

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **07/01/21**, and ending **06/30/22**

**HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

**59-3007298**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>5,103,305</b></u>
<b>Revenue</b>		
Contributions	<u><b>989,798</b></u>	
Program service revenue	<u><b>1,533,591</b></u>	
Investment income	<u><b>884</b></u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u><b>731,220</b></u>	
<b>Total revenue</b>		<u><b>3,255,493</b></u>
<b>Expenses</b>		
Program services	<u><b>3,590,865</b></u>	
Management and general	<u><b>87,795</b></u>	
Fundraising	<u><b>99</b></u>	
<b>Total expenses</b>		<u><b>3,678,759</b></u>
<b>Excess / (deficit)</b>		<u><b>-423,266</b></u>
Changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>4,680,039</b></u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u><b>3,255,493</b></u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u><b>3,255,493</b></u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u><b>3,678,759</b></u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u><b>3,678,759</b></u></u>

<b>Balance Sheet</b>			
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u><b>5,283,794</b></u>	<u><b>4,883,848</b></u>	
Liabilities	<u><b>180,489</b></u>	<u><b>203,809</b></u>	
Net assets	<u><u><b>5,103,305</b></u></u>	<u><u><b>4,680,039</b></u></u>	<u><b>-423,266</b></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date **11/15/22**  
 Failure to file penalty \_\_\_\_\_

**Tipton, Marler, Garner & Chastain**  
**P. O. Box 1100**  
**Panama City, FL 32402-1100**  
**850-769-9491**

January 8, 2025

**CONFIDENTIAL**

HABITAT FOR HUMANITY  
OF BAY COUNTY INC  
P.O. BOX 408  
PANAMA CITY, FL 32402

Dear Habitat for Humanity of Bay County Inc.:

We have prepared the enclosed amended returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your amended Form 990 for the tax year ended 6/30/22 shows no balance due.

Your amended return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your amended return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Tipton, Marler, Garner & Chastain  
P. O. Box 1100  
Panama City, FL 32402-1100

***Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.***

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Tipton, Marler, Garner & Chastain

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

EIN or SSN

**59-3007298**

Name and title of officer or person subject to tax **ANGELA KLOPF  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>3,255,493</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **TIPTON, MARLER, GARNER & CHASTAIN** to enter my PIN **21321** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **01/08/25**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59273316907**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature \_\_\_\_\_ Date **01/08/25**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: HABITAT FOR HUMANITY OF BAY COUNTY INC. D Employer identification number: 59-3007298. E Telephone number: 850-784-9975. G Gross receipts: 3,255,493.

F Name and address of principal officer: ANGELA KLOPF, 2901 W 17TH STREET, PANAMA CITY, FL 32405. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3). J Website: N/A. H(c) Group exemption number: 8545.

K Form of organization: Corporation. L Year of formation: 1991. M State of legal domicile: FL.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BUILDING HOMES FOR LOW INCOME FAMILIES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (21), 4 Number of independent voting members (21), 5 Total number of individuals employed (32), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (2,558,026 / 989,798), 9 Program service revenue (1,181,641 / 1,533,591), 10 Investment income (1,355 / 884), 11 Other revenue (852,757 / 731,220), 12 Total revenue (4,593,779 / 3,255,493).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries (805,899 / 609,159), 16a Professional fundraising fees, 16b Total fundraising expenses (99), 17 Other expenses (2,844,108 / 3,069,600), 18 Total expenses (3,650,007 / 3,678,759), 19 Revenue less expenses (943,772 / -423,266).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (5,283,794 / 4,883,848), 21 Total liabilities (180,489 / 203,809), 22 Net assets or fund balances (5,103,305 / 4,680,039).

Part II Signature Block

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

Sign Here: Signature of officer: ANGELA KLOPF, EXECUTIVE DIRECTOR. Date.

Paid Preparer Use Only: Print/Type preparer's name: PHILLIP EASTON RAMER, CPA. Preparer's signature. Date: 01/08/25. Check self-employed. PTIN: P01416907. Firm's name: TIPTON, MARLER, GARNER & CHASTAIN. Firm's EIN: 20-1217629. Firm's address: PANAMA CITY, FL 32402-1100. Phone no.: 850-769-9491.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**BUILDING HOMES FOR LOW INCOME FAMILIES**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as 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.

**4a** (Code: ) (Expenses \$ **3,590,865** including grants of \$ ) (Revenue \$ **1,533,591** )

**PROGRAM SERVICES**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **3,590,865**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
38		X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			X

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>32</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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>4a</b>			<b>X</b>
<b>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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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>1a</b>	<b>21</b>
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>21</b>
<b>2</b> 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?	<b>2</b>	<b>X</b>
<b>3</b> 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?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> 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?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> 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.	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>15b</b>	<b>X</b>
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**MICHAEL A. MARTIN**  
**PANAMA CITY**

**1515 E 11TH ST**

**FL 32401**

**850-258-3729**

**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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA KLOPF EXECUTIVE DIRECTOR	40.00 0.00	X		X				54,000	0	0
(2) GAYLE AHRENS DIRECTOR	1.00 0.00	X						0	0	0
(3) JASON CROWE DIRECTOR	1.00 0.00	X						0	0	0
(4) CHRIS FORD DIRECTOR	1.00 0.00	X						0	0	0
(5) PATTI FOWLER DIRECTOR	1.00 0.00	X						0	0	0
(6) ROBERT GATES DIRECTOR	1.00 0.00	X						0	0	0
(7) JOE GRANDUCCI SECRETARY	1.00 0.00	X		X				0	0	0
(8) CURT HARTOG DIRECTOR	1.00 0.00	X						0	0	0
(9) TRAVIS HERR DIRECTOR	1.00 0.00	X		X				0	0	0
(10) GEORGE HINES DIRECTOR	1.00 0.00	X						0	0	0
(11) MANNY LLORCA TREASURER	10.00 0.00	X		X				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LYN MASSLIENO</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(13) <b>DONNA PILSON</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(14) <b>DREENA REED</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(15) <b>AARON RICH</b>	1.00									
<b>VICE PRESIDENT</b>	0.00	X		X				0	0	0
(16) <b>ZACK SANCHEZ</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(17) <b>SHELLEY SCARBOROUGH</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(18) <b>KYLE SHOOTS</b>	1.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(19) <b>DOUG SMITH</b>	1.00									
<b>RA/COUNSEL/DIRECTOR</b>	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>54,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>54,000</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	989,798				
	g Noncash contributions included in lines 1a-1f	1g \$					
	<b>h Total.</b> Add lines 1a-1f			<b>989,798</b>			
<b>Program Service Revenue</b>			Business Code				
	2a SALES OF HOMES			1,411,000	1,411,000		
	b MORGAGE DISCOUNT AMORTIZATION			94,091	94,091		
	c SALES OF LAND			28,500	28,500		
	d						
	e						
	f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			<b>1,533,591</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			884		884	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a		661,881				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			661,881	661,881			
<b>Miscellaneous Revenue</b>			Business Code				
	11a OTHER INCOME			69,339	69,339		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			69,339				
<b>12 Total revenue.</b> See instructions			<b>3,255,493</b>	<b>2,264,811</b>	<b>0</b>	<b>884</b>	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>564,746</b>	<b>482,858</b>	<b>81,888</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>44,413</b>	<b>38,506</b>	<b>5,907</b>	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	<b>12,045</b>	<b>12,045</b>		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	<b>35,852</b>	<b>35,852</b>		
13 Office expenses	<b>22,758</b>	<b>22,758</b>		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	<b>21,004</b>	<b>21,004</b>		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	<b>2,000</b>	<b>2,000</b>		
22 Depreciation, depletion, and amortization	<b>25,954</b>	<b>25,954</b>		
23 Insurance	<b>102,323</b>	<b>102,323</b>		
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.)				
a <b>COST OF HOMES SOLD</b>	<b>1,450,604</b>	<b>1,450,604</b>		
b <b>COST OF STORE GOODS SOLD</b>	<b>661,955</b>	<b>661,955</b>		
c <b>MORTGAGE DISCOUNT ISSUED</b>	<b>492,284</b>	<b>492,284</b>		
d <b>UTILITIES</b>	<b>50,125</b>	<b>50,125</b>		
e All other expenses	<b>192,696</b>	<b>192,597</b>		<b>99</b>
25 Total functional expenses. Add lines 1 through 24e	<b>3,678,759</b>	<b>3,590,865</b>	<b>87,795</b>	<b>99</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,703,598	1	1,456,425
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	7	Notes and loans receivable, net	1,313,379	7	1,525,404
	8	Inventories for sale or use	1,058,315	8	606,469
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,512,852		
	10b	Less: accumulated depreciation	217,302	10c	1,295,550
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,283,794	16	4,883,848	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	56,909	17	69,233
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	123,580	21	134,576
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	180,489	26	203,809
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	5,103,305	27	4,680,039
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	5,103,305	32	4,680,039
33	<b>Total liabilities and net assets/fund balances</b>	5,283,794	33	4,883,848	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,255,493</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,678,759</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-423,266</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>5,103,305</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,680,039</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</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		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JUSTIN SMITH	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) MYRON GUILFORD	10.00									
PRESIDENT	0.00			X			0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		

**Section B. Independent Contractors**

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

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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public  
Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

<b>Name of the organization</b> <b>HABITAT FOR HUMANITY OF BAY COUNTY INC</b>	<b>Employer identification number</b> <b>59-3007298</b>
--	--

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2020 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	856,159	1,466,263		1,967,849	989,798	5,280,069
<b>2</b> 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	1,042,897	855,491		1,998,819	2,264,811	6,162,018
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,899,056	2,321,754		3,966,668	3,254,609	11,442,087
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						11,442,087

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	1,899,056	2,321,754		3,966,668	3,254,609	11,442,087
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	629	8,531		1,354	884	11,398
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	629	8,531		1,354	884	11,398
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,322	9,644				13,966
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,904,007	2,339,929		3,968,022	3,255,493	11,467,451

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.78 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	99.70 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			

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

**PART III, LINE 12 - OTHER INCOME DETAIL**

<b>UNCATEGORIZED INCOME</b>	<b>\$</b>	<b>13,966</b>
-----------------------------	-----------	---------------

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization

HABITAT FOR HUMANITY OF BAY COUNTY INC

Employer identification number

59-3007298

Organization type (check 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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

**HABITAT FOR HUMANITY**

Employer identification number

**59-3007298**

**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	MISCELLANEOUS ITEMS 1515 E 11TH ST PANAMA CITY FL 32401	\$ 171,952	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS GA 31709	\$ 134,479	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VOLUNTEER FLORIDA FOUNDATION INC 1545 RAYMOND DIEHL ROAD, SUITE 250 TALLAHASSEE FL 32308	\$ 9,412	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PUBLIX SUPERMARKET CHARITIES 3300 PUBLIX CORPORATE PKWY LAKELAND FL 33811	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF BAY COUNTY INC

Employer identification number

59-3007298

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>737,347</b>		<b>737,347</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>775,505</b>	<b>217,302</b>	<b>558,203</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,295,550</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>3,255,493</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>3,255,493</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>3,255,493</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>3,678,759</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>3,678,759</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>3,678,759</b>

**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 IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION**

**FUNDS ARE ACCUMULATED IN THE ESCROW ACCOUNTS DURING THE YEAR FOR PROPERTY TAX AND INSURANCE PAYMENTS ON BEHALF OF THE MORTGAGEES.**



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization	<b>HABITAT FOR HUMANITY OF BAY COUNTY INC</b>	Employer identification number <b>59-3007298</b>
--------------------------	---	---

**AMENDED RETURN EXPLANATION**

**AMENDED RETURN DUE TO FINANCIAL STATEMENT AUDIT NOT BEING COMPLETE UNTIL  
NOVEMBER 2024.**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**PROGRAM SERVICES**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**HABITAT FOR HUMANITY'S TAX RETURN WAS REVIEWED BY THE EXECUTIVE DIRECTOR  
BEFORE FILING.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**HABITAT FOR HUMANITY OF BAY COUNTY GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment  
Sequence No. **179**

Name(s) shown on return **HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

Identifying number  
**59-3007298**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>24,925</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>817</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>25,742</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
9	TRAILER-ED BROWN	2/28/98	2,460			2,460	7	HY S/L	2,460	0
35	STORAGE/BARN	10/13/15	7,500		X	4,830	15	HY 150DB	2,670	509
37	Box Truck	11/09/16	6,995		X	3,497	5	HY 200DB	6,794	201
38	Ladder trailer	7/20/16	3,725		X	1,862	5	HY 200DB	3,618	107
			<u>20,680</u>			<u>12,649</u>			<u>15,542</u>	<u>817</u>
<b>Other Depreciation:</b>										
6	TILE CUTTER	9/09/95	201			201	5	MO S/L	201	0
7	NAIL GUN	2/09/97	86			86	5	MO S/L	86	0
8	20 FIBER GLASS EXT	6/16/97	172			172	5	MO S/L	172	0
11	TEMP POWER POLES	6/08/01	625			625	5	MO S/L	625	0
12	TEMP POWER POLES	8/08/01	227			227	5	MO S/L	227	0
14	MULTI PROJECTOR	12/08/04	1,020			1,020	5	MO S/L	1,020	0
15	A/C SYSTEM	2/14/05	6,929			6,929	5	MO S/L	6,929	0
18	BOX TRUCK	10/27/05	9,650			9,650	5	MO S/L	9,650	0
20	OFFICE COMPLEX 11TH STREET	2/10/04	207,456			207,456	30	MO S/L	120,437	6,915
27	PARKING LOT WORK OFFICE/STORE	11/22/11	6,000			6,000	15	MO S/L	3,833	400
28	TRUCK	8/27/12	9,500			9,500	5	MO S/L	9,500	0
32	TRAILER	2/20/14	3,500			3,500	5	MO S/L	3,500	0
33	UTILITY TRAILER	10/18/13	575			575	5	MO S/L	575	0
39	2019 Nissan Frontier	8/29/19	23,357			23,357	5	MO S/L	7,425	4,671
40	V-nose trailer	5/15/20	9,950			9,950	5	MO S/L	2,322	1,990
41	1636 BECK AVENUE BUILDING	12/23/19	226,333			226,333	39	MO S/L	8,705	5,804
42	1636 BECK AVE LAND	12/23/19	341,558			341,558	0	-- Land	0	0
43	2901 17TH ST W BUILDING	12/23/19	22,497			22,497	39	MO S/L	865	577
44	2901 17TH ST W LAND	12/23/19	45,636			45,636	0	-- Land	0	0
45	1735 THOMAS DRIVE	12/12/19	350,153			350,153	0	-- Land	0	0
47	2901 17TH STREET IMPROVEMENTS 20	6/30/21	32,954			32,954	15	MO S/L	0	2,197
48	1636 BECK AVE IMPROVEMENTS 2021	6/30/21	10,041			10,041	15	MO S/L	0	0
49	1515 11TH ST IMPROVEMENTS 2021	12/31/21	70,751			70,751	15	MO S/L	0	2,358
50	CONSTRUCTION WAREHOUSE	6/30/22	286			286	39	MO S/L	0	0
51	2901 17TH STREET IMPROVEMENTS 20	4/29/22	1,179			1,179	15	MO S/L	0	13
52	1636 BECK AVE IMPROVEMENTS 2022	4/29/22	43,036			43,036	15	MO S/L	0	0
53	1515 11TH ST IMPROVEMENTS 2022	6/23/22	68,500			68,500	15	MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>1,492,172</u>			<u>1,492,172</u>			<u>176,072</u>	<u>24,925</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,492,172</u>			<u>1,492,172</u>			<u>176,072</u>	<u>24,925</u>
	<b>Grand Totals</b>		1,512,852			1,504,821			191,614	25,742
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	<b>Net Grand Totals</b>		<u>1,512,852</u>			<u>1,504,821</u>			<u>191,614</u>	<u>25,742</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
9	TRAILER-ED BROWN	2/28/98	2,460			2,460	7	HY S/L	2,460	0
35	STORAGE/BARN	10/13/15	7,500		X	4,830	15	HY 150DB	2,670	509
37	Box Truck	11/09/16	6,995		X	3,497	5	HY 200DB	6,794	201
38	Ladder trailer	7/20/16	3,725		X	1,862	5	HY 200DB	3,618	107
			<u>20,680</u>			<u>12,649</u>			<u>15,542</u>	<u>817</u>
<b>Other Depreciation:</b>										
6	TILE CUTTER	9/09/95	201			201	5	MO S/L	201	0
7	NAIL GUN	2/09/97	86			86	5	MO S/L	86	0
8	20 FIBER GLASS EXT	6/16/97	172			172	5	MO S/L	172	0
11	TEMP POWER POLES	6/08/01	625			625	5	MO S/L	625	0
12	TEMP POWER POLES	8/08/01	227			227	5	MO S/L	227	0
14	MULTI PROJECTOR	12/08/04	1,020			1,020	5	MO S/L	1,020	0
15	A/C SYSTEM	2/14/05	6,929			6,929	5	MO S/L	6,929	0
18	BOX TRUCK	10/27/05	9,650			9,650	5	MO S/L	9,650	0
20	OFFICE COMPLEX 11TH STREET	2/10/04	207,456			207,456	30	MO S/L	120,437	6,915
27	PARKING LOT WORK OFFICE/STORE	11/22/11	6,000			6,000	15	MO S/L	3,833	400
28	TRUCK	8/27/12	9,500			9,500	5	MO S/L	9,500	0
32	TRAILER	2/20/14	3,500			3,500	5	MO S/L	3,500	0
33	UTILITY TRAILER	10/18/13	575			575	5	MO S/L	575	0
39	2019 Nissan Frontier	8/29/19	23,357			23,357	5	MO S/L	7,425	4,671
40	V-nose trailer	5/15/20	9,950			9,950	5	MO S/L	2,322	1,990
41	1636 BECK AVENUE BUILDING	12/23/19	226,333			226,333	39	MO S/L	8,705	5,804
42	1636 BECK AVE LAND	12/23/19	0			0	0	HY	0	0
43	2901 17TH ST W BUILDING	12/23/19	0			0	0	HY	0	0
44	2901 17TH ST W LAND	12/23/19	0			0	0	HY	0	0
45	1735 THOMAS DRIVE	12/12/19	0			0	0	HY	0	0
47	2901 17TH STREET IMPROVEMENTS 20	6/30/21	0			0	0	HY	0	0
48	1636 BECK AVE IMPROVEMENTS 2021	6/30/21	0			0	0	HY	0	0
49	1515 11TH ST IMPROVEMENTS 2021	12/31/21	0			0	0	HY	0	0
50	CONSTRUCTION WAREHOUSE	6/30/22	0			0	0	HY	0	0
51	2901 17TH STREET IMPROVEMENTS 20	4/29/22	1,179			1,179	15	MO S/L	0	13
52	1636 BECK AVE IMPROVEMENTS 2022	4/29/22	43,036			43,036	15	MO S/L	0	0
53	1515 11TH ST IMPROVEMENTS 2022	6/23/22	68,500			68,500	15	MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>618,296</u>			<u>618,296</u>			<u>175,207</u>	<u>19,793</u>
	<b>Total ACRS and Other Depreciation</b>		<u>618,296</u>			<u>618,296</u>			<u>175,207</u>	<u>19,793</u>
	<b>Grand Totals</b>		638,976			630,945			190,749	20,610
	<b>Less: Dispositions and Transfers</b>		0			0			0	0
	<b>Net Grand Totals</b>		<u>638,976</u>			<u>630,945</u>			<u>190,749</u>	<u>20,610</u>

# Bonus Depreciation Report

## Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
35	STORAGE/BARN	10/13/15	7,500		0	0	2,670	4,830
37	Box Truck	11/09/16	6,995		0	0	3,498	3,497
38	Ladder trailer	7/20/16	3,725		0	0	1,863	1,862
49	1515 11TH ST IMPROVEMENTS 2021	12/31/21	70,751		0	0	0	70,751
51	2901 17TH STREET IMPROVEMENTS 202	4/29/22	1,179		0	0	0	1,179
52	1636 BECK AVE IMPROVEMENTS 2022	4/29/22	43,036		0	0	0	43,036
53	1515 11TH ST IMPROVEMENTS 2022	6/23/22	68,500		0	0	0	68,500
<b>Grand Total</b>			<u>201,686</u>		<u>0</u>	<u>0</u>	<u>8,031</u>	<u>193,655</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
9	TRAILER-ED BROWN	2/28/98	2,460	0	0
35	STORAGE/BARN	10/13/15	7,500	508	508
37	Box Truck	11/09/16	6,995	0	0
38	Ladder trailer	7/20/16	3,725	0	0
			<u>20,680</u>	<u>508</u>	<u>508</u>
<b>Other Depreciation:</b>					
6	TILE CUTTER	9/09/95	201	0	0
7	NAIL GUN	2/09/97	86	0	0
8	20 FIBER GLASS EXT	6/16/97	172	0	0
11	TEMP POWER POLES	6/08/01	625	0	0
12	TEMP POWER POLES	8/08/01	227	0	0
14	MULTI PROJECTOR	12/08/04	1,020	0	0
15	A/C SYSTEM	2/14/05	6,929	0	0
18	BOX TRUCK	10/27/05	9,650	0	0
20	OFFICE COMPLEX 11TH STREET	2/10/04	207,456	6,916	6,916
27	PARKING LOT WORK OFFICE/STORE	11/22/11	6,000	400	400
28	TRUCK	8/27/12	9,500	0	0
32	TRAILER	2/20/14	3,500	0	0
33	UTILITY TRAILER	10/18/13	575	0	0
39	2019 Nissan Frontier	8/29/19	23,357	4,672	4,672
40	V-nose trailer	5/15/20	9,950	1,990	1,990
41	1636 BECK AVENUE BUILDING	12/23/19	226,333	5,803	5,803
42	1636 BECK AVE LAND	12/23/19	341,558	0	0
43	2901 17TH ST W BUILDING	12/23/19	22,497	577	0
44	2901 17TH ST W LAND	12/23/19	45,636	0	0
45	1735 THOMAS DRIVE	12/12/19	350,153	0	0
47	2901 17TH STREET IMPROVEMENTS 2021	6/30/21	32,954	2,197	0
48	1636 BECK AVE IMPROVEMENTS 2021	6/30/21	10,041	669	0
49	1515 11TH ST IMPROVEMENTS 2021	12/31/21	70,751	4,717	0
50	CONSTRUCTION WAREHOUSE	6/30/22	286	7	0
51	2901 17TH STREET IMPROVEMENTS 2022	4/29/22	1,179	79	79
52	1636 BECK AVE IMPROVEMENTS 2022	4/29/22	43,036	2,869	2,869
53	1515 11TH ST IMPROVEMENTS 2022	6/23/22	68,500	4,567	4,567
	<b>Total Other Depreciation</b>		<u>1,492,172</u>	<u>35,463</u>	<u>27,296</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,492,172</u>	<u>35,463</u>	<u>27,296</u>
	<b>Grand Totals</b>		<u>1,512,852</u>	<u>35,971</u>	<u>27,804</u>

# CONTRIBUTOR INFORMATION

**GENERAL INFORMATION**

NAME: MISCELLANEOUS ITEMS E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1515 E 11TH ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION: 171,952  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

**NON-CASH CONTRIBUTIONS:**

<u>DATE RECEIVED</u>	<u>FUNDRAISING EVENT</u>	<u>DESCRIPTION</u>	<u>NONCASH VALUE</u>	<u>FMV</u>	<u>TYPE OF PROPERTY</u>
		MISCELLANEOUS ITEMS			

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO  
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME: EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:  
 ADDRESS 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:  
 FOREIGN COUNTRY: CURRENT YEAR:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: THE FIDELITY FUND (GEORGE R DEVENY) E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 82 DEVENSHIRE STREET NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: BOSTON, MA 02109  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: STATE FARM MUTUAL AUTOMOBILE INSURANCE FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 1 STATE FARM PLAZA NAME AND ADDRESS? NO  
CITY, STATE ZIP CODE: BLOOMINGTON, IL 61710  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: UNITED WAY OF NORTHWEST FLORIDA E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 518 MULBERRY AVE NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: PANAMA CITY , FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: HABITAT FOR HUMANITY OF HIGHPOINT, E-FILING TYPE: INDIVIDUAL  
 ARCHDALE & TRINITY DO NOT DISCLOSE  
 ADDRESS 133 MONTLIEU AVE NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: HIGH POINT, NC 27262  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: HORTON, HARLEY AND CARTER, INC. E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 715 S HOWARD AVE STE 200 NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: TAMPA, FL 33606  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: HABITAT FOR HUMANITY HILLBOROUGH E-FILING TYPE: INDIVIDUAL  
 COUNTY, FL DO NOT DISCLOSE  
 ADDRESS 509 EAST JACKSON STREET NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: TAMPA, FL 33602  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: KASA DELIVERY LLC

E-FILING TYPE:  
DO NOT DISCLOSE  
NAME AND ADDRESS?

INDIVIDUAL

ADDRESS 905 PARK AVE

NO

CITY, STATE ZIP CODE: MINNEAPOLIS, MN 55404

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:

FUNDRAISING PORTION:

TYPE: PERSON

**OTHER INFORMATION**

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

# CONTRIBUTOR INFORMATION

### GENERAL INFORMATION

NAME: HABITAT FOR HUMANITY CITRUS COUNTY E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 7800 W GULF TO LAKE HIGHWAY NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: CRYSTAL RIVER, FL 34429  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

### CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

### OTHER INFORMATION

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO  
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

### TRANSFER INFORMATION

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

### SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

NAME: HABITAT FOR HUMANITY INTERNATIONAL E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 121 HABITAT STREET NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: AMERICUS, GA 31709  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

## CONTRIBUTIONS

CASH CONTRIBUTION: 134,479  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO  
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

## SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

# CONTRIBUTOR INFORMATION

**GENERAL INFORMATION**

NAME: BOOZ ALLEN FOUNDATION

E-FILING TYPE:  
DO NOT DISCLOSE  
NAME AND ADDRESS?

INDIVIDUAL

ADDRESS 901 15TH STREET NW

NO

CITY, STATE ZIP CODE: WASHINGTON, DC 20005

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

DISREGARD ON SCH B?

NO

PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: THE ST JOE COMMUNITY FOUNDATION E-FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 133 SOUTH WATERSOUND PARKWAY, ~~NAME AND ADDRESS?~~ NO  
CITY, STATE ZIP CODE: WATERSOUND, FL 32413  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

NAME:	AARP	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	601 E STREET NW	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: WASHINGTON, DC 20049			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

## SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: HABITAT FOR HUMANITY LEE & HENDRY E-FILING TYPE: INDIVIDUAL  
 COUNTY INC DO NOT DISCLOSE  
 ADDRESS 1288 NORTH TAMiami TRAIL NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: NORTH FORT MYERS, FL 33903  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: VOLUNTEER FLORIDA FOUNDATION INC E-FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 1545 RAYMOND DIEHL ROAD, SUITE NAME AND ADDRESS? NO  
CITY, STATE ZIP CODE: TALLAHASSEE, FL 32308  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION: 9,412  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS  
CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: HABITAT FOR HUMANITY OF FLORIDA, INC E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1150 CLEVELAND STREET, SUITE 300 NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: CLEARWATER, FL 33755  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: WELLS FARGO E-FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 550 S 4TH STREET, 7TH FLOOR NAME AND ADDRESS? NO  
CITY, STATE ZIP CODE: MINNEAPOLIS, MN 55415  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: MIAMI DATE COUNTY E-FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 111 NW FIRST ST-29TH FLOOR NAME AND ADDRESS? NO  
CITY, STATE ZIP CODE: MIAMI, FL 33128  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS  
CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: THE TJX FOUNDATION INC

E-FILING TYPE:  
DO NOT DISCLOSE  
NAME AND ADDRESS?

INDIVIDUAL

ADDRESS 770 COCHITUATE ROAD

NO

CITY, STATE ZIP CODE: FRAMINGHAM, MA 01701

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON**OTHER INFORMATION**TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NOCHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS**SCHEDULE A**EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

# CONTRIBUTOR INFORMATION

**GENERAL INFORMATION**

NAME: STORE SALES E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1515 E 11TH ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION: TYPE OTHER  
 FUNDRAISING PORTION: DONOR ADVISED FUND:  
 TYPE: PERSON GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

**OTHER INFORMATION**

**NON-CASH CONTRIBUTIONS:**

<u>DATE RECEIVED</u>	<u>FUNDRAISING EVENT</u>	<u>DESCRIPTION</u> STORE SALES	<u>NONCASH VALUE</u>	<u>FMV</u>	<u>TYPE OF PROPERTY</u>
----------------------	--------------------------	-----------------------------------	----------------------	------------	-------------------------

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO  
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME: EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:  
 ADDRESS 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:  
 FOREIGN COUNTRY: CURRENT YEAR:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: ST. JOE RESORT OPERATIONS, LLC E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 17844 ASHLEY DR. NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: PANAMA CITY BEACH , FL 32413  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME: PUBLIX SUPERMARKET CHARITIES E-FILING TYPE: INDIVIDUAL  
DO NOT DISCLOSE  
ADDRESS 3300 PUBLIX CORPORATE PKWY NAME AND ADDRESS? NO  
CITY, STATE ZIP CODE: LAKELAND, FL 33811  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION: 12,000  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
DONOR ADVISED FUND:  
GOVERNMENT ENTITY? NO  
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
DISQUALIFIED PERSON?: NO  
4TH PRECEDING YEAR:  
3RD PRECEDING YEAR:  
2ND PRECEDING YEAR:  
1ST PRECEDING YEAR:  
CURRENT YEAR:

CITY, STATE ZIP CODE: ,  
FOREIGN COUNTRY:  
FOREIGN STATE OR PROVINCE:  
RELATIONSHIP TO TRANSFEREE:

# CONTRIBUTOR INFORMATION

**GENERAL INFORMATION**

NAME: BILL CRAMER CHEVROLET BUICK GMC E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 2251 W 23RD ST. NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: PANAMA CITY , FL 32405  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

TYPE OTHER  
 DONOR ADVISED FUND:  
 GOVERNMENT ENTITY? NO  
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO  
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?: NO  
 DISQUALIFIED PERSON?: NO  
 4TH PRECEDING YEAR:  
 3RD PRECEDING YEAR:  
 2ND PRECEDING YEAR:  
 1ST PRECEDING YEAR:  
 CURRENT YEAR:

**CONTRIBUTOR INFORMATION****GENERAL INFORMATION**

NAME:	GULF POWER COMPANY	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	ONE ENERGY PLACE	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: PENSACOLA, FL 32520			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

NAME:  
 E-FILING TYPE: INDIVIDUAL  
 ADDRESS  
 CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:  
 RELATIONSHIP TO TRANSFEREE:

**SCHEDULE A**

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

Description **STORE SALES**

Name  
**HABITAT FOR HUMANITY**

Taxpayer Identification Number  
**59-3007298**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>661,881</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>661,881</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>661,881</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ <u>884</u>			14		
TOTAL	\$ <u><u>884</u></u>					

## Federal Statements

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
SALES TAX	\$ 47,811	\$ 47,811	\$	\$
EQUIPMENT RENTAL	35,018	35,018		
FACILITY/VEHICLE REPAIRS	31,649	31,649		
COST OF LAND SOLD TO OUTS	21,693	21,693		
MERCHANT FEES	13,085	13,085		
MISCELLANEOUS	12,903	12,804		99
DUES	9,750	9,750		
LICENSE AND FEES	9,684	9,684		
SMALL TOOLS	9,495	9,495		
CREDIT & BACKGROUND CHECK	1,345	1,345		
POSTAGE	263	263		
<b>TOTAL</b>	<b>\$ 192,696</b>	<b>\$ 192,597</b>	<b>\$ 0</b>	<b>\$ 99</b>

## Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
DONATIONS	\$ 661,955
MISCELLANEOUS ITEMS	
CASH CONTRIBUTION	171,952
MISCELLANEOUS ITEMS	
HABITAT FOR HUMANITY INTERNATIONAL	
CASH CONTRIBUTION	134,479
VOLUNTEER FLORIDA FOUNDATION INC	
CASH CONTRIBUTION	9,412
STORE SALES	
STORE SALES	
PUBLIX SUPERMARKET CHARITIES	
CASH CONTRIBUTION	12,000
TOTAL	<u>\$ 989,798</u>

Schedule A, Part III, Line 2(e)

Description	Amount
MORGAGE DISCOUNT AMORTIZATION	\$ 94,091
SALES OF HOMES	1,411,000
SALES OF LAND	28,500
OTHER INCOME	69,339
BUSINESS INTERRUPTION	
STORE SALES	661,881
FUNDRAISING	
RENTAL INCOME	
TOTAL	<u>\$ 2,264,811</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST AND DIVIDENDS	\$ 884
TOTAL	<u>\$ 884</u>