC 86-1228991 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (A) (F) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual trustee or director Highest compensated 1099-MISC/ 1099-MISC/ nstitutional trustee Key employee organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15) <u>(16)</u>______ (17) (18) <u>(19)</u>_____ (22) (23) (24) (25)______ 1b Subtotal c Total from continuation sheets to Part VII, Section A 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

86-1228991

Form 990 (2023) HOMEGROWN
Part VIII Statement of Revenue

		Check if Schedule O contains a res	shous	e or note to any II			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512-514
	1a	Federated campaigns	1a					
ω	b	Membership dues	1b					
ants ınts	С	Fundraising events	1c					
يَ وَ	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e					
s, G mila	f	All other contributions, gifts, grants,						
ë		and similar amounts not included above	1f	612,961				
ibut	g	Noncash contributions included in						
o ort		lines 1a-1f	1g	\$				
ğ	h	Total. Add lines 1a-1f			612,961			
				Business Code				
	2a							
<u>ic</u>	b							
E E	С							
ram Serv Revenue	d							
gra Re	е							
Program Service Revenue	f	All other program service revenue						
_		Total. Add lines 2a-2f						
	3	Investment income (including dividends, int						
	"	other similar amounts)						
	4	Income from investment of tax-exempt bone	d proce	eeds				
	5	Royalties						
		(i) Rea		(ii) Personal				
	6a	Gross rents 6a		(.,				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Mat martal in a series on (lases)						
		` ′		(ii) Other				
	7a	Gross amount nom	162	(ii) Other				
		sales of assets other than inventory 7a						
	h	cother than inventory 7a Less: cost or other basis						
4	Ь							
enne		and sales expenses 7b						
>		Gain or (loss)						
Other Re	1	Net gain or (loss)	•					
‡	oa	Gross income from fundraising						
0		events (not including \$	-					
		of contributions reported on line						
	١.	1c). See Part IV, line 18						
		Less: direct expenses	8b					
	1	Net income or (loss) from fundraising even	ts					
	9a	Gross income from gaming						
	١.	activities. See Part IV, line 19						
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	·					
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventor	у					
				Business Code				
ST C	11a							
scellano Revenue	b							
eelk ∛e	С							
Miscellanous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d						
	12	Total revenue See instructions			612 961	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or n	•			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	66,799	60,119	6,680	
8	Pension plan accruals and contributions (include	-	,	•	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,046	2,742	304	
10	Payroll taxes	7,516	6,764	752	
11	Fees for services (nonemployees):	.,0	3,	,	
а	Management	82,435	82,435		
b	Legal	17,750	32,100	17,750	
С	Accounting	11,592	3,321	8,271	
d	Lobbying		7,022	7,=:=	
е	Professional fundraising services. See Part IV, line 17	16,550			16,550
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A), amount, list line 11g expenses on Schedule O.)	49,998		49,998	
12	Advertising and promotion	30,635	11,591		19,044
13	Office expenses	2,559	656	1,903	
14	Information technology	8,572		4,286	4,286
15	Royalties	7,512			
16	Occupancy				
17	Travel	7,758	7,758		
18	Payments of travel or entertainment expenses	,,,,,	.,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,002	922	1,080	
24	Other expenses. Itemize expenses not covered	•		•	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND POSTAGE	1,616	808	808	
b	WEB DEVELOPMENT AND MAINT	43,458	43,458		
С	MAP EXPENSES	354,386	354,386		
d	OPERATING EXPENSES	42,558	42,558		
е	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	749,230	617,518	91,832	39,880
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				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O

1 Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
Savings and temporary cash investments		1	Cash - non-interest-bearing		1	
13			Č			
A Accounts receivable, net			•	13,113	3	80,672
S Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of ramily member of any of these persons S						*****
Trustiles key employee, creator of founder, substantial contributor, or 35% Controlled entity or family member of any of these persons 5			·		-	
Source Controlled entity or family member of any of these persons 5 Coans and other receivables from other disqualified persons (as defined under section 4958(I)(I)), and persons described in section 4958(c)(3)(B) 6 7 7 7 7 7 7 7 7 7		-	•			
Section Company Comp					5	
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6		6	·			
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Prepaid		•			6	
8		7				
10a	ets					
10a	\ss(
Basis. Complete Part VI of Schedule D	`					
B						
11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 14 114, 306 15 114, 306 15 114, 306 15 114, 306 15 114, 306 15 114, 306 15 114, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 15 17, 306 17 17, 306 18 18 18 18 19 19 19 19		b	·		10c	
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets Intangible assets 14 Intangible assets Intangible asse			'			-
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 114, 306 15 114, 306 15 114, 306 15 114, 306 15 114, 306 15 Other assets. Add lines 1 through 15 (must equal line 33) 417, 249 16 289, 209 17 Accounts payable and accrued expenses 9,761 17 17,990 18 Grants payable 18 Other assets by the seed of			, ,			
14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 114,306 15 1114,306 15 1114,306 16 114,306 16 114,306 16 114,306 16 1289,209 17 Accounts payable and accrued expenses 9,761 17 17,990 18 Grants payable 18 19 Deferred revenue 19 20 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25 9,761 26 17,990 25 25 Total liabilities. Add lines 17 through 25 9,761 26 17,990 27 27 27 27 27 27 27 2			· · · · · · · · · · · · · · · · · · ·			-
15 Other assets. See Part IV, line 11			, ,			-
16 Total assets. Add lines 1 through 15 (must equal line 33) 417,249 16 289,209 17 Accounts payable and accrued expenses 9,761 17 17,990 18 Grants payable 18 19 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 9,761 26 17,990 27 Net assets with donor restrictions 28 28 Total liabilities 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital sumplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 30 32 Total liabilities and net assets/fund balances 407,488 32 271,219 31 Total liabilities and net assets/fund balances 407,488 32 271,219 32 Total liabilities and net assets/fund balances 407,488 32 271,219 33 Total liabilities and net assets/fund balances 407,488 32 271,219 34 Total liabilities and net assets/fund balances 407,488 32 271,219 35 Total liabilities and net assets/fund balances 407,488 32 271,219 36 Total liabilities and net assets/fund balances 407,488 32 271,219 37 Total liabilities and net assets/fund balances 407,488 32 271,219 38 Total liabilities and net assets/fund balances 407,488 32 271,219 39 Total liabilities and net assets/fund balances 407,488 32 271,219 30 Total liabilities and net as			-	114 306		114 306
17				-		
18 Grants payable 18 18 19 19 19 19 20 12 12 20 21 22 23 24 22 23 24 23 24 25 25 26 27 271 219 25 271 219 20 271 219 20 21 21 22 22 23 24 24 24 25 25 26 27 271 219 25 25 26 27 271 219 25 25 26 27 271 219 25 27 271 219 27 271 219 27 271 219 27 271 219 27 271 271 27 271						
19 Deferred revenue 19			, ,	3,701		11,330
Tax-exempt bond liabilities			• •			-
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assests without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 407,488 32 271,219 33 Total liabilities and net assets/fund balances 417,249 33 289,209						-
Secured mortgages and nother payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22			·			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Net assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 407,488 32 271,219 33 Total liabilities and net assets/fund balances 417,249 33 289,209						
Secured mortgages and notes payable to unrelated third parties	ties	~~				
Secured mortgages and notes payable to unrelated third parties	ipi				22	
24 Unsecured notes and loans payable to unrelated third parties	Lia	23				
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			···		24	
Schedule D 25		25				
Total liabilities. Add lines 17 through 25					25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		9 761		17 990
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		20	9	9,701	20	17,330
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 1407,488 27 271,219 28 407,488 27 271,219 407,488 27 271,219 407,488 32 271,219 407,488 32 407,488 32 407,488 32 407,488 32						
33 Total liabilities and net assets/fund balances	ses	27		407 488	27	271 210
33 Total liabilities and net assets/fund balances	lanc			407,400		2/1,219
33 Total liabilities and net assets/fund balances	Ва	20			20	
33 Total liabilities and net assets/fund balances	pur					
33 Total liabilities and net assets/fund balances	Ē	29			29	
33 Total liabilities and net assets/fund balances	ts o					
33 Total liabilities and net assets/fund balances	se					
33 Total liabilities and net assets/fund balances	Net As:		-	407 499		271 210
						•
	EA		Total maximized drift from depoted further balletiness.	11/,217	00	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			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		612,	961
2	Total expenses (must equal Part IX, column (A), line 25)	2		749,	,230
3	Revenue less expenses. Subtract line 2 from line 1	3	(136,	,269)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		407,	488
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		271,	,219
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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
EEA			Form	n 990 ((2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name	Name of the organization Employer identification number									
номе	GR	OWN NATIONAL PARK INC					86-122899	1		
Par	t I	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.		
The o	rgar	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one bo	x.)				
1		$\label{eq:Achurch} \mbox{A church, convention of churches,}$	or association of cl	hurches described in se	ction 170(b)(1)(A)(i)				
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)					
3	Ш	A hospital or a cooperative hospita	l service organizati	ion described in section	170(b)(1)	(A)(iii).				
4		A medical research organization or	perated in conjunct	tion with a hospital descr	ribed in se	ction 170((b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the be	_	r university owned or ope	erated by a	a governme	ental unit described in			
_	section 170(b)(1)(A)(iv). (Complete Part II.)									
6										
7	7 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.)									
8	Н				aaratad in	aanium atia	n with a land grant call	0.00		
9	Ш	An agricultural research organization					=	ege		
		or university or a non-land-grant col	nege of agriculture	(see instructions). Enter	the name,	city, and s	iate of the college of			
10	П	university: An organization that normally receive	ves (1) more than 3	23 1/3% of its support fro	m contribu	tions mon	pherebin fees and gross	•		
10	Ш	receipts from activities related to its	exempt functions,	subject to certain excep-	tions; and	(2) no mor	e than 33 1/3% of its	3		
		support from gross investment inco- acquired by the organization after) from businesses			
11	П	An organization organized and ope			•		1).			
12	П	An organization organized and oper	· · · · · · · · · · · · · · · · · · ·					es of		
		one or more publicly supported org	•	•						
		the box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.			
а		Type I. A supporting organizati	on operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving		
		the supported organization(s) the	ne power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the			
		supporting organization. You n	nust complete Pa	rt IV, Sections A and B	.					
b		Type II. A supporting organization	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g		
		control or management of the s	upporting organiza	tion vested in the same p	persons tha	at control o	r manage the supporte	d		
		organization(s). You must con	nplete Part IV, Se	ctions A and C.						
С				•				with,		
		its supported organization(s) (s	,	•						
d		Type III non-functionally inte	•					` '		
		that is not functionally integrate	· ·	. ,		•	ent and an attentivenes	S		
		requirement (see instructions).	•	•	•		. T			
е		Check this box if the organization functionally integrated, or Type				,,	ı, туре іі, туре ііі			
f	_	nter the number of supported organi	-	integrated supporting of	rganization	l.				
g		rovide the following information about		ranization(s)				• • •		
9		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		,, rame of cappetica eigenization	(,	(described on lines 1-10	listed in you	Ü	support (see	other support (see		
				above (see instructions))	docum	ent?	instructions)	instructions)		
					Yes	No				
(A)										
(D)										
(B)										
(C)	c)									
(0)										
(D)	(D)									
(-)										
(E)										
Total							I			

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			121,840	508,589	612,961	1,243,390
2	Tax revenues levied for the						
	organization'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			121,840	508,589	612,961	1,243,390
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)						12,264
6	Public support. Subtract line 5 from line 4.						1,231,126
	on B. Total Support	T		1	Γ	I	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			121,840	508,589	612,961	1,243,390
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,243,390
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	<u>re</u>					
	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6					14	99.01 %
15	Public support percentage from 2022 Sch					15	97.28 %
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	•		•			
b	33 1/3% support test - 2022. If the organ						
170	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 20	_					
	10% or more, and if the organization meet						
	Part VI how the organization meets the fa			-			_
L	organization						_
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-	-		
19	organization						
18	•						
	instructions						

EEA Schedule A (Form 990) 2023

86-1228991

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.)

	on A. Public Support	(.) 0040	(1.) 0000	(.) 0004	(1) 0000	() 0000	(O. T.). I	
_	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees	İ						
_	received. (Do not include any "unusual grants.")	<u> </u>	 	<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	İ						
	furnished in any activity that is related to the	İ						
_	organization's tax-exempt purpose	<u> </u>	 	-				
3	Gross receipts from activities that are not an	İ						
	unrelated trade or business under section 513	<u> </u>	<u> </u>					
4	Tax revenues levied for the	İ						
	organization's benefit and either paid	İ						
	to or expended on its behalf	ļ						
5	The value of services or facilities	İ						
	furnished by a governmental unit to the	İ						
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3	İ						
	received from disqualified persons	1						
b	Amounts included on lines 2 and 3	 						
	received from other than disqualified	İ						
	persons that exceed the greater of \$5,000	İ						
	or 1% of the amount on line 13 for the year	İ						
С	Add lines 7a and 7b				T			
8	Public support. (Subtract line 7c from							
	line 6.)							
Secti	on B. Total Support							
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,	İ						
	royalties, and income from similar sources .	İ						
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses	İ						
	acquired after June 30, 1975	İ						
С	Add lines 10a and 10b							
11	Net income from unrelated business		+	+				
	activities not included on line 10b, whether	İ						
	or not the business is regularly carried on	İ						
12	Other income. Do not include gain or		+		-	+		
-	loss from the sale of capital assets	İ						
	(Explain in Part VI.)	İ						
13	Total support. (Add lines 9, 10c, 11,	ĺ	+	+		+		
10	and 12.)	İ						
14	First 5 years. If the Form 990 is for the or	rganization's fi	ret second thi	⊥ ird fourth or fi	⊥ ifth tax vear as	a section 501(c	<u></u>	
17	organization, check this box and stop her	•			•		· · · · · · · · · · · · · · · · · · ·	
Secti	ion C. Computation of Public Suppor			<u> </u>	<u></u>	<u> </u>	· · · · · · · ·	
15	Public support percentage for 2023 (line 8			13 column (f))		15		
16	Public support percentage for 2023 (line of		-			16		
	ion D. Computation of Investment Inc			<u> </u>				
17	•			ov line 13 colu	ımn (f))	17	%	
18								
19a	33 1/3% support tests - 2023. If the organ							
IJu	17 is not more than 33 1/3%, check this bo							
b	33 1/3% support tests - 2022. If the organization	-	-	-				
D	line 18 is not more than 33 1/3%, check this box							
20	Private foundation. If the organization did	-	-			-		
20	i ilvate louildation. Il the organization di	a not check a	box off file 14,	, 130, 01 130, 0	TICCK IIIIS DOX	and see mistrae		

EEA Schedule A (Form 990) 2023

10a

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. A	ΑII	Supporting	Organizations
--------------	-----	------------	----------------------

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer	_		
ou	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
-	satisfied the public support tests under section 509(a)(2)? <i>If</i> "Yes," <i>describe in Part VI when and how the</i>			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	6.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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 .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990) 2023

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

Schedul	e A (Form 990) 2023	HOMEGROWN NATIONAL PARK INC 86-1228991		P	age 5
Part	IV Supporting C	Organizations (continued)			
				Yes	No
11	_	accepted a gift or contribution from any of the following persons?			
а	•	or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	-	ning body of a supported organization?	11a		
b	-	person described on line 11a above?	11b		
С		ty of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Casti	provide detail in Part		11c		
Section	on B. Type i Suppo	rting Organizations		Vaa	NI.
	B:14			Yes	No
1		members of the governing body, officers acting in their official capacity, or membership of one or			
	· · · · · · · · · · · · · · · · · · ·	ations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		pervised, or controlled the organization's activities. If the organization had more than one supported			
	=	ow the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_		and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		operate for the benefit of any supported organization other than the supported			
		perated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		h benefit carried out the purposes of the supported organization(s) that operated,	_		
	•	lled the supporting organization.	2		
Section	on C. Type II Suppo	orting Organizations			
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1		e organization's directors or trustees during the tax year also a majority of the directors			
		the organization's supported organization(s)? If "No," describe in Part VI how control			
	-	e supporting organization was vested in the same persons that controlled or managed	_		
Casti	the supported organiz		1		
Section	on D. All Type III St	upporting Organizations		Vaa	NIa
4	Did the executantian area	ride to each of its supported examinations by the last day of the fifth month of the		Yes	No
1	•	vide to each of its supported organizations, by the last day of the fifth month of the			
		i) a written notice describing the type and amount of support provided during the prior tax			
		orm 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•		documents in effect on the date of notification, to the extent not previously provided?	1		
2		nization's officers, directors, or trustees either (i) appointed or elected by the supported			
		serving on the governing body of a supported organization? If "No," explain in Part VI	2		
2	-	maintained a close and continuous working relationship with the supported organization(s). ionship described in line 2, above, did the organization's supported organizations have	2		
3		he organization's investment policies and in directing the use of the organization's			
	•	Il times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ons played in this regard.	3		
Section		tionally Integrated Supporting Organizations	<u> </u>		
1		o the method that the organization used to satisfy the Integral Part Test during the year (see	inet	ructic	ne)
a a		satisfied the Activities Test. Complete line 2 below.	, 11130	uone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b		is the parent of each of its supported organizations. Complete line 3 below.			
C	_	pported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions		
2		er lines 2a and 2b below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
a		f the organization's activities during the tax year directly further the exempt purposes of		100	110
-	•	zation(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ganizations and explain how these activities directly furthered their exempt purposes,			
		was responsive to those supported organizations, and how the organization determined			
		onstituted substantially all of its activities.	2a		
b		cribed on line 2a, above, constitute activities that, but for the organization's	4		
~		nore of the organization's supported organization(s) would have been engaged in? If			
		VI the reasons for the organization's position that its supported organization(s) would			
		se activities but for the organization's involvement.	2b		
3		Organizations. Answer lines 3a and 3b below.			
a		nave the power to regularly appoint or elect a majority of the officers, directors, or			
u		e supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		rcise a substantial degree of direction over the policies, programs, and activities of each	J .a		
~	=	ations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	j trus	st on Nov. 20, 1970 <i>(expl</i>	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	ons A through E.
Secti	on 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		
Secti	on 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		
	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		
Secti	on 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-functiona	lly ir	ntegrated Type III support	ing organization
	(see instructions).		·	

EEA Schedule A (Form 990) 2023

86-1228991

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)_	
Sect		Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(:)	(ii)		(iii)

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

HOME	GROWN	NATIONAL PARK INC			86-1228991	
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accoun	ts	
		Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.			
		· •	(a) Donor advised funds		(b) Funds and other acc	counts
1	Total ı	number at end of year				
2		gate value of contributions to (during year)				
3	Aggre	gate value of grants from (during year)				
4		gate value at end of year				
5		e organization inform all donors and donor advisors in	writing that the assets held in donor ac	dvised		
		are the organization's property, subject to the organization	_			es No
6		e organization inform all grantees, donors, and donor			_	_
		or charitable purposes and not for the benefit of the do				
		ring impermissible private benefit?				es No
Par		Conservation Easements				
		Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.			
1	Puroo	se(s) of conservation easements held by the organiza				
•		eservation of land for public use (for example, recreating		of a histori	ically important land area	a
	_	otection of natural habitat			ed historic structure	-
	=	eservation of open space				
2		lete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a cons	servation	
_		nent on the last day of the tax year.		0. 0 00	Held at the End o	f the Tax Year
а		number of conservation easements			2a	raio rax roui
b		acreage restricted by conservation easements			2b	
C		er of conservation easements on a certified historic st			2c	
d		er of conservation easements included on line 2c, acq		• • • •		
<u>.</u>		istoric structure listed in the National Register	·		2d	
3		er of conservation easements modified, transferred, re			L	
Ū	tax ye		biodoca, extinguionea, or terminated by	the organia	zation daining the	
4	-	er of states where property subject to conservation ea	sement is located			
5		the organization have a written policy regarding the pe		_ ∩f		
•		ons, and enforcement of the conservation easements i			🗆 Ye	es No
6		and volunteer hours devoted to monitoring, inspecting,			_	
•	Otan	and voidings, more devoted to mornioring, more saming,	manding of Violations, and officially so	nioon valion	oacomonio damig alo ye	
7	Amou	 nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation ease	ements during the year	
•	7 111100		aming of violations, and officioning consoling	valion cac	ornorne daming the year	
8	Does	 each conservation easement reported on line 2d abov	re satisfy the requirements of section 1	70(h)(4)(B)((i)	
•					🗆 Ye	es 🗆 No
9		t XIII, describe how the organization reports conserva				
		and include, if applicable, the text of the footnote to th				
		zation's accounting for conservation easements	0 0.ga <u>-</u> a 0a	at 40001.20t		
Par		Organizations Maintaining Collections	of Art. Historical Treasures.	or Othe	r Similar Assets	
		Complete if the organization answered "Yes"				
1a	If the	organization elected, as permitted under FASB ASC 9		ent and bala	nce sheet works	
		historical treasures, or other similar assets held for pu				
		e, provide in Part XIII the text of the footnote to its fina				
b		organization elected, as permitted under FASB ASC 9			sheet works of	
		storical treasures, or other similar assets held for publi				
		le the following amounts relating to these items:			. ,	
	•	evenue included on Form 990, Part VIII, line 1			\$	
		ssets included in Form 990, Part X				
2		organization received or held works of art, historical tre				
-		ing amounts required to be reported under FASB ASC		gairi, p		
а		nue included on Form 990, Part VIII, line 1	•		\$	
b		s included in Form 990, Part X				
					· · · T	

Par	t III Organizations Maintaining Co	llections of A	rt, Hist	orical T	reasures,	or Ot	her Similar As	sets (co	<u>entini</u>	ued)
3	Using the organization's acquisition, accession,	and other records,	check an	y of the fo	llowing that m	nake siç	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explain	how they	further the	organization	's exen	npt purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re-	ceive donations of	art, histor	ical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to be		art of the o	organizatio	on's collection	?		Ye:	; <u> </u>	No
Par	t IV Escrow and Custodial Arrang									
	Complete if the organization ans	swered "Yes" o	on Form	990, Pa	art IV, line	9, or 1	eported an amo	ount on	Form	า
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of		-						_	
	included on Form 990, Part X?							. U Ye	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing tab	e.						
							Amo	ount		
С	Beginning balance						;			
d	Additions during the year						I			
е	Distributions during the year)			
f	Ending balance									
2a	Did the organization include an amount on Form						•			No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the exp	planation	nas been _l	provided on F	art XIII			,	
Par		1 113 7 11	_	000 B	. D. / P	4.0				
	Complete if the organization ans	swered "Yes" o	on Form	990, P						
		a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses							-		
d	Grants or scholarships							-		
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses							-		
g	End of year balance									
2	Provide the estimated percentage of the current	•	(line 1g, c	olumn (a)) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession	on of the organizat	tion that a	re held an	d administere	d for th	9			
	organization by:							o (1)	Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	•						3b		
4 Do::	Describe in Part XIII the intended uses of the or	•	wment fur	ids.						
Par	t VI Land, Buildings, and Equipme			000 B	- ut IV / I'u -	44- (Dan Farra 000 I	74 V	:	^
	Complete if the organization ans									0.
	Description of property	(a) Cost or other (investment		. ,	other basis		Accumulated epreciation	(d) Boo	value	
	Land	(investment	.,	(0	,u.iCl)	a	oprociation			
1a	Land		-							
b	Buildings		-							
C	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	ol Form OOC De 1	V 1: 10	0.001	(D)					
i OTA!	ACCUMES 12 INTOLOR TO IL CUITMN (AT MILET ACUS	ar Form 990 Part	* mpd 1()	· coulmn	101		1			

Part VII	Investments - Other Securities					
	Complete if the organization answered "	Yes" on Forr	n 990, Par	t IV, line 1	1b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue	` '	lethod of valuation: nd-of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	on (h) mount annual Forms 2000 Florit V. line 42, and (FN)					
Part VIII	In (b) must equal Form 990, Part X, line 12, col.(B)). Investments - Program Related					
rait VIII	Complete if the organization answered "	Yes" on Forr	n 990, Par	t IV, line 1	1c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book va	alue	` '	lethod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, line 13, col. (B)).					
Part IX	Other Assets	Vaa" on Farr	~ 000 Dor	- IV / line 1	1d Coo Form	n 000 Dort V line 15
	Complete if the organization answered "		11 990, Par	i iv, iiile i	iu. See Fuii	
/1MAD DE	(a) Descri	iption				(b) Book value
(2)TRADEM						99,365 14,941
(3)	TAK.					11,911
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, line 15 col. (B)).					114,306
Part X	Other Liabilities					
	Complete if the organization answered "\ line 25.	Yes" on Forr	n 990, Par	t IV, line 1	1e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book va	alue			
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, line 25 col. (B))					

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

Part	•	•	Return	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements		1	612,961
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	612,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	_	
c	Add lines 4a and 4b		4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Doturn	612,961
Part	XII Reconciliation of Expenses per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990, Page 14		er Keturn	
1	·		1	749,230
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I	749,230
	Donated services and use of facilities	2a		
a	Prior year adjustments	2b		
b	Other losses	2c		
C C	Other (Describe in Part XIII.)	2d		
d	Add lines 2a through 2d		20	
е 3	Subtract line 2e from line 1		2e 3	749,230
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	749,230
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	749,230
Part				745,250
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1b and 2b. Part V line 4.	Part X line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
,		,		

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

x Yes No

Open to Public Inspection

Employer identification number Name of the organization HOMEGROWN NATIONAL PARK INC 86-1228991 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 X Solicitation of non-government grants x Mail solicitations а x Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С x In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1DONORLY FUND DEVELOPMENT 1460 BROADWAY NE NY 10036 X 16,550 (16,550)2 3 4 5 6 7 8 9 10 Total 16,550 (16,550)List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

registration or licensing.	

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 2 Less: Contributions 3 Gross income (line 1 4 Cash prizes . 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

86-1228991 HOMEGROWN NATIONAL PARK INC 01. Amended return information RETURN AMENDED TO MATCH AUDITED FINANCIAL STATEMENTS 02. Form 990 governing body review (Part VI, line 11) THE BOARD OF DIRECTORS RECEIVES THE 990 RETURN PRIOR TO THE RETURN BEING FILED. 03. Conflict of interest policy compliance (Part VI, line 12c) TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED THAT INCLUDE THE FOLLOWING SUBJECTS: A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, ARE BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING. B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. 04. Governing documents, etc, available to public (Part VI, line 19) THE GOVERNING DOCUMENTS INCLUDING FORMS 1023 AND 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST, WHISTLE BLOWER AND DOCUMENT RETENTION POLICIES ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023 Name of the organization Employer identification number HOMEGROWN NATIONAL PARK INC 86-1228991 05. List of other fees for services expenses (Part IX, line 11g) SANDRA DAVIS LLC CONSULTING ON FUNDRAISING AND DEVELOPMENT 06. General explanation attachment TO EDUCATE AND RAISE AWARENESS OF THE BIODIVERSITY CRISIS DUE TO LOSS OF HABITAT AND THE SIMPLE SCIENCE-BASED SOLUTION TO REGENERATE BIODIVERISTY; AND TO CATALYZE AND ENGAGE AS MANY INDIVIDUALS AS POSSIBLE TO PLANT NATIVES, REMOVE INVASIVES, TO GET ON THE HOMEGROWN NATIONAL PARK MAP AND BE PART OF THE LARGEST COOPERATIVE CONSERVATION PROJECT EVER ATTEMPTED THAT WILL RESTORE BIODIVERSITY AND ECOSYSTEM FUNCTION.

EEA Schedule O (Form 990) 2023

		Fe	ederal Supporting Statements	2023	PG01
Name(s) as shown on return				Tax ID Numbe	r
HOMEGROWN NATIONAL I		PARK	INC	8	6-1228991

FORM 990, PART VI, SECTION C, LINE 17

STATEMENT #017

States where a copy of this Form 990 is required to be filed:

Alaska Rhode Island Alabama South Carolina Arkansas Tennessee California Utah Colorado Virginia Connecticut Washington District of Columbia Wisconsin Florida West Virginia

Hawaii Illinois Kansas Kentucky Massachusetts Maryland Maine Michigan Minnesota Mississippi North Carolina North Dakota New Hampshire New Jersey New Mexico Nevada New York Ohio Oklahoma Oregon

Pennsylvania

Georgia