

November 1, 2024

Homebase 870 Market Street 1228 San Francisco, CA 94102-2926

Homebase:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 California Form 199

2023 California Form RRF-1

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Brian Yacker, JD/CPA

Principal

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Pre	рa	rec	۱F	or	:
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Homebase 870 Market Street 1228 San Francisco, CA 94102-2926

Prepared By:

Baker Tilly Advisory Group, LP 18500 Von Karman Avenue 10th Floor Irvine, CA 92612

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

Departme	ent of the Treasury				S. Keep for your records.		2020
	Revenue Service			io to www.irs.gov/Form887	9TE for the latest information		
Name o		_				EIN or SS	
	HOMEBAS						**8303
Name a	nd title of officer or	person subject to	, tux	NIKKA RAPKIN	DIDECED		
Part	Type c	f Doturn on		PRESIDENT & EXECUTIVE	DIRECTOR		
Form 5 or 10a whiche	5330 filers may er below, and the a	nter dollars and mount on that I	cents. F ine for t	or all other forms, enter who ne return being filed with this	I enter the applicable amount, i ile dollars only. If you check the s form was blank, then leave lin he return, then enter -0- on the a	box on line 1a, 2a e 1b, 2b, 3b, 4b, 5	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a bb, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 chec	k here	Х	b Total revenue. if any (Fo	orm 990, Part VIII, column (A), li	ine 12)	1b 11,696,969.
2a	Form 990-EZ				orm 990-EZ, line 9)		
3a	Form 1120-PO	•••			DL, line 22)		
4a	Form 990-PF	heck here			nt income (Form 990-PF, Part		
5a	Form 8868 che				8, line 3c)		
6a	Form 990-T ch				Part III, line 4)		
7a	Form 4720 che			b Total tax (Form 4720, P	art III, line 1)		. 7b
8a	Form 5227 che			b FMV of assets at end o	f tax year (Form 5227, Item D)		8b
9a	Form 5330 che			b Tax due (Form 5330, Pa	rt II, line 19)		. 9b
10a	Form 8038-CP	check here			ent requested (Form 8038-CP		
Part	II Declar	ation and S	ignatu	re Authorization of O	fficer or Person Subject	t to Tax	
Under	penalties of perju	ıry, I declare tha	at X	am an officer of the above	entity or I am a person su	bject to tax with res	spect to (name
		•			, (EIN)	•	
person	al identification r	number (PIN) as	my sign	ature for the electronic retur	iquiries and resolve issues relat n and, if applicable, the conser	ed to the payment. It to electronic fund	I have selected a s withdrawal.
2	I authorize B	AKER TILLY	ADVISO	RY GROUP, LP		to enter my	PIN 94102
				ERO firm name			Enter five numbers, but do not enter all zeros
	with a state a on the return' As an officer of return. If I have	gency(ies) regul s disclosure con or person subje- re indicated with	lating ch nsent so ct to tax nin this i	arities as part of the IRS Fed reen. with respect to the entity, I	I have indicated within this return d/State program, I also authorize will enter my PIN as my signaturn is being filed with a state against consent screen.	e the aforemention	ed ERO to enter my PIN 2023 electronically filed
Sianature	e of officer or person su	biect to tax				Da	te
Part		cation and A	\ uther	tication			<u></u>
ERO's	EFIN/PIN. Enter	your six-digit e	lectronic	filing identification			
numbe	er (EFIN) followed	by your five-dig	it self-se	lected PIN.	813494230	01	
					Do not enter	all zeros	
submit		-	-	· -	ne 2023 electronically filed retu Modernized e-File (MeF) Informa		
ERO's s	signature BR	IAN YACKER			Date	11/01/24	
			E	RO Must Retain This	Form - See Instructions	<u> </u>	
		Do N	lot Su	omit This Form to the	IRS Unless Requested	To Do So	
Ear Dri	ivacy Act and Da	norwork Dodu	otion A	at Natica saa instructions			Form 8879-TF (2023)

LHA 302521 01-05-24

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.

Open to Public

Department of the Treasury

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

					iioiiiiauoiii		mspeci	.1011
A F	or the	2023 calendar year, or tax year beginning	and	ending	7			
B c	heck if pplicable				D Employer ide	ntification	number	
	Addre:	HOMEBASE						
	Name chang	Doing business as			**-***83	303		
	Initial return	Number and street (or P.O. box if mail is not del	E Telephone nur	mber				
	Final return	870 MARKET STREET	,	1228	(415)788-			
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$		11,69	96,969.
	Ameno	san Francisco, ca 94102-2926	H(a) Is this a grou	up return				
	Applic tion	F Name and address of principal officer. With the	RAPKIN		for subordin	ates?	Yes	X No
	pendir	SAME AS C ABOVE			H(b) Are all subordina	ates included?	Yes	No No
II	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta			ons
J۷	Vebsit	e: WWW.HOMEBASECCC.ORG			H(c) Group exem	ption num	ber	
		organization:	sociation Other	L Year	of formation: 1986	M State	of legal dom	nicile: CA
Pa	art I	Summary						
•	1	Briefly describe the organization's mission or most	significant activities: DEDICA	TED TO TH	IE SOCIAL PROBI	JEM		
Activities & Governance		OF HOMELESSNESS.						
rna	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its ne	t assets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3		9
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			4		9
Se	5	Total number of individuals employed in calendar ye	ear 2023 (Part V, line 2a)			5		83
<u>Y</u>	6	Total number of volunteers (estimate if necessary)				6		9
Ç	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a		0.
	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		7b		0.
Φ					Prior Year		Current Ye	ear
	8	Contributions and grants (Part VIII, line 1h)			89,7		36	57,202.
'n	9	Program service revenue (Part VIII, line 2g)			9,373,9	J2.	11,32	20,478.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		5,2	17.		8,153.
<u>m</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		1,5			1,136.
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		9,470,3	39.	11,69	96,969.
	13	Grants and similar amounts paid (Part IX, column (A	N), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A)), line 4)			0.		0.
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		8,159,9	34.	9,23	36,215.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.		0.
×	b	Total fundraising expenses (Part IX, column (D), line		851.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,951,4			<u>11,565.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		10,111,3		10,97	77,780.
		Revenue less expenses. Subtract line 18 from line 1	2		-640,9			L9,189.
s or				Ве	ginning of Current Y		End of Ye	
sets	20	, , , , , , , , , , , , , , , , , , , ,			4,920,7			55,709.
Net Assets or	21	Total liabilities (Part X, line 26)			1,540,7			51,031.
<u>Z</u>	22	Net assets or fund balances. Subtract line 21 from	ine 20		3,380,0	13.	4,10	04,678.
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				of my knowle	edge and bel	ief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	has any knowledge.			
		Signature of officer			I Date			
Sign			тристор		Date			
Her	е	NIKKA RAPKIN, PRESIDENT & EXECUTIVE DI Type or print name and title	RECTOR					
				Tr	Date Chec		PTIN	
D	1	Print/Type preparer's name	Preparer's signature		1 (01 (04 lif			
Paid			BRIAN YACKER	1			00401346	
Prep		Firm's name BAKER TILLY ADVISORY GROUP	,		Firm's EIN		**9910	
use	Only	Firm's address 18500 VON KARMAN AVE, 10TH	LLTOOK			040 000	2000	
		IRVINE, CA 92612			Phone no.	949.222.		
May	the IF	RS discuss this return with the preparer shown abou	e? See instructions				X Yes	No

HOMEBASE Page **2** Form 990 (2023) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: BUILD COMMUNITY CAPACITY TO END HOMELESSNESS, REDUCE POVERTY AND TO FOSTER THRIVING, INCLUSIVE COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 7,042,382. including grants of \$ (Code: _____) (Expenses \$ ____) (Revenue \$ DEDICATED TO ADDRESSING THE SOCIAL PROBLEM OF HOMELESSNESS BASED IN THE SAN FRANCISCO BAY AREA. HOMEBASE FOCUSES ON ENDING HOMELESSNESS PREVENTING ITS RECURRENCE AND DECREASING ITS EFFECT ON COMMUNITIES. HOMEBASE WORKS ON THE LOCAL, STATE, AND NATIONAL LEVEL TO SUPPORT COMMUNITIES IN IMPLEMENTING RESPONSES TO HOMELESSNESS WHILE FOSTERING COLLABORATION IN ADDRESSING THE POLITICAL AND ECONOMIC CAUSES OF HOMELESSNESS. THE MISSION OF HOMEBASE IS TO BUILD COMMUNITY CAPACITY TO END HOMELESSNESS, REDUCE POVERTY AND TO FOSTER THRIVING, INCLUSIVE COMMUNITIES. HOMEBASE SUPPORTS COMMUNITIES AND AGENCIES IN ESTABLISHING THESE PROGRAMS. (Code:) (Expenses \$ including grants of \$ including grants of \$ (Code:) (Expenses \$) (Revenue \$

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7,042,382.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

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Form 990 (2023) HOMEBASE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	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		Х
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		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		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				
	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		х
		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		-
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		4.415		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		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		Х

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Form 990 (2023) HOMEBASE
Part IV Checklist of Required Schedules (continued) HOMEBASE **-***8303 Page 4

	· /		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	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	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%			77
	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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	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		Х
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			
	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?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	41	
	Check if Schedule O contains a response or note to any line in this Part V			
	,,,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2023) HOMEBASE
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) **-***8303 Page 5

			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 8	3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	a 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)?										
b	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).										
5а	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		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х							
е											
f	3 7 3 7 71 7 7 7 1										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h									
h											
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? Sponsoring organizations maintaining donor advised funds.	8									
9											
10											
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 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.										
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	Enter the amount of reserves on hand										
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? If "No," provide an explanation on Schedule O	14b									
15											
	excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	, , , , , , , , , , , , , , , , , , ,	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	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 with a			77
_	taxable entity during the year?	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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	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)	avallat	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O)	_ı £:	-:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ı tınanı	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records HOMEBASE - (415)788-7961			
	870 MARKET ST. SUITE 1228 SAN FRANCISCO CA 94102-2926			

<u> Page</u> **7** Form 990 (2023)

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yoldr	t com	L	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) NIKKA RAPKIN	40.00	_	 -			1 0				
PRESIDENT/EXECUTIVE DIRECTOR				х				249,275.	0.	29,544.
(2) PIPER EHLEN	40.00									
DIRECTOR FEDERAL PROGRAMS					Х			229,082.	0.	19,934.
(3) JEAN FIELD	40.00									
DIRECTOR OF POLICY/IMPLEMENTATION						Х		169,945.	0.	38,161.
(4) PATRICK WIGMORE	40.00									
PRINCIPAL						Х		153,693.	0.	25,754.
(5) JOAN CATHERINE BRAUN	33.00									
ACTING COO				Х				166,976.	0.	9,619.
(6) GILLIAN MORSHEDI	40.00									
DIRECTING ATTORNEY						Х		154,353.	0.	16,528.
(7) NORA LALLY	40.00	1								
PRINCIPAL						Х		148,975.	0.	21,216.
(8) CAROLYN WYLIE	40.00	1								
PRINCIPAL			_			Х		149,032.	0.	17,496.
(9) AMANDA WERHAM	40.00									
DIRECTOR OF STRATEGY AND EVALUATION			_		Х			155,730.	0.	8,895.
(10) JAMES ROOP	40.00	-							_	
ASSISTANT SECRETARY			├	Х		_		86,118.	0.	14,308.
(11) JAMES OLSON	1.00									
CHAIR (10) PARKEYE MARGUALE	1 00	Х		Х				0.	0.	0.
(12) RAYMOND MARSHALL	1.00			Į					0	
VICE CHAIR (13) MEAGAN BACHMAN	1 00	Х	├	Х				0.	0.	0.
TREASURER	1.00	x		x				0.	0	_
(14) FARAN THOMASON	1.00	Λ	\vdash	<u> ^</u>				0.	0.	0.
SECRETARY	1.00	Х		x				0.	0.	0.
(15) ROGER CLAY	1.00	^		_				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) KRISTEN SCOTT KENNEDY	1.00		\vdash	\vdash				· ·	• •	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(17) YA-SIN NORRIS	1.00							· ·	••	<u></u>
DIRECTOR		х						0.	0.	0.
332007 12-21-23										Form 990 (2023)
00E001 1E-E1-E0				_	_					. 31111 (2020)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box, unless person is both		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
(18) ANNE WILSON	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BRIA MASON	1.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal	1				<u> </u>			1,663,179.	0.	201,455.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,663,179.	0.	201,455.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	33
compensation from the organization										

Yes No 3 4

line 1a? If "Yes," complete Schedule J for such individual 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 individual

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

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
MINDSHARE GROUP		
5980 STONERIDGE DRIVE, SUITE 108, CA 94588	HR SERVICES	137,799.
CENTURY GROUP PROFESSIONALS, LLC, 222 N.	TEMPORARY PLACEMENT OF	
PACIFIC COAST HIGHWAY, SUITE 2150, CA	ACCOUNTING STAFF	101,940.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue

			Check if Schedule O cont	ains a	response (or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SΩ	1	a	Federated campaigns		1a					
ant			Membership dues		1b					
ନ୍ଦ୍ର ପ୍ର			Fundraising events		1c					
ífts, r A			Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contribut		1e					
			All other contributions, gifts, gran							
uti Je		•	similar amounts not included abo		1f	367,202.				
e ţ		_	Noncash contributions included in lines		1g \$	7 7 7 7 7 7				
on Pud		-			[•9 Ψ		367,202.			
<u> </u>		<u></u>	Total: Add lines 12 11			Business Code				
	2	2	STATE/LOCAL SERVICES			900099	8,127,956.	8,127,956.		
Şi	_	2 a STATE/LOCAL SERVICES 900099 b GOVERNMENT SERVICES 900099					3,192,522.	3,192,522.		
Ser		C					-,,	-,,		
m S		d								
gra Re		e								
Program Service Revenue			All other program service reve	חוום						
_			Total. Add lines 2a-2f				11,320,478.			
	3	9					,			
	3	Investment income (including dividends, intere other similar amounts)					8,153.			8,153.
	4		Income from investment of ta				,			,,,,,,,
	5		Royalties		-					
	J		Tioyanies	T (i) Real	(ii) Personal				
	6	2	Gross rents 6a	— <u>`</u>	,	(1) 1 01001141				
			Gross rents 6a Less: rental expenses 6b	1						
			Rental income or (loss)							
			Net rental income or (loss)	<u>' </u>						
			Gross amount from sales of	T (i) S	ecurities	(ii) Other				
	'	а	assets other than inventory 7a	<u> </u>		(ii) Guioi				
		h	Less: cost or other basis							
ø		D								
her Revenue		_	and sales expenses 7b Gain or (loss) 7c							
eve			Net gain or (loss)							
프			Gross income from fundraising ev							
Oth	0	а	including \$	-						
١			contributions reported on line		.					
			Part IV, line 18	•						
		h	Less: direct expenses							
			Net income or (loss) from fund							
			Gross income from gaming ac							
	Ŭ	u	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less							
		u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
		_	The state of the s	. 2. 1111		Business Code				
snc	11	а	OTHER INCOME			900099	1,136.			1,136.
nec	-	b					·			•
Miscellaneous Revenue		С								
isc Be			All other revenue							
2			Total. Add lines 11a-11d				1,136.			
	12		Total revenue. See instructions				11,696,969.	11,320,478.	0.	9,289.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 548,515. trustees, and key employees 969,481. 413,112. 7,854. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,625,501. 4,476,916. 2,144,119. 4,466. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 277,581 188,793. 88,646 142 793,969 522,512, 270,615 842. 9 Other employee benefits 569,683 368,196. 200,612 875. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 81,616. 81,616. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 815,051 526,782 287,018 1,251. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15,482. 7,184. 8,281 17. 13 Office expenses 14 Information technology Royalties 15 199,206 128,750. 70,150 306. 16 Occupancy 246,085 159,049, 86,658 378. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 24,782 16,017 8,727 38. 22 Depreciation, depletion, and amortization 41,212. 26,636. 14,513 63. 23 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.) EQUIPMENT/MAINTENANCE 215,327. 141,991. 72.874 462. STAFF TRAINING/DEVT 73,902. 47,766 26,025 111. 7,999. DUES AND SUBSCRIPTIONS 22,715. 14,681. 35. С 1,955. MISCELLANEOUS 3,027. 1,066 5. 3,160, 2,042 1,113 All other expenses е 10,977,780 7,042,382 3,918,547 16,851. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

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Check here

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

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

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HOMEBASE

Form 990 (2023) Part X Balance Sheet

Part A	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,934,661.	1	1,194,066
2			2	362,001
3		201,371.	3	818,341
4		1,513,082.	4	2,532,804
5				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net		7	
Assets			8	
9 گ		112,685.	9	96,471
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 170,601.			
	b Less: accumulated depreciation 10b 149,908.	27,007.	10c	20,693
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	568,569.	12	220,207
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	563,348.	15	221,126
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,920,723.	16	5,465,709
17	Accounts payable and accrued expenses	967,797.	17	482,799
18	Grants payable		18	
19	Deferred revenue	7,516.	19	15,540
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	• • • • • • • • • • • • • • • • • • • •			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
- 23			23	
24			24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	565 405		0.50 .500
	of Schedule D	565,407.	25	862,692
26		1,540,720.	26	1,361,031
ဖ ပ	Organizations that follow FASB ASC 958, check here			
ور ا م	and complete lines 27, 28, 32, and 33.	2 010 710	0=	2 7/1 0/2
27	Net assets without donor restrictions	3,010,719.	27	3,741,842
<u>කි</u> 28		369,284.	28	362,836
<u>.</u>	Organizations that do not follow FASB ASC 958, check here			
힏	and complete lines 29 through 33.		00	
St 29	Capital stock or trust principal, or current funds		29	
88 30			30	
Net Assets or Fund Balances 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	3,380,003.	31	4,104,678
_	Total net assets or fund balances	4,920,723.	32	5,465,709
33	Total liabilities and net assets/fund balances	=, , , , , , , , , , , , , , , , , , ,	33	Form 990 (2023

Form 990 (2023) Page **12** Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI					
	Check if Schedule O contains a response of note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11	696,	969
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2			977,	
3		3		,	719,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,380,003		
5	Net unrealized gains (losses) on investments	5		- ,		486.
6		6			-,	
7	Donated services and use of facilities	7				
8	Investment expenses	8				
9	Prior period adjustments Other changes in pet seeds or find belonges (explain on Schodule O)					0.
		9				<u> </u>
10		40		1	104	678
Pai	t XIII Financial Statements and Reporting	10		- ,	101,	070.
. u	· · · · ·					v
	Check it Scriedule O contains a response of note to any line in this Part XII			······	Voc	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				103	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	—			
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	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		[2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?			За	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

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

HOMEBASE

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

OMB No. 1545-0047

Inspection **Employer identification number**

-8303 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 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))

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

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

Sec	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.")	1,059,325.	1,025,985.	1,445,513.	89,770.	367,202.	3,987,795.
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	1,059,325.	1,025,985.	1,445,513.	89,770.	367,202.	3,987,795.
	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)						949,784.
6	Public support. Subtract line 5 from line 4.						3,038,011.
	etion B. Total Support						7,11,11
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,059,325.	1,025,985.	1,445,513.	89,770.	367,202.	3,987,795.
	Gross income from interest,		_,,,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties,	648.	291.		5,217.	8,153.	14,309.
•	and income from similar sources	040.	251.		3,217.	0,133.	11,303.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	236.	980.		17,097.	1,136.	19,449.
	assets (Explain in Part VI.)	250.	300.		17,037.	1,130.	4,021,553.
	Total support. Add lines 7 through 10		,			40	42,153,099.
	Gross receipts from related activities,				•	12	42,133,033.
13	First 5 years. If the Form 990 is for th			•			
80	organization, check this box and store ction C. Computation of Publi						
	•	• • • • • • • • • • • • • • • • • • • •	<u>_</u>	-1 (6)		44	75.54 %
	Public support percentage for 2023 (li		•	.,,		14	
	Public support percentage from 2022					15	
168	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2022. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	•	I how the organiza	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						U% or
	more, and if the organization meets the				-		
	•		-	•	•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar		
18	organization meets the facts-and-circu Private foundation. If the organization		-	•	•	nd see instructions	Form 990) 2023

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Schedule A (Form 990) 2023 HOMEBASE

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	(0) 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) organization	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						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
 - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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-8303 HOMEBASE Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За 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.

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

HOMEBASE Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	ne organization is responsive			
	(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	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	IS	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able 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)				
i	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.				

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ARLENE AND MICHAEL ROSEN FOUNDATION	753,000.	672,569.
CALIFORNIA HEALTHCARE FOUNDATION	357,646.	277,215.
Total Excess Contributions to Schedule A, Part II, Line 5		949,784.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

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Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
• •	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; I-EZ, line 1. Complete Parts I and II.
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III.
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV,	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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

Name of organization

HOMEBASE

Employer identification number

-*8303

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4 THE NATIONAL ALLIANCE TO END HOMELESSNESS 1518K STREET NW WASHINGTON, DC 20005	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ELEVANCE HEALTH 220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	INAING, AUUI ESS, ANU ZIF + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

-*8303

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional 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 or	rganization			Employer identification number				
HOMEBASE				**-***8303				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	arough (e) and the following line en	try. For organizations					
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I	(b) i di pode di giit	(0) 000 01 girt	(4) 500	girlo neid				
-		(e) Transfer of git	 ft					
-	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(h) Duwnoon of sift	(a) Han of wift	(d) Day	accimation of hour wife in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	escription of how gift is held				
		(e) Transfer of git	 ft					
	(o) Handler of gift							
-	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dec	scription of how gift is held				
Part I	(S) i dipose el gilt	(0) 000 01 giit	(4) 500	girlo neid				
		(e) Transfer of git	l ft					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dec	scription of how gift is held				
Part I	(a) a pece of gill	(5) 655 51 9	(4,23)	guite neta				
	(e) Transfer of gift							
	Tronsforos's name address and	anofavor to transfere						
	Transferee's name, address, and	1	nelationship of tr	ansferor 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.

Name of the organization

Employer identification number

	HOMEBASE			**-***8303
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	ds 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 v	vriting that the assets held in donor advis-	ed funds	
	are the organization's property, subject to the organization's e	3		Yes No
6	Did the organization inform all grantees, donors, and donor ad			········· —
	for charitable purposes and not for the benefit of the donor or	· ·	-	
			•	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recreat	`	a historically	important land area
	Protection of natural habitat	Preservation of		•
	Preservation of open space	1 10001 Valion of	a continua m	stone structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserva	tion easement on the last
_	day of the tax year.	is a conservation contribution in the form	or a conserva	Held at the End of the Tax Year
а			2a	
b	•	usturo included on line 2a		
C	Number of conservation easements on a certified historic strund Number of conservation easements included on line 2c acquired acquired to the conservation of the conservation easements included on line 2c acquired to the conservation of the conservation of the conservation easements on a certified historic structure.		20	
d	•	• • •	2d	
2	on a historic structure listed in the National Register			during the toy
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
4	Number of states where property subject to concentration age	amont is located		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	- · · · · · · · · · · · · · · · · · · ·		□ vaa □ Na
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nariding of violations, and emorcing cons	ervation ease	ernents during the year
-	Annual of conservation and in consistent of the constitution in conservation.		··	ha alvusina da a va av
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and emorcing conserva-	uon easemen	is during the year
	Does each conservation easement reported on line 2d above	action the requirements of acetion 170/b	\/4\/D\/;\	
8	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ Vaa □ Na
_		in the second of		Yes No
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simila	r Assats
· ui	Complete if the organization answered "Yes" on Form		nor omma	. Addeto.
па	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			DUDIIC
	service, provide in Part XIII the text of the footnote to its finan			
р	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pul	olic 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 trea		I gain, provide	
	the following amounts required to be reported under FASB AS	_		
а	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

20,693. Schedule D (Form 990) 2023

(d) Book value

e Other

(a) Cost or other

basis (investment)

Description of property

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

(b) Cost or other

basis (other)

170,601.

(c) Accumulated

depreciation

149,908,

20,693,

Schedule D (Form 990) 2023 HOMEBASE **-**8303 Page 6

Schedule D (Form 990) 2023			8303 Page 3
Part VII Investments - Other Securities	on Forms 000 Boot IV line	addle Coo Farma 000 Book V line do	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(A) F: 11 1 1 1	(b) Book value	(c) Wethod of Valdation. Cost of City	d of year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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" (e 11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			_
(7)			
(8)			
Total (Column (b) must equal Four 000 Port V line 15 and	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		l
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIES			167,488.
(3) FINANCE LEASE LIABILITIES			56,064.
(4) ACCRUED CREDITS DUE, COOPERATIVE AWARD)S		639,140.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			862,692.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2023

HOMEBASE Page **4** Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,702,455. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 5,486. Add lines 2a through 2d 2e 11,696,969. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 11 696 969. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 10,977,780. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities <u>2a</u> **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e 10,977,780. Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 10,977,780. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: HOMEBASE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY. IT HAS NOT PROVIDED FOR INCOME TAXES IN THESE

FINANCIAL STATEMENTS.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION HOMEBASE

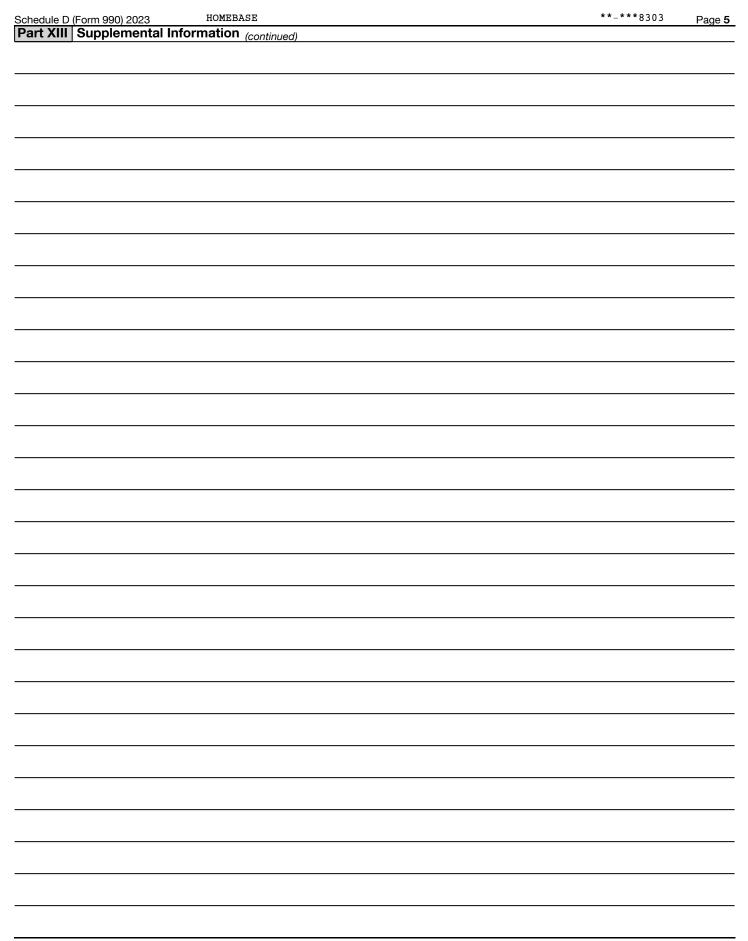
HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE

APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS

HOMEBASE HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO

NOT NEED TO BE MEASURED OR DISCLOSED IN THESE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023



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

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

HOMEBASE Employer identification number **-***8303

			Yes	No
1a	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			
	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		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	c Participate in or receive payment from an equity-based compensation arrangement?			
	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				
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)?	۵		

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.

		compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) NIKKA RAPKIN	(i)	249,275.	0.	0.	12,464.	17,080.	278,819.	0.	
PRESIDENT/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) PIPER EHLEN	(i)	229,082.	0.	0.	11,454.	8,480.	249,016.	0.	
DIRECTOR FEDERAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JEAN FIELD	(i)	167,445.	2,500.	0.	8,497.	29,664.	208,106.	0,	
DIRECTOR OF POLICY/IMPLEMENTATION	(ii)	0.	0.	0.	0.	0.	0,	0,	
(4) PATRICK WIGMORE	(i)	153,693.	0.	0.	7,685.	18,069.	179,447.	0,	
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0,	0,	
(5) JOAN CATHERINE BRAUN	(i)	159,200.	7,776.	0.	7,741.	1,878.	176,595.	0,	
ACTING COO	(ii)	0.	0.	0.	0.	0.	0,	0,	
(6) GILLIAN MORSHEDI	(i)	154,353.	0.	0.	7,718.	8,810.	170,881.	0,	
DIRECTING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0,	0,	
(7) NORA LALLY	(i)	148,975.	0.	0.	7,449.	13,767.	170,191.	0,	
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0,	0,	
(8) CAROLYN WYLIE	(i)	144,032.	5,000.	0.	2,337.	15,159.	166,528.	0,	
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0,	0,	
(9) AMANDA WERHAM	(i)	155,730.	0.	0.	7,787.	1,108.	164,625.	0,	
DIRECTOR OF STRATEGY AND EVALUATION	(ii)	0.	0.	0.	0.	0.	0,	0,	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

******-******8303 HOMEBASE FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY MANAGEMENT. A MEMBER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THIS GROUP DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY). THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN HOMEBASE AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. HOMEBASE SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH HOMEBASE POLICIES AND PROCEDURES FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVES AGGREGATE SALARIES ANNUALLY, REVIEWS SALARY SCHEDULE OF STAFF EVERY 2 YEARS AND DELEGATES TO THE EXECUTIVE DIRECTOR THE ANNUAL REVIEW OF THE COMPENSATION OF ALL HIGH LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH THE IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization HOMEBASE	Employer identification number **-***8303
GUIDELINES AND HOMBASE POLICIES AND PROCEDURES. THE SALARIES ARE SUBMITTED	
TO HUD FOR APPROVAL AT LEAST ONCE A YEAR ON A LABOR CATEGORY SHEET.	
FORM 990, PART VI, SECTION C, LINE 19:	
HOMEBASE MAINTAINS ALL OF ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND	
OTHER LEGAL FILINGS IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR	
INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE AND EQUIPMENT	01/01/20	SL	7.00		16	170,601.				170,601.	125,126.		24,782.	149,908.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						170,601.				170,601.	125,126.		24,782.	149,908.
	* GRAND TOTAL 990 PAGE 10 DEPR						170,601.				170,601.	125,126.		24,782.	149,908.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2023

Prepared For:		
	Homebase 870 Market Street 1228 San Francisco, CA 94102-292	26
Prepared By:		
	Baker Tilly Advisory Group, LP 18500 Von Karman Avenue 10th Floor Irvine, CA 92612	
To be Signed a	and Dated By:	
	Not applicable	
Amount of Tax		
	Total Tax Less: payments and credits Plus: other amount Plus: interest and penalties No payment is required	\$ 0 \$ 0 \$ 0 \$ 0 \$
Overpayment:		
	Credited to your estimated tax Other amount Refunded to you	\$ 0 \$ 0 \$ 0
Make Check P	ayable To:	
	Not applicable	
Mail Tax Retur	n and Check (if applicable) To) :
	This return has qualified for eleand accuracy. We will then transpaper copy of the return to the	ectronic filing. Please review the return for completeness assmit your return electronically to the FTB. Do not mail the FTB.
Return Must b	e Mailed On or Before:	
	Not applicable	
Special Instruc	ctions:	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2023

Pre	рa	rec	١F	or	:
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Homebase

870 Market Street 1228

San Francisco, CA 94102-2926

Prepared By:

Baker Tilly Advisory Group, LP 18500 Von Karman Avenue 10th Floor

Irvine, CA 92612

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

Return must be mailed on or before:

November 15, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return 328941 12-26-23 FORM

199

Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yyy	/y)		
Corporation/Org			Cali	fornia corporation	number	
HOMEBASE				1811297		
Additional inform	ation. See instructions.		FE	IN		
				-83	03	
Street address (s	uite or room)			PMB no.		
870 MARKE	r street, No. 1228		ı			
City			State	ZIP code		
SAN FRANC			CA	94102-2926		
Foreign country	name Foreign province/sta	ate/county		Foreign postal co	ode	
A First retu	n Yes X N	o I Did the organization hav	e any chanç	ges to its guidel	lines	
B Amended	return • Yes X N	o not reported to the FTB?	See instru	ctions	• Yes X	No
C IRC Sect	on 4947(a)(1) trust Yes X N	O J If exempt under R&TC S	Section 2370	01d, has the org	ganization	
D Final info	mation return?	engaged in political activ	vities? See i	instructions.	• Yes X	No
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	K Is the organization exem	npt under R	&TC Section 23	3701g? • Yes X	No
	(mm/dd/yyyy) ●	If "Yes," enter the gross	-			
	Counting method: (1) Cash (2) X Accrual (3) Other	L Is the organization a lim			• Yes X	No
	turn filed? (1) • 990T (2) • 990PF (3) • Sch H (990)	M Did the organization file				
	Other 990 series				• Yes X	No
		N Is the organization unde				
	ganization in a group exemption Yes X N					
It "Yes," v	hat is the parent's name?	0 Is federal Form 1023/10			Yes X	No
		Date filed with IRS				
Part I	omplete Part I unless not required to file this form. See General II	oformation B and C				
- until	1 Gross sales or receipts from other sources. From Side 2, Part			• 1	11,329,767	Too
	2 Gross dues and assessments from members and affiliates				11,323,707	00
	3 Gross contributions, gifts, grants, and similar amounts receiv		CMMM 1	• 3	367,202	
	4 Total gross receipts for filing requirement test. Add line 1 thro					100
Receipts	This line must be completed. If the result is less than \$50,00			• 4	11,696,969	Too
and	5 Cost of goods sold			00	, ,	100
Revenues	6 Cost or other basis, and sales expenses of assets sold			00		
	- T.I AIII. E. III. O			7		Too
	8 Total gross income. Subtract line 7 from line 4				11,696,969	00
_	9 Total expenses and disbursements. From Side 2, Part II, line				10,963,883	00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract				733,086	00
	11 Total payments			• 11		00
	12 Use tax. See General Information K			• 12		00
	13 Payments balance. If line 11 is more than line 12, subtract lin	e 12 from line 11		• <u>13</u>		00
Payments	14 Use tax balance. If line 12 is more than line 11, subtract line 1	1 from line 12		• 14		00
	15 Penalties and interest. See General Information J			15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 f Under penalties of perjury, I declare that I have examined this return, including ac it is true, correct, and complete. Declaration of preparer (other than taxpayer) is b	rom the result	nto and to the	16	ladge and halief	00
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is b	ased on all information of which prep	parer has any	knowledge.	leage and belief,	
Here	Signature _	Title	Date		Telephone	
	of officer	PRESIDENT & EXECUT	'I		(415)788-7961	
	Prengrer's	Date	Check		● PTIN	
	Preparer's BRIAN YACKER	11/01/24	self-en	nployed	P00401346	
Paid	Firm's name				• Firm's FEIN	
Preparer's	(or yours, if self-				**-***9910	
Use Only	employed) 18500 VON KARMAN AVE, 10TH FLOOR and address				Telephone A 10 000 0000	
	IRVINE, CA 92612				949.222.2999	
	May the FTB discuss this return with the preparer shown above? So	ee instructions	<u></u>	● X Yes	No	

328951 12-26-23

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all I	ousiness activities. See instruc	ctions	•	1	00
		2	Interest			•	2	8,153 00
		3	Dividends				3	00
Recei	ots	4	Gross rents				4	00
from		5	Gross royalties				5	00
Other		6	Gross amount received from sale	e of assets (See instructions)		•	6	00
Source	es	7	Other income		SEE STATEM	ENT 2	7	11,321,614 00
		8	Total gross sales or receipts from	m other sources. Add line 1 th	rough line 7. Enter here and o	n Side 1, Part I, line 1	8	11,329,767 00
		9	Contributions, gifts, grants, and	similar amounts paid		•	9	00
		10	Disbursements to or for member				10	00
		11	Compensation of officers, direct	ors, and trustees	SEE STATEM	ENT 3	11	969,481 00
		12	Other salaries and wages				12	6,625,501 00
Expen	ses	13	Interest				13	00
and		14	Taxes				14	569,683 00
Disbu	se-		Rents				15	199,206 00
ments		16	Depreciation and depletion (See	instructions)		•	16	10,885 00
		17	Other expenses and disburseme	nts	SEE STATEM	ENT 4 ●	17	2,589,127 00
			Total expenses and disbursemen			rt I, line 9	18	10,963,883 00
Sch	edul	e L	Balance Sheet	Beginning of	taxable year	End o	of tax	able year
Assets	;			(a)	(b)	(c)		(d)
1 Ca	ash				1,934,661			1,556,067
2 N	et acc	ounts	receivable		1,513,082			• 2,532,804
3 N	et not	es red	ceivable					•
4 In	vento	ries .						•
5 Fe	ederal	and s	state government obligations					•
			in other bonds					•
7 In	vestm	nents	in stock					•
8 M	ortga	ge loa						•
			ments STMT 5		568,569			• 220,207
10 a	Depr	eciab	le assets	166,030		170,6	01	
			mulated depreciation	139,023	27,007	149,908	8	20,693
11 La	and							•
12 0	ther a	ssets	STMT 6		877,404			• 1,135,938
13 To	otal as	ssets			4,920,723			5,465,709
			et worth					
			yable		967,797			• 482,799
			s, gifts, or grants payable					•
			otes payable					•
			ayable					•
			es STMT 7		572,923			878,232
			or principal fund					•
			al surplus. Attach reconciliation					•
			nings or income fund		3,380,003			• 4,104,678
22 To	otal li	abiliti	ies and net worth		4,920,723			5,465,709

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	724,675	7	Income recorded on books this year		
2	Federal income tax	•			not included in this return. Attach schedule *	•	5,486
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged		
4	Income not recorded on books this year.				against book income this year.		
	Attach schedule	•			Attach schedule	•	
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8		5,486
	deducted in this return. Attach schedule *	•	13,897	10	Net income per return.		
6	Total. Add line 1 through line 5		738,572		Subtract line 9 from line 6		733,086

Side 2 Form 199 2023 022 3652234

^{*} SEE STATEMENT

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA HEALTHCARE FOUNDATION	1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	12/31/23	271,966.
THE NATIONAL ALLIANCE TO END HOMELESSNESS	1518K STREET NW WASHINGTON, DC 20005	12/31/23	75,000.
ELEVANCE HEALTH	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204	12/31/23	10,000.
TOTAL INCLUDED ON LINE 3			356,966.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER INCOME STATE/LOCAL SERVICES GOVERNMENT SERVICES		1,136. 8,127,956. 3,192,522.
TOTAL TO FORM 199, PART II, LINE	7	11,321,614.

-*8303 HOMEBASE

CA 199 COMPE	NSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
NIKKA RAPKIN 870 MARKET STREET, SAN FRANCISCO, CA		PRESIDENT/EXECUTIVE DIRECT	278,819.
PIPER EHLEN 870 MARKET STREET, SAN FRANCISCO, CA		DIRECTOR FEDERAL PROGRAMS 40.00	249,016.
JOAN CATHERINE BRAU 870 MARKET STREET, SAN FRANCISCO, CA	1228	ACTING COO 33.00	176,595.
AMANDA WERHAM 870 MARKET STREET, SAN FRANCISCO, CA		DIRECTOR OF STRATEGY AND E	164,625.
JAMES ROOP 870 MARKET STREET, SAN FRANCISCO, CA		ASSISTANT SECRETARY	100,426.
JAMES OLSON 870 MARKET STREET, SAN FRANCISCO, CA		CHAIR 1.00	0.
RAYMOND MARSHALL 870 MARKET STREET, SAN FRANCISCO, CA		VICE CHAIR 1.00	0.
MEAGAN BACHMAN 870 MARKET STREET, SAN FRANCISCO, CA		TREASURER	0.

HOMEBASE					**_**	303
FARAN THOMASON 870 MARKET STREET, SAN FRANCISCO, CA			SECRETARY	1.00		0.
ROGER CLAY 870 MARKET STREET, SAN FRANCISCO, CA			DIRECTOR	1.00		0.
KRISTEN SCOTT KENN 870 MARKET STREET, SAN FRANCISCO, CA	1228		DIRECTOR	1.00		0.
YA-SIN NORRIS 870 MARKET STREET, SAN FRANCISCO, CA			DIRECTOR	1.00		0.
ANNE WILSON 870 MARKET STREET, SAN FRANCISCO, CA			DIRECTOR	1.00		0.
BRIA MASON 870 MARKET STREET, SAN FRANCISCO, CA			DIRECTOR	1.00		0.
TOTAL TO FORM 199,	PART II, LINE	11			969	,481.
CA 199		OTHER	EXPENSES		STATEMENT	4
DESCRIPTION					AMOUNT	
EQUIPMENT/MAINTENAISTAFF TRAINING/DEVENT TRAINING/DEVENT TRAINING/DEVENT TRAINING/DEVENT TRAINING/DEVENT TRAVEL	r. IONS IBUTIONS EFITS				73 22 3 277 793 81 815 15	,327. ,902. ,715. ,027. ,581. ,969. ,616. ,051. ,482. ,085.

3,160.

2,589,127.

ALL OTHER EXPENSES

TOTAL TO FORM 199, PART II, LINE 17

HOMEBASE **-***8303

CA 199 O'	THER INVESTMENT	'S 	STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CASH EQUIVALENTS		143,683.	0
CERTIFICATES OF DEPOSITS		414,645.	
BONDS		10,241.	11,076
TOTAL TO FORM 199, SCHEDULE L, LI	NE 9	568,569.	220,207
CA 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		201,371.	818,341
PREPAID EXPENSES AND DEFERRED CHA	RGES	112,685.	96,471
DEPOSITS		5,000.	5,000
OPERATING LEASE RIGHT-OF-USE-ASSE	TS	494,750.	167,488
FINANCE LEASE RIGHT-OF-USE-ASSETS		63,598.	48,638
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12	877,404.	1,135,938
	NE 12 THER LIABILITIE		1,135,938 STATEMENT 7
CA 199 O			STATEMENT 7
CA 199 O		s	STATEMENT 7 END OF YEAR
CA 199 O' DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES	THER LIABILITIE	BEG. OF YEAR 499,048. 66,359.	STATEMENT 7 END OF YEAR 167,488 56,064
CA 199 O' DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE	THER LIABILITIE	BEG. OF YEAR 499,048.	STATEMENT 7 END OF YEAR
CA 199 O' DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE ADDEFERRED REVENUE	THER LIABILITIE	BEG. OF YEAR 499,048. 66,359. 0. 7,516.	STATEMENT 7 END OF YEAR 167,488 56,064 639,140 15,540
CA 199 O' DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE ADDEFERRED REVENUE	THER LIABILITIE	BEG. OF YEAR 499,048. 66,359. 0.	STATEMENT 7 END OF YEAR 167,488 56,064 639,140
CA 199 DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE ACCRUED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE CA 199 EXPENSES RE	THER LIABILITIE	BEG. OF YEAR 499,048. 66,359. 0. 7,516. 572,923.	STATEMENT 7 END OF YEAR 167,488 56,064 639,140 15,540
CA 199 DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE ACCRUED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE CA 199 EXPENSES RE	THER LIABILITIE AWARDS NE 18 CORDED ON BOOKS	BEG. OF YEAR 499,048. 66,359. 0. 7,516. 572,923.	STATEMENT 7 END OF YEAR 167,488 56,064 639,140 15,540 878,232
CA 199 DESCRIPTION OPERATING LEASE LIABILITIES FINANCE LEASE LIABILITIES ACCRUED CREDITS DUE, COOPERATIVE ACCRUED REVENUE TOTAL TO FORM 199, SCHEDULE L, LIX	THER LIABILITIE AWARDS NE 18 CORDED ON BOOKS	BEG. OF YEAR 499,048. 66,359. 0. 7,516. 572,923.	STATEMENT 7 END OF YEAR 167,488 56,064 639,140 15,540 878,232

	RECORDED ON BOOKS INCLUDED IN THIS		STATEMENT 9
DESCRIPTION			AMOUNT
UNREALIZED GAIN			5,486.
TOTAL TO FORM 199, SCHEDULE M	-1, LINE 7		5,486.
CA 199	FUND BALANCES		STATEMENT 10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR REST		3,010,719.	
NET ASSETS WITH DONOR RESTRIC	TIONS	369,284.	362,836. - ——————
TOTAL TO FORM 199, SCHEDULE L	, LINE 21	3,380,003.	4,104,678.

BOMBBASE Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California 2 1 Cardiac desired for Section 179 property placed in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for brashely exers. Subtract line 4 from line 1. If zero or less, enter -0- 5 Collar limitation for brashely exers. Subtract line 4 from line 1. If zero or less, enter -0- 5 Collar limitation for brashely exers. Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Description of property (le) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7 7 Interest the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 9 and line 10, lises line 12 12 IRC Section 179 property desilowed deduction to flow 9 and line 10, lises line 12 13 Tent II Depreciation and Electron of Additional First Year Depreciation Deduction Under RATC Section 24356 14 1 PURNITURE AND EQUIPMENT Other basis 14 1 PURNITURE AND EQUIPMENT Other basis 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) 16 Interest the corporations of selecting. 17 Total depreciation calender for federal purposes from deduction from 1600 or form 1000 or form 1000, Sec in, line 6. In 10, 885 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 or Form 1000, Sec in line 2, line 12, line 13, 897 Part IV Amortization (a) Description o	TAXABLE YEAR Co	rporation	on Depr	eciatio	n							CALIFORN 38	IA FORM 85
Total existed for Septense Certain Property Under IRC Section 179 Part I. Election To Expense Certain Property Under IRC Section 179 1 Total accid of IRC Section 179 property before reduction in imitation 2 Total accid of IRC Section 179 property petitor reduction in imitation 3 Total section 170 property petitor reduction in imitation 4 Total accid of IRC Section 179 property petitor reduction in imitation 5 Dollar limitation for taxoble years. Subtract line 1 from line 1.1 trace or less, enter -0- 5 Dollar limitation for taxoble years. Subtract line 1 from line 1.1 trace or less, enter -0- 5 Dollar limitation for taxoble years. Subtract line 1 from line 1.1 trace or less, enter -0- 5 Dollar limitation for taxoble years. Subtract line 1 from line 1.1 trace or less, enter -0- 5 Dollar limitation for taxoble years. Subtract line 1 from line 1.1 trace or less, enter -0- 7 Listed property (elected IRC Section 179 coparty, Add announts in column (c), line 6 and line 7 7 Listed property (elected IRC Section 179 property, Add announts in column (c), line 6 and line 7 8 Total elected cost of IRC Section 179 property, Add announts in column (c), line 6 and line 7 9 Total success from influencion. Finite the smaller of business income (not less than zeon) or line 5 110 Carryover of desailowed deduction to an other taxoble years 110 Description of property (c) the smaller of business income (not less than zeon) or line 5 111 Carryover of desailowed deduction 1 to 100 Line 1 trace 1 tra	Attach to Form 100 or Form	100W.			Form 19	9				F	EIN	**_***	8303
Part I. Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 rock California 2 Carried cost of IRC Section 179 roper place of in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 4 Carried Carried IRC Section 179 property before discretion in limitation 5 Collar immitation to travable year. Subtract line 4 from line 1, If zero or less, enter -0- 6 (a) Description of property (a) Description of property (elected IRC Section 179 cost) 7 Listed property (elected IRC Section 179 cost) 8 Carried Carried IRC Section 179 cost) 1 Total elected cost of IRC Section 179 cost) 1 Respect of disablowed deduction from property. Add amounts in column (c), line 6 and line 7 9 Instance and control of the smaller of line 5 or line 8 10 Carriyover of disablowed deduction from property. Add amounts in column (c) line 6 and line 7 12 IRC Section 179 expense deduction of Additional First Year Despression Deduction Under RATO Section 24358 11 Business income in the smaller of Line Section 179 cost) 12 IRC Section 179 expense deduction of Additional First Year Despression Deduction Under RATO Section 24358 13 Carryever of disablowed deduction of Additional First Year Despression Deduction Under RATO Section 24358 14 I TURNITURE AND EQUITMENT 15 Add the amounts in column (g) and column (h). The total of column (g) and column (h) line lassis 16 Cost or allowed or al	Corporation name	ion name									Califo	rnia corporati	on number
1 Maximum deduction under IRC Section 179 progretly placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 4 Reduction in limitation 5 (2) and 1 Reduction in limitation 5 (3) a \$200,000 4 Reduction in imitation. Subtract line 3 from line 2.1 /zero or less, enter -0- (a) Description of property (b) Cost (fusioness use only) (c) Elected cost (a) Description of property (b) Cost (fusioness use only) (c) Elected cost (d) Elected cost (e) Elected cost (e) Elected cost (f) Elected cost (g) Elected cos	HOMEBASE											1811297	
2 Totals cost of IRC Section 179 property pleased in service 3 Section 179 cost of IRC Section 179 property before reduction in limitation of the section of the section of the section 179 cost of th	Part I Election To Expense	Certain Propert	y Under IRC S	ection 179									
2 Totals cost of IRC Section 179 property pleased in service 3 Section 179 cost of IRC Section 179 property before reduction in limitation of the section of the section of the section 179 cost of th	1 Maximum deduction unde	er IRC Section 1	79 for Californ	ia							1		\$25,000
4 Social content in initiation, Subtract line 3 from line 2. If zero or less, enter -0-											١ .		
Soldiar limitation for taxabile year. Subtract line 4 from line 1. If zero or less, enter -0 (c) Cost (business use only) (c) Elected cost													\$200,000
(a) Description of property (b) Cost (business use only) (c) Elected cost (d) Description of property (e) Clasted property (e) Clasted (cost of IRC Section 179 cost) (e) Elected (cost of IRC Section 179 cost) (f) Carryver of Galaciewed deduction from prior taxable vars (f) Carryver of Galaciewed deduction from prior taxable vars (f) Carryver of Galaciewed deduction from prior taxable vars (f) Carryver of Galaciewed deduction from prior taxable vars (f) Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (g) Carryver of Galaciewed deduction. Add fine 3 and line 10, but do not enter more than line 11 (g) Carryver of Galaciewed deduction and Cost Add fine 3 and line 10, but so not enter more than line 11 (g) Description of property (g) Description of property (g) Data acquired Cost of (g) Depreciation and Election of Additional First Year Depreciation Deduction Under R&TO Section 2858 (g) Description of property (g) Data acquired Cost of (g) Depreciation allowed or large (g) Cost of (g) Depreciation and Cost of (g) Depreciation (g) Depreciation of (g) Depreciation (g) Depreciation (g) Or (g) Depreciation (g)	4 Reduction in limitation. S	ubtract line 3 fro	om line 2. If zer	o or less, ente	r -0-								
7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Ternative deduction. Enter the smaller of lines 10 in 8 8 10 Carryover of disallowed deduction from prior taxable years 11 It	5 Dollar limitation for taxab	le year. Subtrac	t line 4 from lin	e 1. If zero or I	ess, enter -0-		<u>.</u>				5		
7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tontative deduction. Enter the smaller of line 5 or line 8 9 10 Carrywer of the sailword deduction from prior taxable years 11 Business income limitation. Enter the smaller of line 5 or line 8 12 III Carrywer of disallowed deduction. Add line 9 and line 10, but do not enter more than line 1 1 12 III Carrywer of disallowed deduction to 2024. Add line 9 and line 10, but do not enter more than line 1 1 13 Carrywer of disallowed deduction to 2024. Add line 9 and line 10, but do not enter more than line 1 1 14 PURNITURE AND EQUIPMENT Other basis of the sacquired (mind/dyyyy) of the basis of the sacquired (mind/dyyyy) of the basis of the sacquired (mind/dyyy) of the basis of the sacquired (mind/dyyyy) of the basis of the sacquired (mind/dy	(a)	Description of p	roperty		(b) Cost (b	usiness use o	nly)	(c) Elected o	cost	_		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Ternative deduction. Enter the smaller of line 5 of line 8 9 10 Carryver of disallowed deduction from prior basis years 110 Business income limitation. Enter the smaller of line 5 of line 8 9 10 Carryver of disallowed deduction. Add line 9 and line 10, less line 12 12 13 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 13 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 13 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 13 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 13 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 14 Carryver of disallowed deduction to 2024. Add line 9 and line 10, less line 12 15 Cost or allowable in earlier years 14 15 Cost or allowable in earlier years 14 15 Cost or allowable in earlier years 14 15 Cost or allowable in earlier years 15 Cost or allowable in earlier years 15 Cost or allowable in earlier years 16 Cost or allowable in earlier years 17 Total depreciation adjustment. If line 17 is greater than line 15, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 (It California depreciation adjustment in earlier years 18 Cost or allowable in earlier years 19 Cost or allowable in earlier	6										_		
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14	Description of property	Date àcquire	d Co	ost or	Depreciation	allowed or	Den		Life	or	Depr	eciation	Additional
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16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ■ 18		4, column (h)								15		10,885	
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22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		(0)											
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022	
Date Accepted	

TAXABLE YEAR 2023

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizations	
Exempt Organization name	Identifying number
HOMEBASE	**-***8303
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	
3 Total expenses and disbursements (Form 199, line 9)	
4 Tax due (Form 109, line 23)	
5 Overpayment (Form 109, line 24) Part II Settle Your Account Electronically for Taxable Year 2023	5
6 Direct Deposit of refund (Form 109 only.)	
7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (i	mm/dd/\\\\\\\
Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the curre	
First Payment Second Payment Third Paymen	1
8 Amount	
9 Withdrawal Date	
Part IV Banking Information (Have you verified the exempt organization's banking information?)	
10 Routing number	
	Checking Savings
Part V Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic fund and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.	
a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exem organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exem delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the dat Sign PRESIDENT & EXECUTIVE	return and accompanying schedules and mpt organization's return or refund is te when the refund was sent.
Here Signature of officer Date Title	
Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before triprovided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all of 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date Check if also paid Check i	urn. I declare, however, that form FTB 8453-EO ransmitting this return to the FTB. I have other requirements described in FTB Pub. of the return or four years from the date so the paid preparer, under penalties of perjury, the best of my knowledge and belief, they are
PRIAN IACAER preparer A	employed P00401346 Firm's FEIN **-***9910
if self-employed)	Firm's FEIN ^^-^^9910
IRVINE, CA	ZIP code 92612
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and s and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
Paid Paid Peid preparer's if sel	lf · ·
	loyed
Must Firm's name (or yours if self-employed) and address	Firm's FEIN
-	
	ZIP code

FTB 8453-EO 2023

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

Check if:

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

HOMEDAGE		Change of address				
HOMEBASE Name of Organization	-	Amended report				
name of Organization		ganization requests email notifications				
List all DBAs and names the organization uses or has used	-					
870 MARKET STREET, NO. 1228 Address (Number and Street)	_ State Ch	arity Registration Number 084209				
SAN FRANCISCO, CA 94102-2926	Corporat	ion or Organization No. 1811297				
City or Town, State, and ZIP Code	_ ' ' '					
(415)788-7961	_ Federal E	Employer ID No. **-***8303				
Telephone Number E-mail Address						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Make Check Payable to Depa						
Total Revenue <u>Fee</u> <u>Total Revenue</u>	<u>Fee</u>	Total Revenue	Fee	- 1		
Less than \$50,000 \$25 Between \$250,001 and \$1 millio		Between \$20,000,001 and \$100 million	\$80			
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 mill Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 mill		Between \$100,000,001 and \$500 million Greater than \$500 million		,000 ,200		
	ilion \$400	Greater than \$500 million	Φ 1,	,200		
PART A - ACTIVITIES		ding 12/31/2023) list:				
For your most recent full accounting period (beginning01/01/2023	end	ding 12/31/2023) list:				
Total Revenue (including pagesh contributions) \$ 11,696,969 Noncash Contributions \$		O Total Assets \$ 5.	465,	709		
(including noncash contributions) \$ 11,696,969 Noncash Contributions \$ 7,042,382	Total Exp	enses \$ 10,977,780				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOR						
Note: All questions must be answered. If you answer "yes" to any of the questions and explanation and details for each "yes" response. Please			Yes	No		
1. During this reporting period, were there any contracts, loans, leases or other		· ·				
and any officer, director or trustee thereof, either directly or with an entity in any financial interest?	which any su	ch officer, director or trustee had				
•				Х		
During this reporting period, was there any theft, embezzlement, diversion or funds?	or misuse of th	ne organization's charitable property		x		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or						
commercial coventurer used?						
5. During this reporting period, did the organization receive any governmental funding?						
C. Diving this reporting period did the exception hold a reffle for should be purposed.						
6. During this reporting period, did the organization hold a raffle for charitable purposes?						
7. Does the organization conduct a vehicle donation program?				х		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? 						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
NIKKA RAPKIN	F	PRESIDENT & EXECUTIVE DIR				
Signature of Authorized Agent Printed Name		Title Date				
29291						