HABITAT FOR HUMANITY OF GREATER PALM BEACH COUNTY INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 65-0307017 HABITAT FOR HUMANITY OF GREATER PALM BEACH Name and title of officer or person subject to tax JENNIFER THOMASON, PRESIDENT AND CEO 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here 2a Form 990-EZ check here Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T. Part III. line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** I am an officer of the above entity or _____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2022 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 X I authorize SMITH & HOWARD ADVISORY, to enter my PIN 13 1 1 2 1 6 1 2 as my signature Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2022 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 2022 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 05/15/2024 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. |6|7|8|8|2|7|9|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Redurns. ERO's signature Date 05/15/2024 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2022 cal	endar year, or tax year beginning 07/01/2022 and ending		_	06/30/2	023
B c	heck if a	applicable:	C Name of organization HABITAT FOR HUMANITY OF GREATER PALM	BEACH	D Emp	loyer identific	cation number
			COUNTY		65	0207017	
<u> </u>		ss change	Doing business as Number and street (or P.O. box if mail is not delivered to street address) R	oom/suite		0307017 phone number	
X		change	, , , , , , , , , , , , , , , , , , ,	.oom/suite	·		
	Initial	return eturn/terminated	181 SE 5TH AVENUE			1)819-6	070
		ded return	City or town, state or province, country, and ZIP or foreign postal code		G Gros	ss receipts \$	
			DELRAY BEACH, FL 33483	11/->	<u> </u>		64,081.
	Applica	ation pending	F Name and address of principal officer: JENNIFER THOMASON	H(a) Is th subo	is a group re ordinates?	eturn for	Yes X No
			181 SE 5TH AVENUE, DELRAY BEACH, FL 33483	———————————————————————————————————————		ates included?	Yes No
<u> </u>	Tax-ex	cempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	.7 If	"No," atta	ich a list. See ins	tructions.
J	Webs	ite: HZ	ABITATGREATERPBC.ORG	H(c) Gro	up exempt	ion number	
				of formation: 199	1 M S	tate of legal d	omicile: FL
Pa	art I	Summ	ary				
	1	Briefly des	scribe the organization's mission or most significant activities: SEEKING TO P	UT GOD'S I	LOVE	INTO AC'	TION,
e		HABITA	T FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOM	ies,			
Governance		COMMUN	ITIES AND HOPE				
/er	2	Check this	s box if the organization discontinued its operations or disposed of r	more than 25%	% of it	s net asse	ts.
Ó	3	Number o	f voting members of the governing body (Part VI, line 1a)			3	19
త	4		f independent voting members of the governing body (Part VI, line 1b)			4	19
Activities	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	73
Ξ	6		ber of volunteers (estimate if necessary)		–	6	3,375
Ac	7a		elated business revenue from Part VIII, column (C), line 12			7a	
			ated business taxable income from Form 990-T, Part I, line 11			7b	
_	_~	TVOC GITTOIC		Prior Y			rrent Year
	8	Contributi	ons and grants (Part VIII, line 1h)		52,885	_	,060,344.
Revenue	9		service revenue (Part VIII, line 2g)		3,06		759,433.
Ş	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		34		36,946.
å	11		enue (Part VIII, column (A), lines 5, 4, and 7d)		28,304		701,352.
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,04		,558,075.
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		16,94		8,235.
	14		aid to or for members (Part IX, column (A), line 4)		NO:		NONE
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,749		,293,033.
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		NO:	NE	NONE
Ϋ́			raising expenses (Part IX, column (D), line 25) 914,939.				
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,709		,476,430.
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,40		<u>,777,698.</u>
	19	Revenue I	ess expenses. Subtract line 18 from line 12	21	1,189	9. 1	,780,377.
Net Assets or Fund Balances				Beginning of Co	urrent Ye	ear En	d of Year
set	20	Total asse	ts (Part X, line 16)	10,29	9,846	5. 24	,793,166.
t As	21	Total liabi	lities (Part X, line 26)	3,55	6,40	7. 9	,691,909.
<u>₽₽</u>	22	Net assets	s or fund balances. Subtract line 21 from line 20.	6,74	3,439	9. 15	,101,257.
Pa	rt II	Signat	ture Block				
Und	der pe	nalties of pe	rjury, I declare that I have examined this return, including accompanying schedules and state plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ments, and to the	best of i	my knowledge	e and belief, it is
true	e, corre	eci, and com	piete. Declaration of preparer (other than officer) is based on all information of which preparer ha	as any knowledge.			
					05/1	5/2024	
Sig		Signature of	of officer	Da	ite		
He	re	JENNIF	ER THOMASON PRESIDENT AND	CEO			
		Type or prin	nt name and title				
		Print/Type	preparer's name Date	Che	ck i	if PTIN	
Paid	i	SARPE	J LINAHAN JOS/15		employed		2980
Pre	parer		7	7/2021		92-074	
Use	Only		· · · · · · · · · · · · · · · · · · ·	Firm's El			
Mar	, the	Firm's add	ress 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363 ISS this return with the preparer shown above? See instructions	Phone no).	404-87	
_							Yes No
LOL	гаре	iwoik Kea	uction Act Notice, see the separate instructions.			FO	rm 990 (2022)

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Pa		Statement of Program Servi	ce Accomplishments s a response or note to any line in this F	Part III	х
1		scribe the organization's miss			
	=	-	INTO ACTION, HABITAT FOR	HUMANITY BUILDS	
		COMMUNITIES AND HO			
2	Did the or	ganization undertake any si	gnificant program services during the	year which were not listed on	he
	prior Form				
3	services?.		ing, or make significant changes in		
4	Describe expenses.	the organization's program Section 501(c)(3) and 501	service accomplishments for each of (c)(4) organizations are required to a, for each program service reported.		
4a			6,129,020. including grants of \$	8,235.) (Revenue \$	759,433.
	SEE SCH	EDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other prog	gram services (Describe on S s including	Schedule O.) grants of \$) (Reve	nue \$	
4e	<u> </u>	ram service expenses		,	

Form 990 (2022) Page **3**

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022)

Part IV Chacklist of Paguired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 71
C		200		v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
-	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 55	21	
- ent	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Concount C Contains a response of note to any line in this fact v		Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 55	
		1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		3.7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	X
Jecu	on b. I oncies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No
10-	Did the agreemization have lead chanters bronches as affiliates?	10a		
b	Did the organization have local chapters, branches, or affiliates?			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37	
а	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedFL ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
4.5				- P
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	t inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record JENNIFER THOMASON 181 S.E. 5TH AVENUE DELRAY BEACH, FL 33483	s		

561-819-6070

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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)	box,	not ch unles	s pe	ition more	e than of is both or/trust employee	an	(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
(1) JENNIFER THOMASON	55.00									
PRESIDENT & CEO	NONE			Х				163,366.	NONE	23,311.
(2) TARA OKLER	50.00									
CHIEF OPERATING OFFICER	10.00			Х				NONE	111,890.	NONE
(3) GREGORY BROWN	50.00									
CHIEF FINANCIAL OFFICER	10.00			Х				NONE	107,915.	NONE
(4) MIKE DEBOCK	1.00									
CO-CHAIR	1.00	Х		Х				NONE	NONE	NONE
(5) BRITTNEY KOCAJ	1.00									
CO-CHAIR	NONE	X		Χ				NONE	NONE	NONE
(6) DAVE MARKARIAN	1.00									
SECRETARY	1.00	X		Х				NONE	NONE	NONE
(7) LEON SILVERSTEIN	1.00									
ASSISTANT SECRETARY	NONE	Х		Χ				NONE	NONE	NONE
(8) KEVIN ELWELL	2.00									
TREASURER	1.00	X		Χ				NONE	NONE	NONE
(9) JOSEPH MEELER	1.00									
ASSISTANT TREASURER	NONE	Х		Χ				NONE	NONE	NONE
(10) JASON AUBE	1.00									
DIRECTOR	NONE	X	Ш					NONE	NONE	NONE
(11) RENAY CHUNG	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) CHRISTOPHER BOCCACCIO	1.00									
DIRECTOR	1.00	X						NONE	NONE	NONE
(13) ERIN MADDOCKS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) HOWARD ERBSTEIN	1.00									
DIRECTOR	1.00	X						NONE	NONE	NONE 5

Form **990** (2022)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue		age 8
(A)	(B)			((C)			(D)	(E)	-	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office	unles	neck ss pe	rson	e than of is tor/truste employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo o comp froi orgai and	imated bunt of ther ensation m the nization related nizations	n
15) JEREMIAH PARISOE	1.00											
DIRECTOR	1.00	Х						NONE	NONE		N	NONE
16) LAUREN MCCLELLAN	1.00											
DIRECTOR	1.00	X						NONE	NONE		N	ONE
17) DOUG MOSLEY	1.00											
DIRECTOR	NONE	X						NONE	NONE		N	ONE
18) ROBYN RAPHAEL-DYNAN	1.00											
DIRECTOR	NONE	X						NONE	NONE		N	ONE
19) DOUG SIMMS	1.00											
DIRECTOR	NONE	X						NONE	NONE		N	NONE
20) CHARLOTTE LEONARD	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		N	NONE
21) LUDY UNDERWOOD	1.00	-										
DIRECTOR	1.00	X						NONE	NONE		N	NONE
22) MICHAEL GREGORY	1.00											
DIRECTOR	NONE	X						NONE	NONE			IONE
23) JULIA MURPHY	50.00	-		3.7				NONE	NONE		3.	TO 3 TE
CHIEF ADMINISTRATIVE OFFICER	NONE			X				NONE	NONE		N	NONE
1b Sub-total								163,366.	219,805.		23,3	311.
c Total from continuation sheets to Part VII, S	Section A						•	NONE			N	NONE
d Total (add lines 1b and 1c)							>	163,366.	219,805.		23,3	311.
Total number of individuals (including but not reportable compensation from the organization)	limited to t					e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organization						1					Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	50,0	00?	' It	"Yes	,"	nd other compens complete Schedu	sation from the le J for such	4	X	
5 Did any person listed on line 1a receive or								related organization	on or individual			
for services rendered to the organization? If "Y Section B. Independent Contractors										5		Х
Complete this table for your five highest components to mean the organization. Report of the components of the comp												

year.

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	Ш		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					Sections 312-314
֓֞֟֝֟֝֟֝֟֟֝֟֝֟֝ <u>֚</u>	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d					
S,E	е	Government grants (contributions) 1e					
<u>S</u>	f	All other contributions, gifts, grants,					
ihe E		and similar amounts not included above . 1f	5,060,344.				
Ēδ	g	Noncash contributions included in					
and	h	lines 1a-1f		5,060,344.			
	h	Total. Add lines 1a-1f	Business Code	3,000,344.			
e	2a	SALE OF HOMES	900099	759,433.	759,433.		
ه ڲٙ	b			-	·		
Sal	C						
Program Service Revenue	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		759,433.			
	3	Investment income (including dividends,					
		other similar amounts)		36,946.			36,946.
	4 5	Income from investment of tax-exempt bond		NONE			
	3	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a	(.,,				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Re	١.	Gain or (loss)		NONE			
Other I	d	Net gain or (loss)		NONE			
ŏ	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less	3,807,358.				
	.	returns and allowances					
	b c	Less: cost of goods sold		3,701,352.			3,701,352.
s		, , , , , , , , , , , , , , , , , , , ,	Business Code	,			
<u> </u>	11a						
ane	b						
Miscellaneous Revenue	С						
≅ SE	d	All other revenue					
_		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		9,558,075.	759,433.		3,738,298.

65-0307017

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	onse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0.025	0.025		
	and domestic governments. See Part IV, line 21	8,235.	8,235.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	NONE			
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4		NONE			
5	Compensation of current officers, directors, trustees, and key employees	489,794.	364,331.	49,831.	75,632
_		409,794.	304,331.	49,031.	75,032
О	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	3,242,222.	2,403,884.	337,667.	500,671
	Pension plan accruals and contributions (include	30,488.	22,678.	3,102.	4,708
0	section 401(k) and 403(b) employer contributions)	23,100.	,	0,102.	1,,00
9	Other employee benefits	262,782.	195,469.	26,735.	40,578
	Payroll taxes	267,747.	199,163.	27,240.	41,344
	Fees for services (nonemployees):	·			
	Management	NONE			
	Legal	51,103.	20,530.	19,729.	10,844
	Accounting	182,288.	73,231.	70,375.	38,682
	Lobbying	NONE			
e	Professional fundraising services. See Part IV, line 17	NONE			
1	f Investment management fees	NONE			
Q	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	222,689.	121,600.	36,858.	64,231
12	Advertising and promotion	118,141.	95,788.	2,989.	19,364
13	Office expenses	87,395.	57,608.	9,446.	20,341
	Information technology	NONE			
	Royalties	NONE	=		
	Occupancy	85,968.	76,018.	4,264.	5,686
	Travel	NONE			
18	Payments of travel or entertainment expenses	27027			
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE 147,469.	119,935.	27 524	
	Interest Payments to affiliates	NONE	119,933.	27,534.	
21 22		66,144.	56,099.	9,130.	915
23		199,376.	177,438.	9,402.	12,536
24		233,373.01	177,7307	3,1021	
	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	RESTORE	1,174,107.	1,145,429.	11,828.	16,850
b	OTHER EXPENSES	672,085.	521,919.	87,609.	62,557
c	HOME REPAIRS	296,038.	296,038.		
c	TEAM BUILD EXPENSES	173,627.	173,627.		
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	7,777,698.	6,129,020.	733,739.	914,939
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	TOHOWING OUT 30-Z (MOU 300-1ZU)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,524,630.	1	783,761.
	2	Savings and temporary cash investments	40,034.	2	1,303,551.
	3	Pledges and grants receivable, net	218,185.	3	2,666,466.
	4	Accounts receivable, net	2,235.	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	21,388.	8	1,263,801.
ğ	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	280,609.	9	587,368.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,264,897.			
	b	Less: accumulated depreciation	1,016,158.	10c	3,251,076.
	11	Investments - publicly traded securities SEE SCHEDULE .O	29,108.	11	64,606.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	6,441,717.	13	9,752,769.
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	725,782.	15	5,119,768.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,299,846.	16	24,793,166.
	17	Accounts payable and accrued expenses	318,816.	17	966,323.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	216,690.	21	452,725.
S	22	Loans and other payables to any current or former officer, director,	·		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	3,013,589.	23	6,645,482.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	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	7,312.	25	1,627,379.
	26	Total liabilities. Add lines 17 through 25	3,556,407.		9,691,909.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lau	27	Net assets without donor restrictions	6,677,939.	27	14,036,257.
Ba	28	Net assets with donor restrictions	65,500.	28	1,065,000.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	35,73333		=,000,000
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	6,743,439.	32	15,101,257.
Š	33	Total liabilities and net assets/fund balances	10,299,846.	33	24,793,166.
		. Stat. Machiner of the transfer of the state of the stat	10,299,040.	55	Form 990 (2022)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					<u>.</u> X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5	58,	<u>075</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,7	77,	<u>698</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>1,7</u>	80,	<u>377</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,7	43,	<u>439</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>6,5</u>	77,	<u>441</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	<u>5,1</u>	01,	<u> 257</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization HABITAT FOR HUMANITY OF GREATER PALM BEACH COUNTY 65-0307017 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,057,357.	2,347,770.	1,791,748.	1,952,885.	5,060,344.	13,210,104.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,057,357.	2,347,770.	1,791,748.	1,952,885.	5,060,344.	13,210,104.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						1,529,688.
6	Public support. Subtract line 5 from line 4						11,680,416.
	tion B. Total Support	() 0040	(1) 0040	() 0000	(N 0004	() 0000	
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,057,357. 1,153.	2,347,770. 1,881.	1,791,748. 8,833.	1,952,885.	5,060,344. 36,946.	13,210,104.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						13,259,259.
12	Gross receipts from related activities, etc. (s	see instructions)				12	3,487,239.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li					14	88.09 %
15	Public support percentage from 2021	•	•			15	85.95 %
	331/3% support test - 2022. If the org	ualifies as a pub	licly supported	organization			Х
	331/3% support test - 2021. If the organization	on qualifies as a	publicly suppor	ted organization	n		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	n meets the factsthe facts	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box ar cation qualifies	nd stop here. E as a publicly s	xplain in upported
18	15 is 10% or more, and if the organization Part VI how the organization meets organization	zation meets the state of the facts-and on did not check	e facts-and-circ -circumstances t k a box on line	umstances test, est. The organi 13, 16a, 16b	check this box zation qualifies , 17a, or 17b,	and stop here as a publicly so	Explain upported and see

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(4,	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Pooti	on C. Type II Supporting Organizations	2		
Secu	on C. Type ii Supporting Organizations		Yes	No
	Many and all of the course leaders by the state of the form of the form of the first of the Property		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the expenient of the power to regularly expension or elect a majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
Ŋ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	-	• • • •	

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations		zations	3	
4	4 Amounts paid to acquire exempt-use assets			4	
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	6 Other distributions (describe in Part VI). See instructions.			6	
7	7 Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2022 from Section C, line 6			9	
10	10 Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Employer identification number

HABITAT FOR HUMANI' COUNTY	TY OF GREATER PALM BEACH	65-0307017					
Organization type (check o	nne):	03 0307017					
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 priva	ate foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private f	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
·	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See					
instructions.	(17), (0), or (10) organization can oncor boxes for both the General Nulle t	and a openial reals. See					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, copy or property) from any one contributor. Complete Parts I and II. See instructions.	_					
Special Rules							
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form serived from any one contributor, during the year, total contributions of the ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	m 990), Part II, line 13, 16a, or ne greater of (1) \$5,000; or					
contributor, durin literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ag the year, total contributions of more than \$1,000 exclusively for religion tional purposes, or for the prevention of cruelty to children or animals. Cb) instead of the contributor name and address), II, and III.	ous, charitable, scientific,					
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 g the year, contributions exclusively for religious, charitable, etc., purposelled more than \$1,000. If this box is checked, enter here the total contribor an exclusively religious, charitable, etc., purpose. Don't complete any oblies to this organization because it received nonexclusively religious, char more during the year	ses, but no such butions that were received of the parts unless the aritable, etc., contributions					
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't fi	ile 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

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

Schedule B (Form 990) (2022)

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

Schedule B (Form 990) (2022)

Name of organization HABITAT FOR HUMANITY OF GREATER PALM BEACH COUNTY

Employer identification number 65-0307017

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	4.)		(n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BAPTIST HEALTH SOUTH FLORIDA		Person X
	6855 RED ROAD	\$186,000.	Payroll Noncash
	CORAL GABLES, FL 33143		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	BATCHELOR FOUNDATION		Person X
	1680 MICHIGAN AVE, PH1	\$135,000.	Payroll Noncash
	MIAMI BEACH, FL 33139		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	CARRIER CORPORATION		Person
	PO BOX 109615 M/S 715-01	\$154,632.	Payroll Noncash
	PALM BEACH GARDENS, FL 33410		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	
No.	Name, address, and ZIP + 4	(c) Total contributions \$1,000,000.	Type of contribution
No.	Name, address, and ZIP + 4 DELUCA FOUNDATION	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b)	\$1,000,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL	\$1,000,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET	\$1,000,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709 (b)	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 5	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709 (b) Name, address, and ZIP + 4 LOST TREE VILLAGE CHARITABLE FOUNDATION	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Person X Payroll Noncash (Complete Part II for noncash contribution) Person Y Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash
(a) No.	Name, address, and ZIP + 4 DELUCA FOUNDATION 49 N. FEDERAL HIGHWAY, #312 POMPANO BEACH, FL 33062 (b) Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709 (b) Name, address, and ZIP + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Page 2 Schedule B (Form 990) (2022)

Name of organization HABITAT FOR HUMANITY OF GREATER PALM BEACH **Employer identification number** COUNTY 65-0307017 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Χ THE BREAKERS PALM BEACH Person **Payroll** 1 SOUTH COUNTY RD 152,500. Noncash (Complete Part II for PALM BEACH, FL 33480 noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 UNIVERSAL PROPERTY & CASUALTY INSURANCE Χ Person **Payroll** 1110 W. COMMERCIAL BLVD, SUITE 100 178,500. Noncash (Complete Part II for FORT LAUDERDALE, FL 33309 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Χ VERTICAL BRIDGE Person **Payroll** 750 PARK OF COMMERCE DRIVE, SUITE 200 125,000. Noncash (Complete Part II for BOCA RATON, FL 33487 noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 99)

Name of organization HABITAT FOR HUMANITY OF GREATER PALM BEACH
COUNTY

Employer identification number
65-0307017

art II Nonc	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization HABITAT FOR HUMANITY	OF GREATER PALM BE.	ACH	Employer identification number							
	COUNTY			65-0307017							
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer or the state of the state	the year from any one ions completing Part III, e e year. (Enter this inform	contributor. Co enter the total of	omplete columns (a) through (e) and fexclusively religious, charitable, etc							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft	(d) Description of how gift is held							
	Transferee's name, address,	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee							
(a) NI											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Description of how gift is held							
	(e) Transfer of gift										
	Transferee's name, address,	_	ip of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Description of how gift is held							
		(e) Transfer of	gift								
	Transferee's name, address,		_	ip of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Description of how gift is held							
		/.\ -									
	Transferee's name, address,	(e) Transfer of and ZIP + 4		ip of transferor to transferee							
	-										

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number

COL	JNTY	65-0307017
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	inds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
•	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	on handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
U	Stair and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
-	The same of the sa	one of the second control of the second
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re-	venue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
-	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	\$
b	Assets included in Form 990, Part X	

Pa	rt Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	or Other	Similar A	ssets (c	ontinue	ed)	
3	Using the organization's acquisition	n, accession, and o	other recor	ds, check	c any of	the follow	ving that m	nake sign	ificant u	ise o	f its
	collection items (check all that appl	y):		_							
а	Public exhibition		d	Loan	or exchai	nge progra	m				
b	Scholarly research		е	Other							
С	Preservation for future gener	rations									
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furt	her the or	ganization's	s exempt	purpos	e in	Part
	XIII.										
5											
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	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.										
1 a	Is the organization an agent, trus	tee, custodian or o	ther interm	nediary fo	or contri	butions or	other asse	ets not			
	included on Form 990, Part X?							[Yes	X	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the fo	llowing tab	ole:						
								Amount			
С	Beginning balance				📙	1c					
d	Additions during the year					1d					
е	Distributions during the year				_	1e					
f	Ending balance					1f			1		
	Did the organization include an am	•	•	•				, _	X Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation	has bee	n provided	on Part XIII			. X	Щ_
Pa	rt V Endowment Funds.	tion answered "Ve	oc" on Eor	m 000 E	Part I\/ I	ino 10					
	Complete if the organiza		(b) Pric			years back	(d) Three ye	nore book	(e) Four	vooro h	
		(a) Current year		-					(e) Four	-	
1a	Beginning of year balance	29,108.		36,470.		27,868.		6,162.		25,0	<u>. </u>
b	Contributions	30,797.									
С	Net investment earnings, gains,	F 001		E 260		0.600		1 506			F 2
	and losses	5,081.		-7,362.		8,602.		1,706.		1,1	<u> </u>
d	Grants or scholarships										—
е	Other expenditures for facilities	200									
	and programs	380.									—
f	Administrative expenses	C4 C0C		00 100		26. 450		7.060		06.1	
g	End of year balance	64,606.		29,108.		36,470.		7,868.		26,1	52.
2	Provide the estimated percentage			e (line 1g,	column	(a)) held as	3:				
a	Board designated or quasi-endowm Permanent endowment 100.000		%								
	Term endowment %	50 %									
C	The percentages on lines 2a, 2b, a	and 2c should equal:	100%								
32	Are there endowment funds not in	•		ation that	ara hald	and admi	nistared for	the			
Ja	organization by:	the possession of the	ie organiza	mon mat	are neid	and admi	ilistered for	u ic	Ţ,	Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)	21	
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•	•								
_	rt VI Land, Buildings, and Equ	ipment.					_				
	Complete if the organiza										
	Description of property	(a) Cost or (inves	other basis tment)		or other bas ther)		cumulated reciation	(d)) Book val	ue	
1a	Land		NONE	1,0	25,000).			1,02	5,00	00.
b	Buildings		NONE		91,964		73,984.		2,11		
С	Leasehold improvements		NONE		53,80		26,094.			7,71	
d	Equipment		NONE		394,12		13,743.			0,38	
е	Other										
Tota	I Add lines 1a through 1e (Column		n 990 Part	X colum	n (R) line	10c)			3 25	1 05	76

Schedule D (Form 990) 2022

Schodula D /Form 000) 2022	ANTEN OF COEN	TED DAIM DEAGH 65	- 0207017 Pogo
Part VII Investments - Other Securities. Complete if the organization answered			5-0307017 Page Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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 valuati Cost or end-of-year mark	
(1)LAND HELD FOR HOME SITES	422,490.	FMV	
(2)NON-INT. MORTG. LOANS	8,145,275.	FMV	
(3)GROUND LEASED LAND	1,185,004.	FMV	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	9,752,769.		
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) Des	cription		(b) Book value
(1)HOME CONSTRUCTION IN PROGRESS			3,546,868.
(2)SECURITY DEPOSITS			77,414.
(3)RIGHT TO USE ASSET			1,495,486.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.).		5.119.768.

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)CAPITAL LEASE PAYABLE	NONE
(3)OPERATING LEASE LIABILITY	1,627,379.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,627,379.

^{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	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.							
1	Total revenue, gains, and other support per audited financial statements	1	9,797,281.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
a	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
C	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
e	Add lines 2a through 2d	2e	239,206.					
3	Subtract line 2e from line 1	3	9,558,075.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
C	Add lines 4a and 4b	4c						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,558,075.					
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.						
1	Total expenses and losses per audited financial statements	1	8,016,904.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	239,206.					
3	Subtract line 2e from line 1	3	7,777,698.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	7,777,698.					
	Supplemental Information.		"					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform							
SEE	SUPPLEMENTAL PAGE							

PART IV, LINE 2B

THE ORGANIZATION SERVES AS AN ESCROW AGENT FOR FAMILIES WITH OUTSTANDING MORTGAGES WHO HAVE BEEN SERVED THROUGH THE ORGANIZATION'S PROGRAM.

MONTHLY PAYMENTS ARE RECEIVED AND HELD BY THE ORGANIZATION TO PAY PROPERTY TAXES AND HOMEOWNER'S INSURANCE WHEN DUE.

PART V, LINE 4

THE ORGANIZATION ESTABLISHED A CHARITABLE ENDOWMENT FUND WITH THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES AND THE FUNDS ARE INTENDED TO SUPPORT THE EXEMPT PURPOSES OF THE ORGANIZATION.

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX
POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX
POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX
POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING
STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE
ORGANIZATION IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING
AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX

Part XIII Supplemental Information (continued)

EXAMINATIONS FOR TAX YEARS ENDING BEFORE JUNE 30, 2020.

PART XI, LINE 2(D)

COGS FROM INVENTORY: \$106,006

PART XII, LINE 2(D)

RESTORE EXPENSES: \$106,006

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2022

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization HABITAT FOR HUMANIT	Employer identification number						
COUNTY						65-0307017	i
Part I General Information on Grants a	and Assistanc	е				·	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	ants or assistand	e?					X Yes No
Part IV, line 21, for any recipient		-			. •		es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) THE GEORGE SNOW SCHOLARSHIP FUND INC.							
201 PLAZA REAL, SUITE 260	59-2162597	501(C)(3)	7,500.		N/A	N/A	GENERAL SUPPORT
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations							1

Schedule I (F	Form 990) (2022) H.	ABITAT FOR HU	MANITY OF G	REATER PALM	BEACH 6	55-0307017
Part III	Grants and Other Assistance to Dor Part III can be duplicated if additional			the organization	answered "Yes" on F	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
_ 6					
7 Port IV. Supplemental Information Dravide the					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

THE ORGANIZATION GRANTS FUNDS FOR SPECIFIC PURPOSES AND MONITORS THEIR

USE BY THE RECIPIENT ORGANIZATIONS.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number 65-0307017

COUNTY Constitute Reserving Comm

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JENNIFER THOMASON	(i)	163,366.			4,900.	18,411.	186,677.	
1 PRESIDENT & CEO	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

PART I, LINE 7

BONUSES ARE AWARDED ON A DISCRETIONARY BASIS. THE CEO'S BONUS IS

DETERMINED BY THE BOARD CHAIR WITH APPROVAL BY THE EXECUTIVE COMMITTEE

AND ALL OTHER OFFICERS' COMPENSATION INCLUDING BONUS OPTIONS ARE APPROVED

BY THE CEO.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HABITAT FOR HUMANITY OF GREATER PALM BEACH

65-0307017

PART III, LINE 3

ON JANUARY 1, 2023, HABITAT FOR HUMANITY OF PALM BEACH COUNTY ("PBC") AND HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY ("SPBC"), COMPLETED A MERGER OF THEIR OPERATIONS. AS A RESULT OF THE MERGER, THE COMBINED ORGANIZATION HAS BEEN RENAMED HABITAT FOR HUMANITY OF GREATER PALM BEACH COUNTY ("GPBC"). THROUGH THEIR MERGER, THE ORGANIZATIONS SEEK TO FURTHER THEIR COMMON MISSION TO PROVIDE LOW-INCOME FAMILIES WITH DECENT, AFFORDABLE HOUSING.

PART VI, LINE 1A

AN EXECUTIVE COMMITTEE, CONSISTING OF THE TWO CO-CHAIRS, VICE CHAIR,

SECRETARY & ASSISTANT SECRETARY, TREASURER & ASSISTANT TREASURER, SHALL

HAVE FULL AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE BOARD BETWEEN

MEETINGS PROVIDED THAT THOSE DECISIONS DO NOT ESTABLISH OR SET POLICY OF

THE CORPORATION. ALL SUCH DECISIONS SHALL BE REPORTED TO THE BOARD AT THE

NEXT FOLLOWING MEETING.

PART VI, LINE 11B

THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE FORM 990 PRIOR TO IT BEING FILED.

PART VI, LINE 12C

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. DIRECTORS AND OFFICERS ARE ASKED TO ANNUALLY DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. COMPLIANCE WITH THE POLICY IS MONITORED BY THE PRESIDENT & CEO. ANY BOARD MEMBERS WITH A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXCUSE THEMSELVES FROM PARTICIPATING IN ANY DECISIONS RELATED TO THE CONFLICT OF INTEREST.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HABITAT FOR HUMANITY OF GREATER PALM BEACH

65-0307017

PART VI, LINE 15A

THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE COMMITTEE USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE. THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED. THE COMPENSATION IS REVIEWED ANNUALLY. THIS PROCESS WAS LAST CONDUCTED IN JULY 2022.

PART VI, LINE 15B

THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE PRESIDENT & CEO.

COMPARABILITY DATA IS USED TO ENSURE COMPENSATION IS REASONABLE. THE

DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN EACH EMPLOYEE'S FILE. THE

COMPENSATION IS REVIEWED ANNUALLY.

PART VI, LINE 19

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

PART XI, LINE 9

BUSINESS COMBINATION ADJUSTMENT FROM AUDIT REPORT: \$5,847,039

INVENTORY ADJUSTMENT FROM AUDIT REPORT: \$599,701

ADJUSTMENT FOR OTHER ENTITY ACTIVITY INCLUDED IN AUDIT REPORT: \$130,701

TOTAL ADJUSTMENTS: \$6,577,441

Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number

65-0307017

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

HABITAT FOR HUMANITY OF GREATER PALM BEACH COUNTY WORKS TO PROVIDE AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES FOR HARDWORKING AND DESERVING FAMILIES IN PALM BEACH COUNTY, FLORIDA. WE BUILD HOMES IN PARTNERSHIP WITH FAMILIES WHO DEMONSTRATE A NEED FOR HOUSING AND A WILLINGNESS TO WORK WITH US TO PURCHASE A HOME OF THEIR OWN. WITH THE HELP OF OUR SUPPORTERS AND GENEROUS VOLUNTEERS, SINCE OUR ESTABLISHMENT WE HAVE EMPOWERED OVER 1,150 FAMILIES IN OUR COMMUNITY TO ACHIEVE THEIR DREAM OF OWNING A SAFE, DECENT, AND AFFORDABLE HOME.

IN ADDITION, THE NEIGHBORHOOD REVITALIZATION PROGRAM (NRP) INCLUDES 'A BRUSH WITH KINDNESS' AND 'CRITICAL HOME REPAIR'. NRP HELPS ENSURE THAT FAMILIES ARE LIVING IN SAFE AND MAINTAINED HOMES. THE GOAL IS TO KEEP HOMEOWNERS IN THEIR EXISTING HOMES, PROTECT THEIR FINANCIAL INVESTMENT AND RESTORE PRIDE OF HOMEOWNERSHIP.

Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number

65-0307017

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

WATERS ORTIZ ACCOUNTING & CONSULTING PLL 8835 SW 107 AVENUE, SUITE 316

MIAMI, FL 33176 ACCOUNTING 118,007.

=========

Name of the organization
HABITAT FOR HUMANITY OF GREATER PALM BEACH

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

ENDING
BOOK VALUE

PREPAID EXPENSES

587,368.

Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number

65-0307017

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST
DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED SECURITY 64,606. FMV

TOTALS ----- 64,606.

SCHEDULE R (Form 990)

COUNTY

(6)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OND NO. 1345-0047
2022
Open to Public
Inspection

OMP No. 4545 0047

Name of the organization

HABITAT FOR HUMANITY OF GREATER PALM BEACH

Employer identification number 65-0307017

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (b) (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) (2) (3) (4) (5)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) HABITAT FOR HUMANITY OF PALM BEACH COUNT 59-3525576							
181 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	HOUSING	FL	501(C)(3)	7	N/A		Х
(2) HABITAT HOUSING SOLUTIONS, INC. 46-3352865							
4639 LAKE WORTH ROAD GREENACRES, FL 33463	HOUSING	FL	501(C)(3)	7	N/A		Х
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(i Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or		General or managing		(k) Percentage ownership
		oodiiiiy)		,			Yes	No		Yes	No					
<u>(1)</u>																
(2)																
_(3)																
(4)																
(5)																
(6)																
_(7)																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

			, ,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Secti 512(b) contro entity	
(1)								_
(2)								_
(3)								_
(4)								
(5)								
(6)								
(7)								

Yes No

65-0307017

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

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

Part V

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
	, , , , , , , , , , , , , , , , , , , ,					
f	Dividends from related organization(s)				1f	X
	Sale of assets to related organization(s)				1g	Х
	Purchase of assets from related organization(s)				1h	Х
	Exchange of assets with related organization(s).				1i	X
	Lease of facilities, equipment, or other assets to related organization(s).				1j	X
,	20000 01 100mm00, 040.p.mo, 01 0mo. 000000 to 100000 01.gam2000(0)1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х
	Sharing of paid employees with related organization(s)				10	X
Ū	onaring of paid employees with related organization(s)					
n	Reimbursement paid to related organization(s) for expenses				1р	X
	Reimbursement paid by related organization(s) for expenses				1q	X
ч	The imbursement paid by related organization(s) for expenses 1111111111111111111111111111111111				. 9	
_	Other transfer of cash or property to related organization(s)				1r	X
	Other transfer of cash or property to related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	ered relationships and trans	action thre		
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved		of deterr	
		type (a - s)		amoi	unt involv	/ed
(1)						
(- /						
(2)						
(-/						
(3)						
(0)						
(4)						
(7)						
(5)						
(<u>'</u>						
(6)						
		I	Sci	nedule R (Form 9	90) 202:
SA						, ·

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under		partners tion c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
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(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.