

Form **990**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**  
Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Habitat for Humanity of East & Central Pasco**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **37220 Meridian Avenue**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **Dade City FL 33525**

**D** Employer identification number: **59-3252298**  
**E** Telephone number: **352-567-1444**  
**G** Gross receipts \$: **2,077,377**

**F** Name and address of principal officer:  
**Crystal Lazar**  
**37220 Meridian Ave**  
**Dade City FL 33525**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **habitatpasco.org** **H(c)** Group exemption number: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1994** **M** State of legal domicile: **FL**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>35</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (A), line 2	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-E, Part III, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>334,508</b>	<b>425,463</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,201,148</b>	<b>797,756</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>981</b>	<b>3,693</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>840,173</b>	<b>775,187</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,376,810</b>	<b>2,002,099</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>25,000</b>	<b>30,000</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>700,312</b>	<b>760,258</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>567,396</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,258,284</b>	<b>980,109</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,983,596</b>	<b>1,770,367</b>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>393,214</b>	<b>231,732</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,669,609</b>	<b>3,871,312</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>339,897</b>	<b>315,809</b>
		<b>3,329,712</b>	<b>3,555,503</b>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **Crystal Lazar** Date: \_\_\_\_\_  
 Type or print name and title: **President**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Marci Reutimann** Preparer's signature: **Marci Reutimann** Date: **01/22/24** Check  if PTIN self-employed **P00538803**  
 Firm's name: **Bodine Perry, PLLC** Firm's EIN: **83-3033790**  
 Firm's address: **6930 Gall Boulevard Suite 200 Zephyrhills, FL 33542** Phone no.: **813-788-2155**

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

**Part III Statement of Program Service Accomplishments**  
Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,144,123** including grants of \$ **30,000** ) (Revenue \$ **813,928** )  
**During the year, Habitat was able to complete construction and relocate several very needy families from substandard housing to a new home the families now own. Additional homes are under construction as well as development of additional buildings lots for future homes for ownership of the very low income families. Additionally, Habitat serves as a major contractor for Pasco County, Florida, for rehabing homes for neighborhood stabilization programs and housing for very low income families.**

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,144,123**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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

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

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>35</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent .....		
1b	14		
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? .....		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? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....		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? .....		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body? .....	X	
8b	Each committee with authority to act on behalf of the governing body? .....	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Crystal Lazar** 37220 Meridian Ave **FL 33525** 352-567-1444  
**Dade City**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Scott Amole</b>	0.00									
Board Member	0.00	X						0	0	0
(2) <b>Michelle Delker</b>	0.00									
Treasurer	0.00	X						0	0	0
(3) <b>Jamie Hamilton</b>	0.00									
Board Member	0.00	X						0	0	0
(4) <b>John Harding</b>	0.00									
Board Member	0.00	X						0	0	0
(5) <b>LeRoy Hauff</b>	0.00									
Board Member	0.00	X						0	0	0
(6) <b>Crystal Lazar</b>	0.00									
President	0.00	X						0	0	0
(7) <b>Mike LePan</b>	0.00									
Secretary	0.00	X						0	0	0
(8) <b>Manuel Long</b>	0.00									
Board Chair	0.00	X						0	0	0
(9) <b>Mike Mashke</b>	0.00									
Board Member	0.00	X						0	0	0
(10) <b>Glendora Merchant</b>	0.00									
Board Member	0.00	X						0	0	0
(11) <b>Melonie Monson</b>	0.00									
Vice Board Chair	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Sarah Schrader	0.00									
Board Member	0.00	X					0	0	0	
(13) Jordan Smith	0.00									
Board Members	0.00	X					0	0	0	
(14) Michelle Steele	0.00									
Board Member	0.00	X					0	0	0	
(15) Jordan Williams	0.00									
Board Member	0.00	X					0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	425,463			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>425,463</b>			
	<b>Program Service Revenue</b>	2a Transfers to Homeowners	Business Code 624200	676,867	676,867	
b Mortgage Discount Amort		624200	113,366	113,366		
c Late Fees		624200	7,523	7,523		
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>			<b>797,756</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		3,693	3,693		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	7,878				
b Less: direct expenses	8b	140				
c Net income or (loss) from fundraising events		7,738				
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	830,108				
b Less: cost of goods sold	10b	75,138				
c Net income or (loss) from sales of inventory		754,970		754,970		
<b>Miscellaneous Revenue</b>	11a Recycling Income	Business Code 624200	10,578	10,578		
	b Other	624200	1,901	1,901		
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		<b>12,479</b>			
<b>12 Total revenue. See instructions</b>		<b>2,002,099</b>	<b>813,928</b>	<b>0</b>	<b>754,970</b>	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,000	30,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	664,393	320,088	35,565	308,740
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,561	28,881	3,209	11,471
10 Payroll taxes	52,304	24,676	2,742	24,886
11 Fees for services (nonemployees):				
a Management				
b Legal	5,098	5,098		
c Accounting	60,027	41,266		18,761
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	64,897	45,510	9,017	10,370
12 Advertising and promotion	2,580	650		1,930
13 Office expenses	40,644	20,988	2,332	17,324
14 Information technology				
15 Royalties				
16 Occupancy	168,135	37,669	4,185	126,281
17 Travel	6,307	4,835		1,472
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,160	6,132		28
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,198	18,853		3,345
23 Insurance	61,609	47,557		14,052
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Building material/ lots	483,802	483,802		
b Car/Truck Expense	46,337	16,176	1,798	28,363
c Books and Subscriptions	12,057	11,709		348
d Bank/Merchant fees	258	233		25
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,770,367	1,144,123	58,848	567,396
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing .....	1,603,896	1	1,121,924
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	313	3	1,130
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	517,949	7	528,436
	8 Inventories for sale or use .....	9,780	8	1,251
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 705,325		
	b Less: accumulated depreciation .....	10b 268,548	10c 413,150	436,777
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,124,521	15	1,781,794
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,669,609	16	3,871,312	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	21,222	17	13,670
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	240,659	23	229,584
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	78,016	25	72,555
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	339,897	26	315,809
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	3,329,712	27	3,555,503
	28 Net assets with donor restrictions .....		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
32 <b>Total net assets or fund balances</b> .....	3,329,712	32	3,555,503	
33 <b>Total liabilities and net assets/fund balances</b> .....	3,669,609	33	3,871,312	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,002,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,770,367
3	Revenue less expenses. Subtract line 2 from line 1	3	231,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,329,712
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	-5,941
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,555,503

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**Federal Statements**

**Statement 1 - Form 4562. Line 26 - Property Used More Than 50% in a Qualified Business**

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
12 Chevrolet Express Van	10/09/12	100.00	\$ 19,633	\$ 19,633	5.0	200DBHY	\$	
2008 F-150 Truck	3/02/17	100.00	7,224	3,612	5.0	200DBHY		
2007 Enclosed Cargo Constr Trailer	4/23/18	100.00	1,200	486	5.0	200DBHY		
Total			\$ 28,057	\$ 23,731			\$ 0	\$ 0

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **Habitat for Humanity of East & Central Pasco** Employer identification number **59-3252298**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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.")	349,264	559,564	520,784	334,508	425,463	2,189,583
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	349,264	559,564	520,784	334,508	425,463	2,189,583
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,189,583

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	349,264	559,564	520,784	334,508	425,463	2,189,583
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	595,554	588,397	844,021	846,683	830,108	3,704,763
11 Total support. Add lines 7 through 10						5,894,346
12 Gross receipts from related activities, etc. (see instructions)					12	821,806
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	37.15 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	39.75 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, their status, and control.

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
b	A family member of a person described on line 11a above?		
	<b>11b</b>		
c	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.		
	<b>11c</b>		

**Section 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.		
	<b>1</b>		
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.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).		
	<b>1</b>		

**Section 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?		
	<b>1</b>		
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).		
	<b>2</b>		
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.		
	<b>3</b>		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
b		Yes	No
	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.		
	<b>2b</b>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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.		
	<b>3a</b>		
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	<b>3b</b>		

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section 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 .....			
e 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:			
a Excess from 2018 .....			
b Excess from 2019 .....			
c Excess from 2020 .....			
d Excess from 2021 .....			
e Excess from 2022 .....			

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

**Part II, Line 10 - Other Income Detail**

**Restore II** \$ 2,874,655

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**Habitat for Humanity of East &  
Central Pasco**

Employer identification number

**59-3252298**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

Name of organization <b>Habitat for Humanity of East &amp;</b>	Employer identification number <b>59-3252298</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Pasco County Housing Authority 35739 SR 52 Dade City FL 33525	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Greater Tampa Realtors 2918 W Kennedy Blvd Tampa FL 33609	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	United Way Pasco PO Box 609 New Port Richey FL 34673	\$ 22,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Publix Supermarket Charities PO Box 407 Lakeland FL 33802	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jim Browne Chrystler Jeep Dodge Ram 12020 US-301 Dade City FL 33525	\$ 137,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	First National Bank of Pasco 37215 S.R. 54 Zephyrhills FL 33542	\$ 137,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Habitat for Humanity of East & Central Pasco

Employer identification number

59-3252298

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding collections of art and historical treasures.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ..... %
  - b Permanent endowment ..... %
  - c Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations .....  | 3a(i)  |    |
| (ii) Related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		50,975		50,975
b Buildings .....				
c Leasehold improvements .....		32,316	19,897	12,419
d Equipment .....		175,828	140,431	35,397
e Other .....		446,206	108,220	337,986
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				436,777

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Construction in Progress</b>	<b>905,069</b>
(2) <b>Inventory Lots for Development</b>	<b>809,685</b>
(3) <b>Escrow Funds</b>	<b>66,440</b>
(4) <b>Utility Deposits</b>	<b>600</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>1,781,794</b>

**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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>Other Liabilities</b>	<b>72,555</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>72,555</b>

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

Part 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

Area containing horizontal dashed lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Name of the organization  
**Habitat for Humanity of East &  
Central Pasco**

Employer identification number  
**59-3252298**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Habitat for Humanity International 322 W Lamar St Americus GA 31709-3543			15,000				
(2)	Habitat for Humanity International 322 W Lamar St Americus GA 31709-3543			15,000				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization	<b>Habitat for Humanity of East &amp; Central Pasco</b>	Employer identification number <b>59-3252298</b>
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**Form 990 - Organization's Mission**

Habitat works in partnership with God and people from all walks of life to develop a community with God's people in need by building and renovating houses so that there are decent affordable houses in decent communities in which people can live and grow into all that God intended.

**Form 990, Part III, Line 4d - All Other Accomplishments**

Same as 1st

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Form 990 is reviewed by the Board and executive officers and approved prior to filing with the IRS. Copy is maintained in Habitat offices and available for public inspection during office hours.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Organization has a conflict of interest policy for its business dealings. The present policy does not require annual disclosure of potential conflicts by the Board or key employees. The dealings of the organization remain relatively small in a rural setting and the CEO and key employees monitor, along with Board actions when necessary, the various business relationships of Habitat and its personnel.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

An executive committee of the officers (Prez, Vice Pres, Secretary, and Treasurer) meet to review and evaluate the performance of the CEO annually.

Name of the organization

Employer identification number

Habitat for Humanity of East &

59-3252298

This review is presented to the Board for their analysis and approval of pay level detc, for the CEO. The organization has been fortunate to secure the services of a dedicated CEO for a pay level well below the perceived market rate for comparable level of service.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization maintains a business office with regular hours in Dade City, Florida, where forms 990, organizational documents, compiled financial statements, and related governing information is available during those hours. There are available upon request.



Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return **Habitat for Humanity of East & Central Pasco** Identifying number **59-3252298**

Business or activity to which this form relates

**Indirect**

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

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

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,325

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	10,528
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	18,853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form **4562** (2022)

DAA

There are no amounts for Page **2**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use: See Statement 1 % 28,057 23,731
27 Property used 50% or less in a qualified business use: % S/L- % S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return **Habitat for Humanity of East & Central Pasco** Identifying number **59-3252298**

Business or activity to which this form relates

**Restore II**

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

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

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,165

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	105
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	2,075
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,345
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
2016 Izuzu Dry Del Van 11/01/17 100.00 % 40,000 28,440 5.0 200DBHY 2,075
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 2,075
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

59-3252298

## Federal Asset Report

FYE: 6/30/2023

## Indirect

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>										
28	Storage Trailer	5/19/04	750				375	5 HY S/L	750	0
30	Computer	6/30/04	750				375	5 HY S/L	750	0
31	Computers 3	12/15/03	3,000				1,500	5 HY S/L	3,000	0
35	Mahindra Tractor	3/31/06	17,860				17,860	10 HY S/L	17,860	0
36	Trailer 82x20	3/31/06	2,000				2,000	10 HY S/L	2,000	0
38	Tractor Accessories	3/31/06	2,575				2,575	10 HY S/L	2,575	0
41	Office furniture - donated	5/31/06	5,930				5,930	10 HY S/L	5,930	0
45	Office furniture and Sound System	6/08/07	7,494				7,494	10 HY S/L	7,494	0
48	Desk and Chairs	8/01/07	688				688	7 HY S/L	688	0
49	Office Furniture	11/28/07	2,713				2,713	7 HY 200DB	2,713	0
61	7x8 Trailer	6/16/11	2,700		X		0	10 HY S/L	2,700	0
62	Digital Camera	12/10/10	565		X		0	3 HY S/L	565	0
65	Husauvarna 0 turn mower	10/18/11	1,500		X		0	5 HY S/L	1,500	0
69	Laptop Computer	6/07/12	780		X		390	5 HY 200DB	780	0
78	Home Display Model	6/27/13	3,500		X		1,750	7 HY S/L	3,500	0
79	Laptop	12/13/12	840		X		420	5 HY 200DB	840	0
80	13 Diamond Cargo Trailer	6/27/13	2,202		X		1,101	5 HY 200DB	2,202	0
89	Network Storage	8/07/13	2,060		X		1,030	5 HY 200DB	2,060	0
91	Laptop	9/10/13	749		X		374	5 HY 200DB	749	0
92	Dell Optiplex Intel Core	1/30/14	1,043		X		521	5 HY 200DB	1,043	0
94	Camp(Rec) House 14431 Rozar Ct	3/01/14	49,613				49,613	27 MM S/L	14,959	1,804
100	Computer	8/12/13	1,284		X		642	5 HY 200DB	1,284	0
101	Computer	4/09/10	873		X		436	5 HY 200DB	873	0
102	Computer & Printer	6/23/10	2,143		X		1,071	5 HY 200DB	2,143	0
103	3 Computers	2/11/10	1,999		X		999	5 HY 200DB	1,999	0
104	New Computers	3/11/10	1,613		X		806	5 HY 200DB	1,613	0
105	Computer - VOL Services	6/30/10	1,033		X		516	5 HY 200DB	1,033	0
106	Mosquito Machine	1/15/15	633				633	5 HY 200DB	633	0
107	20ft Stg Container (GLD4030981)	1/29/15	1,850				1,850	7 HY 200DB	1,850	0
108	20ft Stg Container (CRXU203939)	1/29/15	1,850				1,850	7 HY 200DB	1,850	0
117	Building - Meridian	1/01/19	230,689				230,689	39 MM S/L	20,456	5,915
119	Furniture for New Office	1/02/19	1,376		X		430	7 HY 200DB	946	123
121	Board Room Chairs	10/10/18	1,028		X		321	7 HY 200DB	707	92
122	Conference Table	11/09/18	1,390		X		434	7 HY 200DB	956	124
125	House Old #61	8/26/20	67,927				67,927	27 MM S/L	4,631	2,470
			<u>425,000</u>				<u>405,313</u>		<u>115,632</u>	<u>10,528</u>
<b>Other Depreciation:</b>										
58	Software - Fundraising	9/10/10	2,700		X		0	3 MOAmort	2,700	0
82	Land (14431 Rozar Ct#113 - Camp)	3/01/14	16,562				16,562	0 -- Land	0	0
83	Camp Land (Lot 13 - 14437 Rozar Ct)	7/22/13	16,562				16,562	0 -- Land	0	0
84	Camp Land (Lot 16-14421 Rozar Ct)	7/22/13	16,562				16,562	0 -- Land	0	0
93	Washer/Dyer (Rozar CT #113)	2/12/14	1,027				1,027	5 MO200DB	1,027	0
109	Electrical Hookups for Campsite	8/27/14	6,278				6,278	15 MO150DB	5,224	147
110	7 Water/Sewer Lines @ Campsite	9/29/14	3,550				3,550	15 MO150DB	2,953	82
120	New Sign For Office	7/01/19	6,116				6,116	10 MO S/L	1,529	612
123	Ice Machine	6/30/21	2,537				2,537	7 MO S/L	362	362
124	2 Cash Registers	8/04/20	2,896				2,896	7 MO S/L	793	414
126	Land - Old #61	8/26/20	1,289				1,289	0 -- Land	0	0
127	A/C Unit	9/16/21	4,000				4,000	10 MO S/L	300	400
128	Paving	5/26/22	7,500				7,500	15 MO S/L	42	500
129	Dell OptiPlex 3000	5/25/23	6,385				6,385	5 MO S/L	0	106
130	Husqvarna Zero Turn Mower	8/10/22	3,300				3,300	7 MO S/L	0	432
131	Jarrett Ford Truck	10/06/22	35,134				35,134	5 MO S/L	0	5,270
	<b>Total Other Depreciation</b>		<u>132,398</u>				<u>129,698</u>		<u>14,930</u>	<u>8,325</u>
	<b>Total ACRS and Other Depreciation</b>		<u>132,398</u>				<u>129,698</u>		<u>14,930</u>	<u>8,325</u>
<b>Listed Property:</b>										
77	12 Chevrolet Express Van	10/09/12	19,633				19,633	5 HY 200DB	15,885	0
116	2008 F-150 Truck	3/02/17	7,224		X		3,612	5 HY 200DB	7,224	0
118	2007 Enclosed Cargo Constr Trailer	4/23/18	1,200		X		486	5 HY 200DB	714	0

# Federal Asset Report

## Indirect

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
			<u>28,057</u>			<u>23,731</u>		<u>23,823</u>	<u>0</u>
	<b>Grand Totals</b>		585,455			558,742		154,385	18,853
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>585,455</u>			<u>558,742</u>		<u>154,385</u>	<u>18,853</u>

**Federal Asset Report****Restore II**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
57	Sign - Restore II	8/08/12	4,684		X	2,342	10 HY 200DB	4,645	39
76	Improvements (Restore II)	7/12/13	1,971		X	985	15 HY S/L	1,674	66
			<u>6,655</u>			<u>3,327</u>		<u>6,319</u>	<u>105</u>
<b>Other Depreciation:</b>									
7	Cargo Trailer	8/15/06	2,995			2,995	7 MO S/L	2,995	0
12	Furniture & Situres	4/30/05	3,400			3,400	10 MO S/L	3,400	0
38	Toyota Forklift	9/08/10	6,000			6,000	7 MO S/L	6,000	0
39	Roll Up Door	9/29/10	2,296			2,296	20 MO S/L	1,349	115
40	Leasehold Improvement	9/29/10	700			700	20 MO S/L	411	35
41	Fencing	10/27/10	2,250			2,250	10 MO S/L	2,250	0
42	Electrical Upgrades	9/21/10	4,516			4,516	20 MO S/L	2,653	226
44	Shelving	3/29/12	1,498			1,498	7 MO S/L	1,498	0
47	Racks, Locks, Hinges etc	5/18/12	917			917	7 MO S/L	917	0
48	Phone and Internet System	3/07/12	14,299			14,299	7 MO S/L	14,299	0
49	New Sign	5/04/12	2,109			2,109	10 MO S/L	2,109	0
53	Rackin, Shelving, & Carts	8/22/12	6,956			6,956	7 MO S/L	6,956	0
54	Shelving & Racking	2/11/13	2,485			2,485	7 MO S/L	2,485	0
55	TS Telephone System	7/23/12	2,397			2,397	7 MO S/L	2,397	0
56	Sign - Restore I Moved	8/03/12	1,671			1,671	10 MO S/L	1,657	14
59	Security System/Cameras	2/04/13	2,481			2,481	7 MO S/L	2,481	0
63	Electrical Wiring	6/27/13	3,255			3,255	15 MO S/L	1,953	217
65	40ft Moveable Cubicle Stg Container	8/07/13	5,200			5,200	7 MO200DB	5,200	0
73	Floor Stripper/Polisher	7/12/13	1,513			1,513	7 MO200DB	1,513	0
74	Floor Stripper/Polisher	7/12/13	1,513			1,513	7 MO200DB	1,513	0
115	Pallet Racking	6/30/17	2,300			2,300	10 MO S/L	1,150	230
116	New Security System & Cameras	5/08/17	1,459			1,459	7 MO S/L	1,077	208
118	Ramps for Box Truck	9/08/22	1,005			1,005	7 MO S/L	0	120
	<b>Total Other Depreciation</b>		<u>73,215</u>			<u>73,215</u>		<u>66,263</u>	<u>1,165</u>
	<b>Total ACRS and Other Depreciation</b>		<u>73,215</u>			<u>73,215</u>		<u>66,263</u>	<u>1,165</u>
<b>Listed Property:</b>									
117	2016 Izuzu Dry Del Van	11/01/17	40,000		X	28,440	5 HY 200DB	19,383	2,075
			<u>40,000</u>			<u>28,440</u>		<u>19,383</u>	<u>2,075</u>
	<b>Grand Totals</b>		119,870			104,982		91,965	3,345
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>119,870</u>			<u>104,982</u>		<u>91,965</u>	<u>3,345</u>

59-3252298

**AMT Asset Report**

FYE: 6/30/2023

**Indirect**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
28	Storage Trailer	5/19/04	750		X	375	5 HY S/L	750	0
30	Computer	6/30/04	750		X	375	5 HY S/L	750	0
31	Computers 3	12/15/03	3,000		X	1,500	5 HY S/L	3,000	0
35	Mahindra Tractor	3/31/06	17,860			17,860	10 HY S/L	17,860	0
36	Trailer 82x20	3/31/06	2,000			2,000	10 HY S/L	2,000	0
38	Tractor Accessories	3/31/06	2,575			2,575	10 HY 150DB	2,575	0
41	Office furniture - donated	5/31/06	5,930			5,930	10 HY 150DB	5,930	0
45	Office furniture and Sound System	6/08/07	7,494			7,494	10 HY S/L	7,494	0
48	Desk and Chairs	8/01/07	688			688	7 HY S/L	688	0
49	Office Furniture	11/28/07	2,713			2,713	7 HY 150DB	2,713	0
61	7x8 Trailer	6/16/11	2,700		X	2,700	10 HY S/L	0	0
62	Digital Camera	12/10/10	565		X	0	7 HY 200DB	565	0
65	Husauvarna 0 turn mower	10/18/11	1,500		X	0	7 HY 200DB	1,500	0
69	Laptop Computer	6/07/12	780		X	390	5 HY 200DB	780	0
78	Home Display Model	6/27/13	3,500		X	1,750	7 HY S/L	3,500	0
79	Laptop	12/13/12	840		X	420	5 HY 200DB	840	0
80	13 Diamond Cargo Trailer	6/27/13	2,202		X	1,101	5 HY 200DB	2,202	0
89	Network Storage	8/07/13	2,060		X	1,030	5 HY 200DB	2,060	0
91	Laptop	9/10/13	749		X	374	5 HY 200DB	749	0
92	Dell Optiplex Intel Core	1/30/14	1,043		X	521	5 HY 200DB	1,043	0
94	Camp(Rec) House 14431 Rozar Ct	3/01/14	49,613			49,613	27 MM S/L	14,959	1,804
100	Computer	8/12/13	1,284		X	642	5 HY 200DB	1,284	0
101	Computer	4/09/10	873		X	436	5 HY 200DB	873	0
102	Computer & Printer	6/23/10	2,143		X	1,071	5 HY 200DB	2,143	0
103	3 Computers	2/11/10	1,999		X	999	5 HY 200DB	1,999	0
104	New Computers	3/11/10	1,613		X	806	5 HY 200DB	1,613	0
105	Computer - VOL Services	6/30/10	1,033		X	516	5 HY 200DB	1,033	0
106	Mosquito Machine	1/15/15	633			633	5 HY 150DB	633	0
107	20ft Stg Container (GLD4030981)	1/29/15	1,850			1,850	7 HY 150DB	1,850	0
108	20ft Stg Container (CRXU203939)	1/29/15	1,850			1,850	7 HY 150DB	1,850	0
109	Electrical Hookups for Campsite	8/27/14	6,278		X	3,139	15 HY S/L	4,709	209
110	7 Water/Sewer Lines @ Campsite	9/29/14	3,550		X	1,775	15 HY S/L	2,662	119
117	Building - Merdian	1/01/19	230,689			230,689	39 MM S/L	20,456	5,915
119	Furniture for New Office	1/02/19	1,376		X	0	7 HY 200DB	1,376	0
120	New Sign For Office	7/01/19	6,116		X	0	10 HY S/L	6,116	0
121	Board Room Chairs	10/10/18	1,028		X	0	7 HY 200DB	1,028	0
122	Conference Table	11/09/18	1,390		X	0	7 HY 200DB	1,390	0
123	Ice Machine	6/30/21	2,537		X	0	7 HY 200DB	2,537	0
124	2 Cash Registers	8/04/20	2,896		X	0	7 HY 200DB	2,896	0
125	House Old #61	8/26/20	67,927			67,927	27 MM S/L	4,631	2,470
127	A/C Unit	9/16/21	4,000		X	0	10 HY 200DB	4,000	0
128	Paving	5/26/22	7,500		X	0	15 HY S/L	7,500	0
			<u>457,877</u>			<u>411,742</u>		<u>144,537</u>	<u>10,517</u>
<b>Other Depreciation:</b>									
82	Land (14431 Rozar Ct#113 - Camp)	3/01/14	0			0	0 HY	0	0
83	Camp Land (Lot 13 - 14437 Rozar Ct)	7/22/13	0			0	0 HY	0	0
84	Camp Land (Lot 16-14421 Rozar Ct)	7/22/13	0			0	0 HY	0	0
93	Washer/Dyer (Rozar CT #113)	2/12/14	1,027			1,027	5 MO 200DB	0	1,027
126	Land - Old #61	8/26/20	0			0	0 HY	0	0
129	Dell OptiPlex 3000	5/25/23	6,385			6,385	5 MO S/L	0	106
130	Husqvarna Zero Turn Mower	8/10/22	3,300			3,300	7 MO S/L	0	432
131	Jarrett Ford Truck	10/06/22	35,134			35,134	5 MO S/L	0	5,270
	<b>Total Other Depreciation</b>		<u>45,846</u>			<u>45,846</u>		<u>0</u>	<u>6,835</u>
	<b>Total ACRS and Other Depreciation</b>		<u>45,846</u>			<u>45,846</u>		<u>0</u>	<u>6,835</u>
<b>Listed Property:</b>									
77	12 Chevrolet Express Van	10/09/12	19,633			19,633	5 HY 200DB	15,885	0
116	2008 F-150 Truck	3/02/17	7,224		X	3,612	5 HY 200DB	7,224	0
118	2007 Enclosed Cargo Constr Trailer	4/23/18	1,200		X	0	5 HY 200DB	1,200	0



# AMT Asset Report

## Indirect

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>28,057</u>			<u>23,245</u>		<u>24,309</u>	<u>0</u>
	<b>Grand Totals</b>		531,780			480,833		168,846	17,352
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>531,780</u>			<u>480,833</u>		<u>168,846</u>	<u>17,352</u>

**AMT Asset Report****Restore II**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
57	Sign - Restore II	8/08/12	4,684		X	2,342	7 HY 200DB	4,684	0
76	Improvements (Restore II)	7/12/13	1,971		X	985	15 HY S/L	1,544	66
			<u>6,655</u>			<u>3,327</u>		<u>6,228</u>	<u>66</u>
<b>Other Depreciation:</b>									
7	Cargo Trailer	8/15/06	0			0	0 HY	0	0
12	Furniture & Situres	4/30/05	0			0	0 HY	0	0
38	Toyota Forklift	9/08/10	0			0	0 HY	0	0
39	Roll Up Door	9/29/10	0			0	0 HY	0	0
40	Leasehold Improvement	9/29/10	0			0	0 HY	0	0
41	Fencing	10/27/10	0			0	0 HY	0	0
42	Electrical Upgrades	9/21/10	0			0	0 HY	0	0
44	Shelving	3/29/12	0			0	0 HY	0	0
47	Racks, Locks, Hinges etc	5/18/12	0			0	0 HY	0	0
48	Phone and Internet System	3/07/12	0			0	0 HY	0	0
49	New Sign	5/04/12	0			0	0 HY	0	0
53	Rackin, Shelving, & Carts	8/22/12	0			0	0 HY	0	0
54	Shelving & Racking	2/11/13	0			0	0 HY	0	0
55	TS Telephone System	7/23/12	0			0	0 HY	0	0
56	Sign - Restore I Moved	8/03/12	0			0	0 HY	0	0
59	Security System/Cameras	2/04/13	0			0	0 HY	0	0
63	Electrical Wiring	6/27/13	0			0	0 HY	0	0
65	40ft Moveable Cubicle Stg Container	8/07/13	0			0	0 HY	0	0
73	Floor Stripper/Polisher	7/12/13	0			0	0 HY	0	0
74	Floor Stripper/Polisher	7/12/13	0			0	0 HY	0	0
115	Pallet Racking	6/30/17	0			0	0 HY	0	0
116	New Security System & Cameras	5/08/17	0			0	0 HY	0	0
118	Ramps for Box Truck	9/08/22	1,005			1,005	7 MO S/L	0	120
	<b>Total Other Depreciation</b>		<u>1,005</u>			<u>1,005</u>		<u>0</u>	<u>120</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,005</u>			<u>1,005</u>		<u>0</u>	<u>120</u>
<b>Listed Property:</b>									
117	2016 Izuzu Dry Del Van	11/01/17	40,000		X	28,440	5 HY 200DB	24,860	2,075
			<u>40,000</u>			<u>28,440</u>		<u>24,860</u>	<u>2,075</u>
	<b>Grand Totals</b>		47,660			32,772		31,088	2,261
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>47,660</u>			<u>32,772</u>		<u>31,088</u>	<u>2,261</u>

**Bonus Depreciation Report****Indirect**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
28	Storage Trailer	5/19/04	750		0	0	375	375
30	Computer	6/30/04	750		0	0	375	375
31	Computers 3	12/15/03	3,000		0	0	1,500	1,500
58	Software - Fundraising	9/10/10	2,700		0	0	2,700	0
61	7x8 Trailer	6/16/11	2,700		0	0	2,700	0
62	Digital Camera	12/10/10	565		0	0	565	0
65	Husauvarna 0 turn mower	10/18/11	1,500		0	0	1,500	0
69	Laptop Computer	6/07/12	780		0	0	390	390
78	Home Display Model	6/27/13	3,500		0	0	1,750	1,750
79	Laptop	12/13/12	840		0	0	420	420
80	13 Diamond Cargo Trailer	6/27/13	2,202		0	0	1,101	1,101
89	Network Storage	8/07/13	2,060		0	0	1,030	1,030
91	Laptop	9/10/13	749		0	0	375	374
92	Dell Optiplex Intel Core	1/30/14	1,043		0	0	522	521
100	Computer	8/12/13	1,284		0	0	642	642
101	Computer	4/09/10	873		0	0	437	436
102	Computer & Printer	6/23/10	2,143		0	0	1,072	1,071
103	3 Computers	2/11/10	1,999		0	0	1,000	999
104	New Computers	3/11/10	1,613		0	0	807	806
105	Computer - VOL Services	6/30/10	1,033		0	0	517	516
109	Electrical Hookups for Campsite	8/27/14	6,278		0	0	0	6,278
110	7 Water/Sewer Lines @ Campsite	9/29/14	3,550		0	0	0	3,550
116	2008 F-150 Truck	3/02/17	7,224	100	0	0	3,612	3,612
118	2007 Enclosed Cargo Constr Trailer	4/23/18	1,200	100	0	0	714	486
119	Furniture for New Office	1/02/19	1,376		0	0	946	430
120	New Sign For Office	7/01/19	6,116		0	0	0	6,116
121	Board Room Chairs	10/10/18	1,028		0	0	707	321
122	Conference Table	11/09/18	1,390		0	0	956	434
127	A/C Unit	9/16/21	4,000		0	0	0	4,000
128	Paving	5/26/22	7,500		0	0	0	7,500
<b>Grand Total</b>			<b>71,746</b>		<b>0</b>	<b>0</b>	<b>26,713</b>	<b>45,033</b>

### Bonus Depreciation Report

### Restore II

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
57	Sign - Restore II	8/08/12	4,684		0	0	2,342	2,342
76	Improvements (Restore II)	7/12/13	1,971		0	0	986	985
117	2016 Izuzu Dry Del Van	11/01/17	40,000	100	0	0	11,560	28,440
<b>Grand Total</b>			<u>46,655</u>		<u>0</u>	<u>0</u>	<u>14,888</u>	<u>31,767</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
OP	1	28	Storage Trailer	0	0	0
OP	1	30	Computer	0	0	0
OP	1	31	Computers 3	0	0	0
OP	1	35	Mahindra Tractor	0	0	0
OP	1	36	Trailer 82x20	0	0	0
OP	1	38	Tractor Accessories	0	0	0
OP	1	41	Office furniture - donated	0	0	0
OP	1	45	Office furniture and Sound System	0	0	0
OP	1	48	Desk and Chairs	0	0	0
OP	1	49	Office Furniture	0	0	0
OP	1	61	7x8 Trailer	0	0	0
OP	1	62	Digital Camera	0	0	0
OP	1	65	Husauvarna 0 turn mower	0	0	0
OP	1	69	Laptop Computer	0	0	0
OP	1	77	12 Chevrolet Express Van	0	0	0
OP	1	78	Home Display Model	0	0	0
OP	1	79	Laptop	0	0	0
OP	1	80	13 Diamond Cargo Trailer	0	0	0
OP	1	89	Network Storage	0	0	0
OP	1	91	Laptop	0	0	0
OP	1	92	Dell Optiplex Intel Core	0	0	0
OP	1	94	Camp(Rec) House 14431 Rozar Ct	1,804	1,804	0
OP	1	100	Computer	0	0	0
OP	1	101	Computer	0	0	0
OP	1	102	Computer & Printer	0	0	0
OP	1	103	3 Computers	0	0	0
OP	1	104	New Computers	0	0	0
OP	1	105	Computer - VOL Services	0	0	0
OP	1	106	Mosquito Machine	0	0	0
OP	1	107	20ft Stg Container (GLD4030981)	0	0	0
OP	1	108	20ft Stg Container (CRXU203939)	0	0	0
OP	1	116	2008 F-150 Truck	0	0	0
OP	1	117	Building - Meridian	5,915	5,915	0
OP	1	118	2007 Enclosed Cargo Constr Trailer	0	0	0
OP	1	119	Furniture for New Office	123	0	123
OP	1	121	Board Room Chairs	92	0	92
OP	1	122	Conference Table	124	0	124
OP	1	125	House Old #61	2,470	2,470	0
OP	2	57	Sign - Restore II	39	0	39
OP	2	76	Improvements (Restore II)	66	66	0
OP	2	117	2016 Izuzu Dry Del Van	2,075	2,075	0
				<u>12,708</u>	<u>12,330</u>	<u>378</u>

06HABIT001 Habitat for Humanity of East &  
 59-3252298 **Future Depreciation Report**  
 FYE: 6/30/2023 **Indirect**

01/22/2024 12:50 PM

**FYE: 6/30/24**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
28	Storage Trailer	5/19/04	750	0	0
30	Computer	6/30/04	750	0	0
31	Computers 3	12/15/03	3,000	0	0
35	Mahindra Tractor	3/31/06	17,860	0	0
36	Trailer 82x20	3/31/06	2,000	0	0
38	Tractor Accessories	3/31/06	2,575	0	0
41	Office furniture - donated	5/31/06	5,930	0	0
45	Office furniture and Sound System	6/08/07	7,494	0	0
48	Desk and Chairs	8/01/07	688	0	0
49	Office Furniture	11/28/07	2,713	0	0
61	7x8 Trailer	6/16/11	2,700	0	0
62	Digital Camera	12/10/10	565	0	0
65	Husauvarna 0 turn mower	10/18/11	1,500	0	0
69	Laptop Computer	6/07/12	780	0	0
78	Home Display Model	6/27/13	3,500	0	0
79	Laptop	12/13/12	840	0	0
80	13 Diamond Cargo Trailer	6/27/13	2,202	0	0
89	Network Storage	8/07/13	2,060	0	0
91	Laptop	9/10/13	749	0	0
92	Dell Optiplex Intel Core	1/30/14	1,043	0	0
94	Camp(Rec) House 14431 Rozar Ct	3/01/14	49,613	1,804	1,804
100	Computer	8/12/13	1,284	0	0
101	Computer	4/09/10	873	0	0
102	Computer & Printer	6/23/10	2,143	0	0
103	3 Computers	2/11/10	1,999	0	0
104	New Computers	3/11/10	1,613	0	0
105	Computer - VOL Services	6/30/10	1,033	0	0
106	Mosquito Machine	1/15/15	633	0	0
107	20ft Stg Container (GLD4030981)	1/29/15	1,850	0	0
108	20ft Stg Container (CRXU203939)	1/29/15	1,850	0	0
117	Building - Merdian	1/01/19	230,689	5,915	5,916
119	Furniture for New Office	1/02/19	1,376	123	0
121	Board Room Chairs	10/10/18	1,028	91	0
122	Conference Table	11/09/18	1,390	124	0
125	House Old #61	8/26/20	67,927	2,470	2,471
			<u>425,000</u>	<u>10,527</u>	<u>10,191</u>

**Other Depreciation:**

58	Software - Fundraising	9/10/10	2,700	0	0
82	Land (14431 Rozar Ct#113 - Camp)	3/01/14	16,562	0	0
83	Camp Land (Lot 13 - 14437 Rozar Ct)	7/22/13	16,562	0	0
84	Camp Land (Lot 16-14421 Rozar Ct)	7/22/13	16,562	0	0
93	Washer/Dyer (Rozar CT #113)	2/12/14	1,027	0	0
109	Electrical Hookups for Campsite	8/27/14	6,278	147	209
110	7 Water/Sewer Lines @ Campsite	9/29/14	3,550	83	118
120	New Sign For Office	7/01/19	6,116	611	0
123	Ice Machine	6/30/21	2,537	363	0
124	2 Cash Registers	8/04/20	2,896	413	0
126	Land - Old #61	8/26/20	1,289	0	0
127	A/C Unit	9/16/21	4,000	400	0
128	Paving	5/26/22	7,500	500	0
129	Dell OptiPlex 3000	5/25/23	6,385	1,277	1,277
130	Husqvarna Zero Turn Mower	8/10/22	3,300	472	472
131	Jarrett Ford Truck	10/06/22	35,134	7,027	7,027
	<b>Total Other Depreciation</b>		<u>132,398</u>	<u>11,293</u>	<u>9,103</u>
	<b>Total ACRS and Other Depreciation</b>		<u>132,398</u>	<u>11,293</u>	<u>9,103</u>

**Listed Property:**

77	12 Chevrolet Express Van	10/09/12	19,633	0	0
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# Future Depreciation Report

FYE: 6/30/24

FYE: 6/30/2023

Indirect

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
116	2008 F-150 Truck	3/02/17	7,224	0	0
118	2007 Enclosed Cargo Constr Trailer	4/23/18	1,200	0	0
			<u>28,057</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>585,455</u>	<u>21,820</u>	<u>19,294</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
57	Sign - Restore II	8/08/12	4,684	0	0
76	Improvements (Restore II)	7/12/13	1,971	65	65
			<u>6,655</u>	<u>65</u>	<u>65</u>
<b>Other Depreciation:</b>					
7	Cargo Trailer	8/15/06	2,995	0	0
12	Furniture & Sizzures	4/30/05	3,400	0	0
38	Toyota Forklift	9/08/10	6,000	0	0
39	Roll Up Door	9/29/10	2,296	115	0
40	Leasehold Improvement	9/29/10	700	35	0
41	Fencing	10/27/10	2,250	0	0
42	Electrical Upgrades	9/21/10	4,516	226	0
44	Shelving	3/29/12	1,498	0	0
47	Racks, Locks, Hinges etc	5/18/12	917	0	0
48	Phone and Internet System	3/07/12	14,299	0	0
49	New Sign	5/04/12	2,109	0	0
53	Rackin, Shelving, & Carts	8/22/12	6,956	0	0
54	Shelving & Racking	2/11/13	2,485	0	0
55	TS Telephone System	7/23/12	2,397	0	0
56	Sign - Restore I Moved	8/03/12	1,671	0	0
59	Security System/Cameras	2/04/13	2,481	0	0
63	Electrical Wiring	6/27/13	3,255	217	0
65	40ft Moveable Cubicle Stg Container	8/07/13	5,200	0	0
73	Floor Stripper/Polisher	7/12/13	1,513	0	0
74	Floor Stripper/Polisher	7/12/13	1,513	0	0
115	Pallet Racking	6/30/17	2,300	230	0
116	New Security System & Cameras	5/08/17	1,459	174	0
118	Ramps for Box Truck	9/08/22	1,005	143	143
	<b>Total Other Depreciation</b>		<u>73,215</u>	<u>1,140</u>	<u>143</u>
	<b>Total ACRS and Other Depreciation</b>		<u>73,215</u>	<u>1,140</u>	<u>143</u>
<b>Listed Property:</b>					
117	2016 Izuzu Dry Del Van	11/01/17	40,000	2,075	2,075
			<u>40,000</u>	<u>2,075</u>	<u>2,075</u>
	<b>Grand Totals</b>		<u>119,870</u>	<u>3,280</u>	<u>2,283</u>



### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Total	\$ 3,693					

## Federal Statements

### Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other expenses	\$ 64,897	\$ 45,510	\$ 9,017	\$ 10,370
Total	\$ 64,897	\$ 45,510	\$ 9,017	\$ 10,370

## Federal Statements

### Schedule A. Part II. Line 1(e)

Description	Amount
Contributions	44,301
United Way Contributions	22,800
Grant Revenues	
In-Kind contributions	562
Pasco County Housing Authority	
Cash Contribution	10,000
Greater Tampa Realtors	
Cash Contribution	25,000
United Way Pasco	
Cash Contribution	22,800
Publix Supermarket Charities	
Cash Contribution	25,000
Jim Browne Chrystler Jeep Dodge Ram	
Cash Contribution	137,500
First National Bank of Pasco	
Cash Contribution	137,500
Total	425,463

### Schedule A. Part II. Line 10(e)

Description	Amount
Indirect	830,108
Total	830,108

### Federal Statements

#### Schedule A, Part II, Line 12 - Current year

Description	Amount
Transfers to Homeowners	\$ 676,867
Mortgage Discount Amort	113,366
Late Fees	7,523
Recycling Income	3,693
Other	10,578
Restore II	1,901
Total	7,878
	<u>\$ 821,806</u>



- 2a Form 990-EZ check here
  - 3a Form 1120-POL check here
  - 4a Form 990-PF check here
  - 5a Form 8868 check here
  - 6a Form 990-T check here
  - 7a Form 4720 check here
  - 8a Form 5227 check here
  - 9a Form 5330 check here
  - 10a Form 8038-CP check here
- b Total revenue, if any (Form 990-EZ, line 9)
  - b Total tax (Form 1120-POL, line 22)
  - b Tax based on investment income (Form 990-PF, Part V, line 5)
  - b Balance due (Form 8868, line 3c)
  - b Total tax (Form 990-T, Part III, line 4)
  - b Total tax (Form 4720, Part III, line 1)
  - b FMV of assets at end of tax year (Form 5227, Item D)
  - b Tax due (Form 5330, Part II, line 19)
  - b Amount of credit payment requested (Form 8038-CP, Part III, line 1)

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, the return is complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I authorize the ERO (intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to request acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal tax return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to process the electronic payment of taxes to receive confidential information necessary to answer inquiries and receive the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, for an electronic funds withdrawal.

PIN: check one box only

I authorize Bodine Perry, PLLC to enter my PIN  
ERO firm name

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 return. If I have indicated that 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.

Signature of officer or person subject to tax

Date

**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.

**59794**

Do not enter

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Providers for Business Returns.

ERO's signature

**Marci Reutimann**

Date

**ERO Must Retain This Form — See Instructions  
 Do Not Submit This Form to the IRS Unless Requested To**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.