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GOVERNMENT COPY

Q	879-TE		IRS e	e-file Signatu for a Tax Exe	re Authoriza	ation	Ļ	OMB No. 1545-0047
Form O	079-12	For colondar va		rear beginning JUL 1	• •	TIIN 30	∞ 23	0000
		For calendar ye		o not send to the IRS.			20 <u>2 J</u>	2022
	nt of the Treasury evenue Service			ww.irs.gov/Form8879				
Name of							EIN or SSN	
	HABITA	T FOR H	UMANITY	OF SONOMA C	COUNTY		68-00	41170
Name ar	nd title of officer or pe	rson subject to	tax ADAN	I BELTER				
				ASURER				
Part	I Type of	Return and	Return In	formation				
Form 5 or 10a whiche than or	330 filers may enter below, and the amo ver is applicable, bl e line in Part I.	r dollars and c ount on that lir ank (do not er	ents. For all one for the retunter -0-). But, it	rn being filed with this fo f you entered -0- on the r	dollars only. If you ch orm was blank, then le return, then enter -0- c	eck the box on lie eave line 1b, 2b on the applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	8a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a 2a	Form 990 check h Form 990-EZ che			tal revenue, if any (Forn tal revenue, if any (Forn				
Za 3a	Form 1120-POL of			tal tax (Form 1120-POL				2b
4a	Form 990-PF che			x based on investment				3b 4b
5a	Form 8868 check			lance due (Form 8868,				5b
6a	Form 990-T checl			tal tax (Form 990-T, Par				6b
7a	Form 4720 check			tal tax (Form 4720, Part				7b
8a	Form 5227 check	here	b FM	IV of assets at end of ta	ax year (Form 5227, I	tem D)		8b
9a	Form 5330 check	here	b Ta	x due (Form 5330, Part	II, line 19)			9b
	Form 8038-CP ch			nount of credit paymen				10b
Part			-	thorization of Offi				
-		I declare that	X I am an	n officer of the above ent				
of entit				and statements, and, to				examined a copy of the
later the paymer persona PIN: ch	an 2 business days at of taxes to receiv al identification nun eck one box only	prior to the pa e confidential nber (PIN) as r	ayment (settle information n ny signature f	To revoke a payment, I r ment) date. I also autho ecessary to answer inqu or the electronic return a	rize the financial instit liries and resolve issu and, if applicable, the	utions involved i es related to the consent to elect	in the proces payment. I h ronic funds v	sing of the electronic ave selected a vithdrawal.
2	I authorize DI	TTMOOD	BURKEL	& MILLAR, LI	JP	to	o enter my Pl	
				ERO firm name				Enter five numbers, but do not enter all zeros
	with a state age on the return's c As an officer or p return. If I have i	ncy(ies) regula lisclosure con person subjec ndicated withi	ating charities sent screen. It to tax with re in this return t	onically filed return. If I h as part of the IRS Fed/S espect to the entity, I wi hat a copy of the return on the return's disclosur	State program, I also a Il enter my PIN as my is being filed with a s	uthorize the afor signature on the	rementioned e tax year 202	ERO to enter my PIN 22 electronically filed
Signature	of officer or person subject						Date	
Part		tion and A	uthenticat	ion			Butto	
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic filing i	dentification	605	45520060		
numbe	r (EFIN) followed by	your five-digit	t self-selected	PIN.		45532060 ot enter all zeros		
submit		•		n is my signature on the nents of Pub. 4163, Mo				
ERO's si	gnature					Date 03/	15/24	
			ERO M	lust Retain This Fo	orm - See Instruc	ctions		
		Do No	ot Submit ⁻	This Form to the IF	RS Unless Reque	sted To Do	So	
LHA F	or Privacy Act and	Paperwork	Reduction Ac	t Notice, see instructio	ons.			Form 8879-TE (2022)
202521 1	2-16-22							

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of the second seco						er (TIN)	
print	HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170						
filing you	Je date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. S instructi	ee	oreign add	ress, see instructions.				
Enter	the Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applic	cation	Return	Application			Return	
ls For		Code	Is For			Code	
Form	990 or Form 990-EZ	01	Form 1041-A			08	
Form	4720 (individual)	03	Form 4720 (other than individual)			09	
Form	990-PF	04	Form 5227			10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T (trust other than above)	06	Form 8870			12	
Form	990-T (corporation)	07					
	NICHOLE WIMBISC	ະບຣ					
• The	e books are in the care of 🕨 1201 PINER ROAD), SUI	ITE 500 - SANTA ROS	A, CA	95403		
• If the box b 1	I request an automatic 6-month extension of time until the organization named above. The extension is for the orga	Aroup Exe and atta MA anization's , ar neck rease	Imption Number (GEN) If the names and TINs of the name is the n	f this is fo all memb	r the whole group, c ers the extension is f npt organization retu 	for.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	e tentative tax, less	20	¢	0.	
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069.	ontor on	, refundable credite and	<u>3a</u>	\$		
		· ·		24	¢	0.	
	estimated tax payments made. Include any prior year overpa			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	•				٥	
	using EFTPS (Electronic Federal Tax Payment System). See			<u>3c</u>	\$	0.	
instruc	on: If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 84	53-1E an	d Form 8879-TE for p	bayment	
LHA	For Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT	OF T REVENU	THE TREASURY JE SERVICE CENTER		Form 8868 (Re	ev. 1-2022)	

223841 04-01-22

			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	_ Q	90	. .		2022
FOI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may		
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late	•	Open to Public Inspection
			ar year, or tax year beginning JUL 1,2022 and ending	JUN 30, 2023	-
	heck if	C Name of	organization	D Employer identifica	ition number
	Addre		TAT FOR HUMANITY OF SONOMA COUNTY		
	Name		usiness as	68-004117	0
	Initial	J	and street (or P.O. box if mail is not delivered to street address) Room/s		
		1201	PINER RD 500	707-578-7	707
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,810,082.
	Amen	SANI	A ROSA, CA 95403	H(a) Is this a group retu	Jrn
	Applic dition	F Name a	nd address of principal officer: ADAM BELTER	for subordinates?	Yes X No
	pendir	SAME	AS C ABOVE	H(b) Are all subordinates incl	uded? Yes No
<u> </u>]	ax-ex	empt status:			st. See instructions
	Vebsi		HABITATSOCO.ORG	H(c) Group exemption	
	orm of art I		X Corporation Trust Association Other L	Year of formation: 1984 M	State of legal domicile: CA
Fa		Summary		FOD JUIMANTEN O	E CONOMA
e			e the organization's mission or most significant activities: HABITAT IS A NONPROFIT ORGANIZATION DEDICATED		F SONOMA
anc					
Governance		Check this bo			ts. 9
<u></u>			ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		9
			of individuals employed in calendar year 2022 (Part V, line 2a)		37
ties			of volunteers (estimate if necessary)		274
Activities &			d business revenue from Part VIII, column (C), line 12		136,263.
Ă			business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
~	8	Contributions	and grants (Part VIII, line 1h)	1,956,294.	2,364,323.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	1,662,440.	2,133,715.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	-16,212.	-40,814.
£			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,381.	72,654.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,764,903.	4,529,878.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ			compensation, employee benefits (Part IX, column (A), lines 5-10)	1,130,864.	1,429,832.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe			ng expenses (Part IX, column (D), line 25) 136, 281.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,075,963.	2,234,273.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,206,827.	3,664,105.
		Revenue less	expenses. Subtract line 18 from line 12	558,076.	865,773.
IS OF				Beginning of Current Year	End of Year
Assets (Balanc	20	Total assets (F		3,573,053.	2,979,188.
et A: nd F			(Part X, line 26)	929,859.	1,544,073.
Ž,	22 Int II	Net assets or Signature	Fund balances. Subtract line 21 from line 20	2,643,194.	1,435,115.
			declare that I have examined this return, including accompanying schedules and sta	tomonto and to the heat of much	nowledge and helief it in
			Declaration of preparer (other than officer) is based on all information of which prep		nowieuge and beller, it is
uue,	COLLEC		שניינומימויטיו טו שויבין נעוופי נוומו טוונכין וא שמשני טו מו וווטווומנוטו טו שווכון שויבי	מיטי וומס מווץ אווטשובטטב.	
		1		1	

Sign	Signature of officer	Date					
Here	ADAM BELTER, TREASURER						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date	Check PTIN					
Paid	CHRISTINA Z HOLLINGSWORTH CHRISTINA Z HOLLINGS 03/15,	/24 self-employed P02090706					
Preparer	Firm's name DILLWOOD BURKEL & MILLAR, LLP	Firm's EIN 68-0456752					
Use Only	Firm's address 175 CONCOURSE BOULEVARD, SUITE A						
	SANTA ROSA, CA 95403	Phone no. (707) 577-8806					
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Page t III Statement of Program Service Accomplishments	2
ı aı	Check if Schedule O contains a response or note to any line in this Part III	-
1	Briefly describe the organization's mission:	<u>. </u>
•	HABITAT FOR HUMANITY OF SONOMA COUNTY IS A NONPROFIT ORGANIZATION	
	DEDICATED TO IMPROVING LIVES BY BUILDING MODEST, AFFORDABLE HOMES IN	—
	PARTNERSHIP WITH OUR COMMUNITIES AND PEOPLE IN NEED. OUR VISION IS FOR	_
	SONOMA COUNTY FAMILIES TO HAVE A SIMPLE, DECENT PLACE TO LIVE. HABITAT	—
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	0
	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?	o
	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 \$ 1,568,523. including grants of \$) (Revenue \$ 1,996,245.)
	OPERATE RESTORE - A HOME IMPROVEMENT OUTLET STORE THAT SELLS DONATED,	• ′
	NEW, USED AND SURPLUS GOODS TO THE PUBLIC AT GREATLY REDUCED PRICES.	
	EVERY PENNY OF PROFIT IS USED TO SUPPORT HABITAT OF SONOMA COUNTY.	
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ 1,247,847. including grants of \$) (Revenue \$ 72,654.)
	OFFERING AFFORDABLE RENTALS (9 UNITS) TO SURVIVORS OF THE 2017 OCTOBER	•
	WILDFIRES.	
4c	(Code:) (Expenses \$312,348. including grants of \$) (Revenue \$1,207.)
	AGING IN PLACE-CRITICAL HOME REPAIR PROGRAM: FOCUSING ON CRITICAL HOME	-
	REPAIRS AND MODIFICATIONS FOR LOW-INCOME SENIORS LIVING IN SONOMA	
	COUNTY.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,128,718.	
	Form 990 (202	22)
232002	12-13-22	
	3	

Form	aan	(2022)
FUIII	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u>x</u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	-11	<u> </u>
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	
232003	12-13-22	⊢orm	330 ((2022)

232003 12-13-22

Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>270</u>		
ZJa		250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	<u></u>		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 41				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	X -	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
		•		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X	(0000)
232004	- 12-13-22 5	Form	990	(2022)

5

Form	990 (2022) HABITAT FOR HUMANITY OF SONOMA COUNTY	68-0041	170	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
Ua			60		х
L	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution in the second statement is the second statement of the second statement is the second statement in the second statement is the second statement of the second statement is the second statement is second statement in the second statement is second statement if the second statement is second statement is second statement in the second statement in the second statement is second statement in the second statement in the second statement is second statement in the second statement in the second statement is second statement in the second statement in the second statement is second statement in the second statement in the second statement is second statement.	ons or gitts	a 1		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		<u> </u>
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			77
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e 7f		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
h	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	13b			
~	Enter the amount of reserves on hand	13c			
14a		•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
15			15		х
	excess parachute payment(s) during the year?		15		21
40	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Δ
<i>.</i> –	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity to the trust of the trust o				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		_	000	(0000)
232005	12-13-22		Form	390	(2022)

Form 9	990 ((2022)
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HABITAT FOR HUMANITY OF SONOMA COUNTY

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respon	se					
	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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		x					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x					
		9	Yes	X					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9 10a	Yes						
Sec 10a	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	· -	Yes	No					
Sec 10a	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i> Stion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> Did the organization have local chapters, branches, or affiliates?	· -	Yes	No					
Sec 10a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	Yes	No					
Sec 10a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O other the section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		No					
Sec 10a b 11a b	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> tion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b		No					
Sec 10a b 11a b 12a	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a	X	No					
Sec 10a b 11a b 12a b	organization's mailing address? If "Yes." provide the names and addresses on Schedule O ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a	X	No X					
Sec 10a b 11a b 12a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a	X	No X					
Sec 10a b 11a b 12a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	10a 10b 11a 12a 12b	X X X	No X					
Sec 10a b 11a b 12a c	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b 12c	X X	No X X					
Sec 10a b 11a b 12a c 13	organization's mailing address? // "Yes." provide the names and addresses on Schedule O ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? // "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	X X X	No X X					
Sec 10a b 11a b 12a c 13 14	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	X X X	No X X					
Sec 10a b 11a b 12a b c 13 14 15	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O tion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	X X X	No X X					
Sec 10a b 11a b 12a b c 13 14 15 a	organization's mailing address? If "Yes." provide the names and addresses on Schedule O ettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X					
Sec 10a b 11a b 12a b c 13 14 15 a	organization's mailing address? If "Yes," provide the names and addresses on Schedule O ettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X X X					
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X X X					
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10a 10b 11a 12a 12b 12c 13 14	x x x	No X X X X					

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed <u>CA</u>

exempt status with respect to such arrangements?

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.									
	X Own website X Another's website X 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.									

7

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	NICHOLE WIMBISCUS - 7075787707

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

1201	PINER	ROAD,	SUITE	500,	SANTA	ROSA,	CA	95403

232006 12-13-22

2022.05070 HABITAT FOR HUMANITY OF S 67072__1

16b

Form **990** (2022)

	FOR HUMA									68-0041	170 _{Page} 7
Part VII Compensation of Officers,			tee	s, k	Key	En	nplo	oyee	s, Highest Co	mpensated	
Employees, and Independe											
Check if Schedule O contains a res	ponse or note to	any	/ line	e in t	his I	Part	VII				
Section A. Officers, Directors, Trustees, Ke	y Employees, a	nd H	ligh	est (Com	nper	ısat	ed En	nployees		
1a Complete this table for all persons required	•								, ,	•	•
• List all of the organization's current office	, ,		es (w	/heth	her i	ndiv	idua	als or o	organizations), reg	ardless of amount of c	ompensation.
Enter -0- in columns (D), (E), and (F) if no compe	•		a th		-+		o fo	r dafir	sition of Illow ompl	ovoo "	
 List all of the organization's current key e List the organization's five current highest 											
who received reportable compensation (box 5 c	f Form W-2, box										
\$100,000 from the organization and any related											
 List all of the organization's former officer reportable compensation from the organization 						omp	bens	ated e	employees who re	ceived more than \$100),000 of
 List all of the organization's former direc 						n the	e car	oacitv	as a former direct	or or trustee of the oro	anization.
more than \$10,000 of reportable compensation										or or addiced of and org	
See the instructions for the order in which to list	the persons ab	ove.									
Check this box if neither the organization	nor any related	orga	iniza	tion	con	nper	isate	ed any	v current officer, d	rector, or trustee.	
(A)	(B)				C)				(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei nd a d	rson i	s both	n an	c	compensation	compensation	amount of
	week					1/11/13	iee)	1	from	from related	other
	(list any hours for	lirecto							the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated			-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper			1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er				organizations
	line)	Indiv	Instit	Officer	Key (High	Former				
(1) NICHOLE E WIMBISCUS	40.00										
DIRECTOR OF HR/ADMIN				Х					85,807.	0.	8,399.
(2) TIM LEACH	1.00										
MEMBER AT LARGE		Х							0.	0.	0.
(3) STEVE KENT	2.00										
SECRETARY		Х		Х					0.	0.	0.
(4) ADAM BELTER	3.00										
TREASURER		Х		X					0.	0.	0.
(5) KRISTEN FRIZZELL KERNS	1.00										
MEMBER AT LARGE		X							0.	0.	0.
(6) MAIA LOMAX	6.00		K								
MEMBER AT LARGE		Х							0.	0.	0.
(7) HENRY LOH II	1.00										
MEMBER AT LARGE		Х							0.	0.	0.
(8) DOUGLAS R. GARRISON	10.00										
CHAIR		X		X					0.	0.	0.

Х

Х

Х

7.00

1.00

232007 12-13-22

VICE CHAIR

(9) CHUCK MCPHERSON

(10) RICH WALLACH

MEMBER AT LARGE

Form 990 (2022)

10390318 134701 67072

8 2022.05070 HABITAT FOR HUMANITY OF S 67072__1

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	'OR HUMA	NI	ΤY	OE	s S	ONC	MA COUNTY	68-004	111	70	Paę	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	es, a	and	Highe	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)		(F)	
Name and title	Average	(-1-		Posit			Reportable	Reportable			mated	1
	hours per				ore thar on is bo		compensation	compensation		amo	unt o	f
	week	offic	er and	a dire	ector/tru	stee)	from	from related		ot	her	
	(list any	ector					the	organizations		compe	ensati	on
	hours for	or dir	Ð		ted		organization	(W-2/1099-MISC)	/	fror	n the	
	related	stee c	ruste		Densa		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations	al tru:	onal t		comp	R.	1099-NEC)				relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	Former				organ	izatioi	าร
		ц Ц	lns	E e	<u>a</u> <u>F</u>	2 2			\rightarrow			
									\rightarrow			
									\rightarrow			
									-			
									-			
				+					-			
							85,807.).	0	, 39	0
1b Subtotal							0.			0		
c Total from continuation sheets to Part VII).	0	, 39	0.
d Total (add lines 1b and 1c)							85,807.).	0	,	9.
2 Total number of individuals (including but no	ot limited to th	ose	listed	labo	ove) w	ho re	eceived more than \$100,	000 of reportable				~
compensation from the organization				_	<u> </u>							0
									Ē	Y	′es	No
3 Did the organization list any former officer,	director, truste	ee, k	ey en	nplo	yee, c	or hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su									. L	3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mper	nsati	on an	d oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" coi	mplet	te Sc	chedu	le J f	or such individual		L	4		<u>X</u>
5 Did any person listed on line 1a receive or a	ccrue compen	isatio	on fro	om a	ny uni	relate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	olete Schedule	J fo	or suc	ch pe	erson					5		Х
Section B. Independent Contractors				-								
1 Complete this table for your five highest cor	npensated ind	leper	ndent	t cor	ntracto	ors th	nat received more than \$	100,000 of comper	nsatio	on from	า	
the organization. Report compensation for t	he calendar ye	ear e	nding	g wit	h or w	/ithin	the organization's tax y	ear.				
(A)							(B)			(C)		
Name and business	address	NC	NE				Description of s	ervices	Co	mpens	ation	
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to th	nose li	sted	above) who received me	ore than				
\$100,000 of compensation from the organiz	-				0							
										-	20	

Form **990** (2022)

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		(2022) HABITAT FOR H	UMANITY (OF SONOMA	COUNTY	68-0041	170 Page 9
Pa	rt VII						
		Check if Schedule O contains a response of	or note to any lin		(2)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Š, G	с	Fundraising events 1c					
Sifts ar A	d	Related organizations 1d					
is, C	е	Government grants (contributions) 1e					
tion sr S	f	All other contributions, gifts, grants, and					
ibu			364,323.				
onti od C	g		996,245.				
a C	h	Total. Add lines 1a-1f	Business Code	2,364,323.			
		RESTORE SALES		2 132 508	1,996,245.	136 263	
Program Service Revenue	2a b		459510	1,207.		130,203.	
Ser	c b		400010	1,207.	1,207.		
am (d					*	
ogra Re	e						
Pro	f	All other program service revenue					
	g			2,133,715.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		9,193.			9,193.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real 6a 49 , 004.	(ii) Personal				
	b	Less: rental expenses6b0 .Rental income or (loss)6c49,004.					
	с - А	Net rental income or (loss)		49,004.	49,004.		
		Gross amount from sales of (i) Securities			15,0010		
			225,000.				
	b	Less: cost or other basis					
an			275,184.				
venue	с	Gain or (loss) 7c 177.	-50,184.				
Re		Net gain or (loss)		-50,007.			-50,007.
Other	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 8a Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b	0				
	С	Net income or (loss) from sales of inventory	Dusing a Oast				
sn		MISCELLANEOUS	Business Code 561499	23,650.	23,650.		
neor	11 а ь		501455	<u> </u>	23,030.		
∋llar ven	b c						
Miscellaneous Revenue	b h	All other revenue					
Σ	e	Total. Add lines 11a-11d		23,650.			
	12	Total revenue. See instructions			2,070,106.	136,263.	-40,814.
23200	9 12-13	-22					Form 990 (2022

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10

	Check if Schedule O contains a respor		this Part IX	, , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	101,273.		101,273.	
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	1,050,765.	949,043.	18,590.	83,132.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	104 664	154 000	0 500	48 000
9	Other employee benefits	174,664.	154,928.	2,503.	17,233.
10	Payroll taxes	103,130.	87,968.	8,870.	6,292.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C.	Accounting				
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,	145,881.	45,169.	100,712.	
40	column (A), amount, list line 11g expenses on Sch 0.)	15,104.	7,009.	213.	7,882.
12 13	Advertising and promotion Office expenses	13,101.	,,005.	213.	7,002.
13 14	Information technology				
15	Royalties				
16	Occupancy	98,689.	87,664.	11,025.	
17	Travel	35,564.	35,217.		347.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	48,280.	44,873.	3,407.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	238,596.	221,001.	17,595.	
23	Insurance	19,727.	11,973.	7,754.	
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 0.)				
а	IMPAIRMENT LOSS	1,043,939.	1,043,939.		
b	RESTORE MERCHANDISE	124,011.	124,011.		
c	SUPPLIES & SM EQUIPMENT	111,249.	109,522.	1,727.	
d	LAWSUIT SETTLEMENT	82,500.	,	82,500.	
	All other expenses	270,733.	206,401.	42,937.	21,395.
25	Total functional expenses. Add lines 1 through 24e	3,664,105.	3,128,718.	399,106.	136,281.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

HABITAT FOR HUMANITY OF SONOMA COUNTY

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

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Form 990 (2022)

Part IX Statement of Functional Expenses

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Form 990 (2022)

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Form 990 (2022)

Part X Balance Sheet

					Log		
	1	Cash - non-interest-bearing			80,978.	1	152,853.
	2	Savings and temporary cash investments			980,213.	2	1,062,517.
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	
	3	Pledges and grants receivable, net				-	00 222
	4	Accounts receivable, net				4	80,333.
	5	Loans and other receivables from any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	se person	S		5	
	6	Loans and other receivables from other disqualif					
	Ŭ	under section 4958(f)(1)), and persons described				6	
	-		59,583.	-			
ste	7	Notes and loans receivable, net				7	0.02.001
Assets	8	Inventories for sale or use			1,925,396.	8	963,081.
<	9	Prepaid expenses and deferred charges			22,026.	9	59,898.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	174,783.			
	b	Less: accumulated depreciation	10b	174,783. 171,428.	306,635.	10c	3,355.
	11	Investments - publicly traded securities			181,551.	11	194,067.
					101/3311	12	191/00/1
	12	Investments - other securities. See Part IV, line 1					
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	4.50.004
	15	Other assets. See Part IV, line 11			16,671.	15	463,084.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		3,573,053.	16	2,979,188.
	17	Accounts payable and accrued expenses			97,716.	17	189,080.
	18	Grants payable				18	
	19	Deferred revenue			45,222.	19	23,193.
	20	Tax-exempt bond liabilities			- /	20	- ,
	21	Escrow or custodial account liability. Complete F				21	
						21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes		F		22	F 40, 60,6
	23	Secured mortgages and notes payable to unrela	ted third	parties	751,689.	23	748,686.
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D			35,232.	25	583,114.
	26	Total liabilities. Add lines 17 through 25			929,859.	26	1,544,073.
		Organizations that follow FASB ASC 958, che		X			, , • •
es		and complete lines 27, 28, 32, and 33.	en nere				
	07				2,643,194.	07	1,435,115.
ala	27	Net assets without donor restrictions			4,04J,174.	27	, <u>+</u> , <u>+</u> ,
ä	28	Net assets with donor restrictions				28	
ğ		Organizations that do not follow FASB ASC 9	58, chec	khere 🛄 📗			
Ē		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current funds			29		
Set	30	Paid-in or capital surplus, or land, building, or eq				30	
Asi	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balanc	32	Total net assets or fund balances			2,643,194.	32	1,435,115.
z	33	Total liabilities and net assets/fund balances			3,573,053.	33	2,979,188.
	00				0,0,0,000.	00	Form 990 (2022)

HABITAT FOR HUMANITY OF SONOMA COUNTY

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

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(B) End of year

(A) Beginning of year

Form	990 (2022) HABITAT FOR HUMANITY OF SONOMA COUNTY	68-	0041	170	Ра	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,66		
3	Revenue less expenses. Subtract line 2 from line 1	3				73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,64	$\frac{3,1}{2}$	<u>94.</u>
5	Net unrealized gains (losses) on investments	5		1	0,3	58.
6	Donated services and use of facilities	6				
7	Investment expenses	7			<u> </u>	<u> </u>
8	Prior period adjustments	8	1	- 8	<u>7,9</u>	65. 45.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u> </u>	,99	6,2	45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		- 1	4.5	- 1	4 -
Da	column (B))	10	<u> </u>	,43	5,1	15.
Fa	rt XII Financial Statements and Reporting)				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		 	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			-		v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01	х	
D	Were the organization's financial statements audited by an independent accountant?			2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
-	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit				
C	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			20		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	suule O.				
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			<u> </u>		<u> </u>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
		<u></u>	<u></u>		990	(2022)
				1 Onn		(2022)
	·					

SCHE	EDULE A		Dublic Cha						OMB No. 1545-0047
(Form 990)			rity Status an					つりつつ	
		Co		nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
	nt of the Treasury			ttach to Form 990 or Fo					Open to Public
	venue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspection
Name o	of the organization								identification number
Dert	Decem			MANITY OF SO					8-0041170
Part I				(All organizations must o			ee instruction	S.	
The org	-	•		For lines 1 through 12, c		,			
1	-			on of churches described		on 170(b)(1	I)(A)(i).		
2	7			Attach Schedule E (Forn					
3	- ·	•		anization described in s			•		
4			ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
e [city, and state	-	or the bonefit of a co	llege or university owned	l or oporat	od by a go	vorpmontal	ait doscribo	d in
5 🗌		-	Complete Part II.)	lege of university owned	i or operat	eu by a go	wennnentaru	nit describe	
6	¬ ``			nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X			•	ntial part of its support f				ne general r	oublic described in
• 💷	U U		complete Part II.)		onn a gove	Similar		gonorar	
8	¬ ·			(1)(A)(vi). (Complete Par	t II.)				
9	¬ ·			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	-	-		ulture (see instructions).				-	-
	university:			· · · · ·				Ū.	
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities relat	ted to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	ıfter June 30, 1975.
	See section	5 09(a)(2). (Co	mplete Part III.)						
11 _	An organizati	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	r section	509(a)(2).	See section	5 09(a)(3). (Check the box on
-		-	• •	f supporting organization				-	
a				upervised, or controlled					
		•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
. г			complete Part IV, Se						
b [•	l or controlled in connec			0		•
		-		anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	Dorted
a [~	. ,	t complete Part IV,	g organization operated	in connoct	tion with	and functional	lu intograta	d with
cL		-	-). You must complete l				ly integrate	o with,
d		-		oorting organization oper				ted organiz	zation(s)
u [-		zation generally must sat				-	
				nplete Part IV, Sections	•		•		
е [written determination fro				II, Type III	
				nally integrated supporti			31 / 31		
f Ei	nter the number of	of supported of	organizations						
g P			n about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Total

Schedule A (Form 990) 2022 HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	2179518.	691,074.	727,438.	1956294.	2364323.	7918647.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2179518.	691,074.	727,438.	1956294.	2364323.	7918647.
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.						7918647.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2179518.	691,074.	727,438.	1956294.	2364323.	7918647.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,285.	90,741.	166,176.	170,675.	58,197.	506,074.
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.)	6,506.	37,537.	24,305.	5,292.	23,650.	97,290.
11	Total support. Add lines 7 through 10						8522011.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,140,452.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.92 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>94.67 %</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022	HABITAT	FOR	HUMANITY	OF	SONOMA	COUNTY	68-0041170	Page 3
Part III Support Schedule fo	r Organizatic	ons De	escribed in Se	ctior	1 509(a)(2)			

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513					The second se	
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
-	the organization without charge		<u> </u>				
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L				
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	rourth, or fifth tax y	/ear as a section 5	טז(כ)(3) organizat	ion,
600		ie Cuppert Der					
	tion C. Computation of Public						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2022. If the						i / is not
-	more than 33 1/3%, check this box an	-	-				L
b	33 1/3% support tests - 2021. If the	-					
<u>.</u>	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		
23202	3 12-09-22		16			Schedule	A (Form 990) 2022

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

2 Did the organization have any supported organization that does not have an IRS determination of status

1 Are all of the organization's supported organizations listed by name in the organization's governing

class or purpose, describe the designation. If historic and continuing relationship, explain.

lines 3b and 3c below. b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the

documents? If "No," describe in Part VI how the supported organizations are designated. If designated by

determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1

2

3a

Yes No

Schedule A (Form 990) 2022 HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Page 5 Part IV Supporting Organizations (continued)

		Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and						
	11c below, the governing body of a supported organization? 11a						
b	A family member of a person described on line 11a above? 11b						
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide						
	detail in Part VI. 11c						
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			

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)

the supported organization(s). 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	ora	anization us	ad to satisfy	, the Integral Part	Test during th	o voor	(see instructions).
•	Check the box next to the method that the	: orgi	anization us	ea to satisty	' the integral Part	i est auring th	e year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmer	ntal entity (see instructions).
---	--	--	---	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes No

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Sche	dule A (Form 990) 2022 HABITAT FOR HUMANITY OF	SON	OMA COUNTY	68-0041170 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion 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		A
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting or	rganization (see
	instructions).			

Schedule A (Form 990) 2022

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HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Page 7

Sche Par		JMANITY OF SONC			8-0041170 Page 7
		allo Supporting Orga	nizations _{(continu}	ied)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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	(1)	(***	10	()
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

<u>Schedule A</u> (Form 990) 2022			HUMANIT				68-0041170	Page 8
Part VI	Supplemental Infor	, 2, 3b, 3c, 4b, 4c lines 2 and 3; Pa	c, 5a, 6, .rt IV, Se	, 9a, 9b, 9c, 11a, ection E, lines 1c	11b, ar , 2a, 2b	nd 11c; Part IV , 3a, and 3b; F	, Section B, line Part V, line 1; Pai	or 17b; Part III, line 12; s 1 and 2; Part IV, Section (t V, Section B, line 1e; Parl	
	(See Instructions.)								
						(
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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



Name of the organization

HABITAT FOR HUMANITY OF SONOMA COUNTY

 $\begin{array}{c} \text{Employer identification number} \\ 68-0041170 \end{array}$

Par	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lii		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic sta	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses insurred in menitoring, inspecting, here	dling of violations, and enforcing concerv	tion accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, han	ding of violations, and emorcing conserva	ation easements during the year
Q	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(P)(i)
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2022
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-	-	-	-	_	-		_

		FOR HUMAN						68-00			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Treas	sures, o	r Othe	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the foll	owing that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loa	n or excha	nge progra	am					
b	Scholarly research	е	Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how they f	urther the	organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	ical treasur	res, or othe	er simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organizat	ion's colle	ction?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the org	anization a	answered	"Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for cont	ributions o	or other as	sets not	included				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table):							
									Amoun	t	
с	Beginning balance						<u>1c</u>				
d	Additions during the year						<u>1d</u>				
	Distributions during the year										
	Ending balance						. 1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escr	ow or cust	odial acco	unt liabi	llity?		Yes	X	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an					1				
		(a) Current year	(b) Prior	year ((c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a)) h	neld as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	e held and	administer	ed for t	he				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fund	S.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, lin	e 11a. See	Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost or basis (ot			Accumulate epreciation		(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements			7	,507.		7,5				0.
	Equipment			167	,276.		163,9	21.		3,3	55.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part J	X, column (l	3), line 10c.	.) <u></u>					3,3	55.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HABITAT FO	R HUMANITY OF	SONOMA COUNTY	68-0041170 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)(F)			
(G)			
(H)			
Total. (Col. (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		ost or end-of-year market value
(1) (2)			
(3)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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.
(8	a) Description		(b) Book value
(1) RENT SECURITY DEPOSIT		7	16,792.
(2) OPERATING LEASE			446,292.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			462.004
Total. (Column (b) must equal Form 990, Part X, col. (B) li. Part X Other Liabilities.	ne 15.)		463,084.
Complete if the organization answered "Yes	an Form 000 Dort IV line	110 or 11f Coo Form 000 Dort	V line OF
	on Form 990, Part IV, line	The or The See Form 990, Part	(b) Book value
			(b) BOOK value
(1) Federal income taxes (2) HOMEOWNER ESCROWS			39,678.
	7		543,436.
	L		
(4) (5)			
(6)			
(0)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25)		583,114.
 Liability for uncertain tax positions. In Part XIII, provid 			
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2022

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_	edule D (Form 990) 2022 HABITAT FOR HUMANITY OF SONG				0041170 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With	n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,543,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	10,358.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,358.
3	Subtract line 2e from line 1			3	2,533,633.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	1,996,245.		
С	Add lines 4a and 4b			4c	1,996,245.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,529,878.
	For the second				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wil	th Expenses per F	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wit	th Expenses per F		n.
Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	th Expenses per F	letur	n. 3,664,105.
	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wit	th Expenses per F		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts Wit	th Expenses per F		n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	th Expenses per F		n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per F		n.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F		n. 3,664,105.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>3,664,105.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	1	n. 3,664,105.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>3,664,105.</u> 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	th Expenses per F	1 2e	n. <u>3,664,105.</u> 0.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	th Expenses per F	1 2e	n. <u>3,664,105.</u> 0. <u>3,664,105.</u>
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3 4c	n. <u>3,664,105.</u> 0. <u>3,664,105.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3	n. <u>3,664,105.</u> 0. <u>3,664,105.</u>

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

PART X, LINE 2:

THE ORGANIZATION DETERMINES WHETHER ITS TAX POSITIONS ARE
"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE
TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITIONS. AS OF
JUNE 30, 2023, THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS AND HAS
CONCLUDED NO RESERVE FOR UNCERTAIN TAX POSITIONS IS REQUIRED. THE
ORGANIZATION'S EXEMPT ORGANIZATION INFORMATION RETURNS ARE SUBJECT TO
REVIEW THROUGH THREE YEARS AFTER THE DATE OF FILING FOR FEDERAL AND FOUR
YEARS AFTER THE DATE OF FILING FOR CALIFORNIA.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

232054 09-01-22

Schedul	e D (Form (III Sup	990) 2022 Diemen	2 tal In	for	HAB		T FOR	HUM	ANITY	OF	SONOMA	COUNTY	68-0041170	Page 5
Fait A	in j Sup	plemen			mation	(con	tinued)							
PART	XII,	LINE	4B	-	OTHE	IR A	DJUSI	'MEN'	rs:					
INVE	NTORY	COST	OF	G	DODS	SOI	D							
										/				
							6							
222055 00	01.00												Schedule D (Form 9	90) 2022

232055 09-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022 **Open to Public**

. Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HABITAT FOR HUMANITY OF SONOMA COUNTY

Employer	identification number
Employer	

	6	8 -	- 0	0	4	1	1	7	0	

(d) Method of determining

noncash contribution amounts

Pa	rt I Types of Prope	erty			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				

2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>MERCHANDISE DON</u>)	X	26	1,996	,245.	FAIR V	ALUE		
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D [,]	onee Acknowledg	ement	29				
								Yes	<u>No</u>
30a	During the year, did the organization receive by	-	•••••		-				
	must hold for at least 3 years from the date of	the initial cor	ntribution, and whi	ch isn't required to	be used f	or			

	made nota for al bade o years nom the date of the mitial contribution, and mition of the quite to be decid for	/	
	exempt purposes for the entire holding period?	 Da	Х
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	 1	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	 2a	Х
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

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

Schedule M (Form 990) 2022

232141 09-09-22

<u>Schedule</u> M				HUMANITY				68-0041170	Page 2
Part II	Supplementa	τ I, column (b), τη	e nump	de the information er of contributions	requi s, the	red by Part I, I number of iter	ines 30b, 32b, an ns received, or a	d 33, and whether the organiza combination of both. Also comp	tion
								A	
232142 09-09-2	22							Schedule M (Form	990) 202
_32 2 03-03-2									333 <i>, 202</i>
					32				

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	2022 Open to Public
Internal Revenue Service Name of the organizatior		Employer identification number
	HABITAT FOR HUMANITY OF SONOMA COUNTY	68-0041170
FORM 990, PAI	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
BUILDING MODI	EST, AFFORDABLE HOMES IN PARTNERSHIP WITH OUR	COMMUNITIES
AND PEOPLE II	N NEED. OUR VISION IS FOR SONOMA COUNTY FAMILI	ES TO HAVE A
SIMPLE, DECEN	NT PLACE TO LIVE. HABITAT FOR HUMANITY OF SONO	MA COUNTY
BRINGS PEOPLI	E TOGETHER TO BUILD HOMES, COMMUNITY, AND HOPE	
FORM 990, PAI	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
FOR HUMANITY	OF SONOMA COUNTY BRINGS PEOPLE TOGETHER TO BU	ILD HOMES,
COMMUNITY, AI	ND HOPE.	
FORM 990, PAI	RT VI, SECTION B, LINE 11B:	
THE BOARD DE	SIGNATED BOARD REPRESENTATIVES REVIEW FORM 990	DRAFT BEFORE
FILING.		
FORM 990, PAI	RT VI, SECTION B, LINE 15A:	
PROCESS DONE	AT BOARD LEVEL.	
FORM 990, PAI	RT VI, SECTION C, LINE 19:	
PROVIDED UPON		
FORM 990, PAI	RT XI, LINE 9, CHANGES IN NET ASSETS:	
IN KIND CONT	RIBUTIONS	-1,996,245.
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

ç	879-TE			IRS e-file Signature Authori for a Tax Exempt Entity	zation	Ļ	OMB No. 1545-0047
Form		For colonder ve	oor 2021	2, or fiscal year beginning JUL 1 , 2022, and ending	-	∞ 23	0000
		FOr Calendar ye	edi 2024	Do not send to the IRS. Keep for your rece		20 2 3	2022
	ent of the Treasury Revenue Service			Go to www.irs.gov/Form8879TE for the latest in			
Name c	of filer					EIN or SSN	
	HABITA	T FOR H	UMA	NITY OF SONOMA COUNTY		68-00	41170
Name a	und title of officer or pe	rson subject to	tax	ADAM BELTER			
				TREASURER			
Part	I Type of	Return and	d Re	turn Information			
Form 5 or 10a whiche	5330 filers may enter below, and the amo	r dollars and o ount on that li	cents. ne for	e using this Form 8879-TE and enter the applicable For all other forms, enter whole dollars only. If you the return being filed with this form was blank, then b). But, if you entered -0- on the return, then enter -0	check the box on li n leave line 1b, 2b 0- on the applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1 a	Form 990 check h		Щ	b Total revenue, if any (Form 990, Part VIII, col			1b
2a	Form 990-EZ che		Щ	b Total revenue, if any (Form 990-EZ, line 9)			2b
3a	Form 1120-POL (\square	b Total tax (Form 1120-POL, line 22)			3b
4a	Form 990-PF che		\square	b Tax based on investment income (Form 990			4b
5a	Form 8868 check			b Balance due (Form 8868, line 3c)			5b
6a	Form 990-T check		X	b Total tax (Form 990-T, Part III, line 4)			6b 0.
7a	Form 4720 check		\square	b Total tax (Form 4720, Part III, line 1)			/b
8a	Form 5227 check		H	b FMV of assets at end of tax year (Form 522)	7, Item D)		8b
9a	Form 5330 check		\square	b Tax due (Form 5330, Part II, line 19)		(in a 00)	9b
Part	Form 8038-CP ch		<u>unat</u>	<u>b</u> Amount of credit payment requested (Form rure Authorization of Officer or Person			10b
			-	I am an officer of the above entity or I am a			
financi later th payme persor	al institution to debi nan 2 business days nt of taxes to receiv nal identification nun heck one box only X I authorize DI as my signature	t the entry to prior to the p e confidential hber (PIN) as r LLWOOD	this a ayme I inform my sig <u>BUF</u> ar 202	ated in the tax preparation software for payment of ccount. To revoke a payment, I must contact the U nt (settlement) date. I also authorize the financial ins mation necessary to answer inquiries and resolve is gnature for the electronic return and, if applicable, th <u>RKEL & MILLAR, LLP</u> ERO firm name 22 electronically filed return. If I have indicated within charities as part of the IRS Fed/State program, I also	.S. Treasury Finance stitutions involved i suces related to the he consent to elect to to in this return that a	copy of the	1-888-353-4537 no ising of the electronic nave selected a withdrawal. N 67072 Enter five numbers, but do not enter all zeros return is being filed
	return. If I have i	person subjec ndicated with	ct to ta in this	screen. ax with respect to the entity, I will enter my PIN as n s return that a copy of the return is being filed with a my PIN on the return's disclosure consent screen.		-	-
	e of officer or person subject	t to tax	utha	ntiantian		Date	
Part		tion and A					
	e EFIN/PIN. Enter yo er (EFIN) followed by	0			3745532060 o not enter all zeros		
submit		•	-	N, which is my signature on the 2022 electronically requirements of Pub. 4163, Modernized e-File (Me			
ERO's s	signature				Date 0 3 /	15/24	
		Do N		ERO Must Retain This Form - See Instr ubmit This Form to the IRS Unless Req		So	
LHA I	For Privacy Act and			ction Act Notice, see instructions.			Form 8879-TE (2022)
	-						· · ·
	12-16-22			34			

10390318 134701 67072

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instruct HABITAT FOR HUMANITY OF SON	OIINTY	Taxpaye	r identification numl		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se			Z	00 00411	<u> </u>
return. See instruction		reign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			. 0 7
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07				
	NICHOLE WIMBISC books are in the care of ► 1201 PINER ROAD					
• If the • If this box 1 Ir th 2 If [e organization named above. The extension is for the organization named above. The extension is for the organization calendar year or X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Aroup Exe and atta MAX anization's , an neck reaso	Imption Number (GEN) I Ich a list with the names and TINs of Y 15, 2024, to file If the return for: Ind ending JUN 30, 2023 Initial return	f this is fo all memb	r the whole group, a ers the extension is npt organization reta	for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 6069.	enter an	refundable credits and	3d	Ψ	
	timated tax payments made. Include any prior year overpa	· ·		Зb	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ų.	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	: If you are going to make an electronic funds withdrawal					
LHA	For Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF I EVENU	THE TREASURY JE SERVICE CENTER		Form 8868 (F	ev. 1-2022)

223841 04-01-22

		EXTENDED TO MAY 15, 2024								
Form 990-T	E	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047						
		(and proxy tax under section 6033(e))								
	For ca	endar year 2022 or other tax year beginning $ { m JUL} 1, 2022$, and ending $ { m JUN} 30, 20$	23	2022						
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.									
Internal Revenue Service	I	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmple	oyer identification number						
B Exempt under section	Exempt under section Print HABITAT FOR HUMANITY OF SONOMA COUNTY									
X 501(c)(3)	∑ 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions.									
408(e) 220(e)	Type	1201 PINER RD, 500								
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		_						
529(a) 529A		SANTA ROSA, CA 95403		Check box if						
	C Bo	ok value of all assets at end of year 2,979,188.		an amended return.						
G Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university						
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439								
	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>						
		ed Schedules A (Form 990-T)								
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No						
		d identifying number of the parent corporation.								
		NICHOLE WIMBISCUS Telephone number d Business Taxable Income	7075	787707						
	busine	ss taxable income computed from all unrelated trades or businesses (see		0						
				0.						
3 Add lines 1 and 2			4	0.						
		see instructions for limitation rules)	· _ ·	0.						
		taxable income before net operating losses. Subtract line 4 from line 3								
	•	ng loss. See instructions ss taxable income before specific deduction and section 199A deduction.	. 0							
Subtract line 6 fro			7							
		ally \$1,000, but see instructions for exceptions)		1,000.						
		duction. See instructions		<u> </u>						
10 Total deductions				1,000.						
		ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_,						
enter zero			11	0.						
Part II Tax Com	putat	ion		· · · ·						
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.						
		ates. See instructions for tax computation. Income tax on the amount on								
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2							
3 Proxy tax. See in:			-							
4 Other tax amount	s. See i									
5 Alternative minimu	um tax (
		cility income. See instructions	-							
7 Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.						
LUA For Day and L				Farm 990-T (0000)						

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Form 9	90-T (2022)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carr	yover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		_	
	Business Activity Code Available post-2017 NOL ca		_	
		38,711.	_	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjudicorrect, and complete.							wledge	and belief	, it is true,	
Here				TREASURER				May the IRS discuss this return with the preparer shown below (see			
	Signature of officer	Signature of officer			Date Title			instructions)? X Yes No			No
Paid	Print/Type prepa	rer's name	Prepa	arer's signature		Date	Check	if	PTIN		
	CHRISTIN	CHRISTINA Z C			CHRISTINA Z		self- employed				
Prepare	r HOLLINGS	HOLLINGSWORTH H			IOLLINGSWORTH 03/15/24				P02	090706	5
Use Only		Firm's name DILLWOOD BURKEL & MILLAR, LLP							68-	045675	52
	5	175 CON	ICOURSE	BOULEVA	RD, SUI	TE A					
	Firm's address	Firm's address SANTA ROSA, CA 95403							07)	577-88	306
223711 01-16	i-23								F	orm 990-T	(2022)
					~ -						

10390318 134701 67072

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047 2022

Open to Public Inspection for
501(c)(3) Organizations Only

1

Name of the organization Α

ne of the organiza	tion					в	Emple
HABITAT	FOR	HUMANITY	OF	SONOMA	COUNTY		68-

oyer identification number 68-0041170

1

D Sequence:

of

c	Unrelated business activity code (see instructions)	459510	
<u> </u>	Unrelated business activity code (see instructions)	Z JJJI0	

E Describe the unrelated trade or business RETAIL SALES OF PURCHASED FURNITURE AND APPLI

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 136,263.				
b	Less returns and allowances c Balance	1c	136,263.		
2	Cost of goods sold (Part III, line 8)	2	124,011.		
3	Gross profit. Subtract line 2 from line 1c	3	12,252.		12,252.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12	10.050		10.050
13	Total. Combine lines 3 through 12	13	12,252.		12,252.
Pa	TII Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			luctions. Deduction	s must be

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	17,354.
3	Salaries and wages			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	EE a	STATEMENT 1	14	11,785.
15	Total deductions. Add lines 1 through 14			15	29,139.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-16,887.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-16,887.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022

					1
<u>Schedi</u> Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter met	thod of inventory valua	tion LOWER	OF COST C	Page 2 DR MARKET
1			-		19,139.
2	Purchases				116,485.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				135,624.
7	Inventory at end of year				11,613.
8	Cost of goods sold. Subtract line 7 from line 6. Enter				124,011.
9	Do the rules of section 263A (with respect to property				Yes X No
Part					
1	Description of property (property street address, city, s				
•	A				
	в 🗌				
	c 🗌				
	D		4		
		Α	В	С	D
2	Rent received or accrued	A	D		
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter her	e and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					<u>^</u>
5	Total deductions. Add line 4 columns A through D. E	<u>nter here and on Part I</u>	, line 6, column (B)		0.
Part	-				
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. See	e instructions.	
	A				
	В				
	c				
	D		1		
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6			6 %		%
6 7	Divide line 4 by line 5		v %		<u>/u</u> 7
7 0	Gross income reportable. Multiply line 2 by line 6		I		0.
8	Total gross income (add line 7, columns A through D	. Enter here and on Pa	art i, iirie 7, column (A)		0.
~					
9	Allocable deductions. Multiply line 3c by line 6		l	(D)	0.
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line				
223721 0	01-16-23			Sched	ule A (Form 990-T) 202

											1
Sched	ule A (Form 990-T) 2022	<u>,</u> vitico Da	waltion and B	onto fron	- Control	lad Or	aonizationa				Page 3
Part	VI Interest, Annu	unes, no			Control		Exempt Control		e instructio	ns)	
	1. Name of controlle	d	2. Employer	3. Net i	unrelated	1	al of specified		t of colum	n 4 6	. Deductions directly
	organization	-	identification		ne (loss)			that is	included in	the	connected with
			number	(see ins	tructions)				lling organ gross inco		income in column 5
(1)									0		
(2)											
(3)											
<u>(4)</u>											
	. T aurah la la anga				Controlled O	-		6		44.5	
7	. Taxable Income		Net unrelated Icome (loss)		otal of specif yments mad		10. Part of that is incl				eductions directly onnected with
			e instructions)	pa	yments mau	C	controlling o				ome in column 10
(1)			,				gross	income			
(2)											
(3)											
(4)											
							Add colum				columns 6 and 11.
							Enter here a line 8, c		· · ·		here and on Part I, le 8, column (B)
							iii ie 0, 0	Joidinin			
Totals Part	VII Invootmont I	Incomo	of a Section 50	1(0)(7) (0) or (17)	Oraar	aizetion		0.		0.
Fait		cription of i		(C)(7), (2. Amou		3. Deduction		uctions) 4. Set-as	idee	5. Total deductions
	1. 2000				incon		directly conne (attach staten	ected	(attach sta		
(1)											
(2)											
(3)											
(4)											
					Add amou column 2						Add amounts in column 5. Enter
					here and o	n Part I,					here and on Part I,
Totolo					line 9, colu	Imn (A)					line 9, column (B)
Totals Part		xemnt A	Activity Income	Other T	han Adve	•••	lincome (tructions)		0.
1	Description of exploite			, e anor r				300 1113			
2	Gross unrelated busin			iness. Enter	here and o	n Part I.	line 10, columr	ר (A)	L	2	
3	Expenses directly con										
	line 10, column (B)									3	
4	Net income (loss) from								Γ		
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable								······ -	6	
7	Excess exempt expen									_	
	4. Enter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022				1 Page 4
Part	IX	Advertising Income				
1		e(s) of periodical(s). Check box if reporting	g two or more periodicals o	n a consolidated bas	is.	
	A L B					
	c [
	D					
Enter a	moun	ts for each periodical listed above in the c	corresponding column.			
-	~		Α	B	C	D
2		s advertising income				0.
а	Add	columns A through D. Enter here and on I	Part I, line TT, column (A)			
3	Direc	t advertising costs by periodical				
а		columns A through D. Enter here and on l		•		0.
4		rtising gain (loss). Subtract line 3 from line	e			
		r any column in line 4 showing a gain,				
		blete lines 5 through 8. For any column in				
		I showing a loss or zero, do not complete 5 through 7, and enter zero on line 8				
5		lership costs				
6		ilation income				
7		ss readership costs. If line 6 is less than				
		, subtract line 6 from line 5. If line 5 is les				
-		line 6, enter zero				
8		ss readership costs allowed as a	~			
		ction. For each column showing a gain or I, enter the lesser of line 4 or line 7				
а		line 8, columns A through D. Enter the gre		s total or zero here ar	nd on	
		II. line 13				0.
Part	X	Compensation of Officers, Dire	ectors, and Trustees	(see instructions)		
					3. Percentage	4. Compensation
		1. Name	2. Title	Э	of time devoted	attributable to unrelated business
(1)				, 	to business %	
(2)					%	
(3)					%	
(4)					%	
						•
Total.		here and on Part II, line 1 Supplemental Information (see	· · · · · · ·			0.
Fail		Supplemental mormation (see	e instructions)			

FORM 990-T	(A)	OTHER	DEDUCTIO	NS	STATEMENT 1
DESCRIPTIO	N				AMOUNT
RENT	_				11,785
FOTAL TO S	CHEDULE A, PART II	, LINE 14			11,785
FORM 990-T SCHEDULE			ATION'S ACTIVITY	UNRELATED	STATEMENT 2
	LES OF PURCHASED F 0-T, SCHEDULE A, I		AND APPLI	ANCES	
90-T SCH	A POST-20	17 NET OP	ERATING L	OSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOS PREVIO APPL	USLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	16,552. 35,307. 86,852.		0. 0. 0.	16,552. 35,307. 86,852.	16,552. 35,307. 86,852.
IOL CARRYO	VER AVAILABLE THIS	S YEAR		138,711.	138,711.