

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL~1~, 2023, and ending JUN~30~, 20 24~

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Name and title of officer or person subject to tax MISTY BASTONI CHIEF EXECUTIVE OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,698,314. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) **9b** 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN)_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DILLWOOD BURKEL & MILLAR, LLP 67072 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68745532060 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 02/27/25 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1201 PINER RD, 500 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SANTA ROSA, CA 95403 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 5330 (other than individual) 07 14 Form 990-T (corporation) Form 1041-A 80 • After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of NICOLE WIMBISCUS 1201 PINER ROAD, SUITE 500 - SANTA ROSA, CA 95403 Telephone No. 7075787707 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or X tax year beginning JUL 1 , 20 23 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change HABITAT FOR HUMANITY OF SONOMA COUNTY Name change 68-0041170 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 707-578-7707 1201 PINER RD 500 2.711.448. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 95403 SANTA ROSA, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MISTY BASTONI Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527 If "No," attach a list. See instructions (insert no.) 4947(a)(1) or WWW.HABITATSOCO.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: HABITAT FOR HUMANITY OF SONOMA **Activities & Governance** COUNTY IS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING LIVES BY if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 9 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 191 Total number of volunteers (estimate if necessary) 6 88,442. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 2,092. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 2,364,323. 2,572,956. Contributions and grants (Part VIII, line 1h) 8 2,133,715. 88,849. Program service revenue (Part VIII, line 2g) -40,814. 18,217. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 72,654. 18,292. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,529,878. 2,698,314. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,429,832. 1,243,238. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,234,273. 760,248. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,664,105. 2,003,486. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 865,773. 694,828. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,979,188. 3,209,574. Total assets (Part X, line 16) 1,544,073. 1,061,288. 21 Total liabilities (Part X, line 26) 三年 435,115, 2,148,286 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MISTY BASTONI, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 02/27/25 P01225273 LOTASHA THOMAS Paid LOTASHA THOMAS self-employed DILLWOOD BURKEL & MILLAR, LLP Firm's name Firm's EIN 68-0456752 Preparer Firm's address 175 CONCOURSE BOULEVARD, Use Only Phone no. (707) 577-8806 SANTA ROSA, CA 95403

X Yes

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: HABITAT FOR HUMANITY OF SONOMA COUNTY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code:)(Expenses \$ 1,397,043. including grants of \$] (Revenue \$ 88,442.)
4b	(Code:) (Expenses \$ 132,707. including grants of \$) (Revenue \$)
	Code:
4c	(Code:) (Expenses \$ 96,204. including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Pa	rt IV Checklist of Required Schedules _(continued)	11/0	<u> </u>	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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	77	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		<u> </u>
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	00		
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms wize included of line ra. Enter of inflot applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) HABITAT FOR HUMANITY OF SONOMA COUNTY

Part 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,		1			
	filed for the calendar year ending with or within the year covered by this return	2a	34			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		•	2b	Х	
	7.11			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	2	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		,	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?			7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		200	7f 7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
				7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а бу п	ie –	8		
	Sponsoring organization have excess business nothings at any time during the year? Sponsoring organizations maintaining donor advised funds.			0		
	Did the agree of the constitution and the control of the time of the control of t			9a		
				9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	ı İ			
b	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	າ 1041	1?	12a		
b	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.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	130	:			v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation on the explanation of the			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		Х
	excess parachute payment(s) during the year?			15		Λ
						Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.	ıt incc	ma?	16		
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	me?	16		- 22
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.			16		Α
17	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	ctivitie	es	16 17		Α

Form **990** (2023) 332005 12-21-23

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

900	tion A. Governing Body and Management				21				
<u> </u>	tion A. Governing body and Management			V	NI -				
		9 🗆		Yes	No				
1a	The transfer of temp members of the governing soci, at the order that your	4							
	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.	٨							
b		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?	\vdash	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		3		<u> </u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4 5		X				
5									
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?	_7	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?	_7	7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?		За	X					
b	Each committee with authority to act on behalf of the governing body?	8	3b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		- 1						
				Yes					
	Did the organization have local chapters, branches, or affiliates?	1	0a		<u> </u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		0b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			τ,					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	X	77				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	2b		X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		_		37				
	on Schedule O how this was done		2c	37	<u>X</u>				
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v					
	The organization's CEO, Executive Director, or top management official		5a	X					
b	Other officers or key employees of the organization	1	5b	Х					
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				Х				
	taxable entity during the year?	1	6a						
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		OI-						
Sec	exempt status with respect to such arrangements? tion C. Disclosure	1	6b						
17 10		2)0.00	alvá -	v (Gilal	No.				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(5)	ys or	пу) а	ıvanat	ле				
	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)								
10	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ad fir	2000	ial					
19	statements available to the public during the tax year.	iu III	ianc	ıdı					
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	NICOLE WIMBISCUS - 7075787707								
	1201 PINER ROAD, SUITE 500, SANTA ROSA, CA 95403								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	box offi	, unle: cer ar	ss pei id a d	rson i irecto	s botl or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eg eg		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICHOLE E WIMBISCUS	40.00	=	=	0	Α_	Ξ 0	<u> </u>			
DIRECTOR OF OPERATIONS				Х				92,573.	0.	2,727.
(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		X		X				0.	0.	0.
(5) KRISTEN FRIZZELL KERNS	1.00									
MEMBER AT LARGE		X			Ľ			0.	0.	0.
(6) MAIA LOMAX	10.00							_	_	_
MEMBER AT LARGE		X						0.	0.	0.
(7) HENRY LOH II	1.00									
MEMBER AT LARGE		X						0.	0.	0.
(8) DOUGLAS R. GARRISON	5.00			l						
CHAIR	2 22	Х		Х				0.	0.	0.
(9) CHUCK MCPHERSON	3.00								_	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(10) RICH WALLACH	1.00	3,7							0	0
MEMBER AT LARGE	40.00	Х						0.	0.	0.
(11) MISTY BASTONI-STARTED 8/2024	40.00	-		٠,					_	0
CHIEF EXECUTIVE OFFICER				Х				0.	0.	0.
										000

	- 3 711								MA COUNTY	68-0041	170 Page 8
Pai	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unles	Position t check more than one nless person is both an and a director/trustee)			an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal								92,573.	0.	2,727.
	Total from continuation sheets to Part VII					- 1			0.	0.	0.
_d				_	_			_	92,573.	0.	2,727.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	0
-	compensation from the organization			7							Yes No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on	
	line 1a? If "Yes," complete Schedule J for su										3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a			•							
_	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch r	oerso	on .				5 X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	nnoncated ind	000	ndor	at co	ntro	actor	rc th	nat received more than [©]	:100 000 of compans	ation from
	the organization. Report compensation for t										
	(A) Name and business address NONE Descrip								(B)		(C)
	Name and pusiness	auuress	MC	NE	5				Description of s	ler vices (Compensation
								1			
_											
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos 0		ted	above) who received me	ore than	
	The organization from the organization										Form 990 (2023)

332008 12-21-23

Form 990 (2023) HABITAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Officer if Octredule O contains a response of	or flote to arry lin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
irai our	k	Membership dues 1b					
A, G	ď	Fundraising events 1c					
ar/	ď	Related organizations 1d					
s, G	6	Government grants (contributions) 1e				A	
Sign	f	All other contributions, gifts, grants, and					
ber			572,956.				
걸			885,838.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		2,572,956.			
<u> </u>		Totally load lines fa fi	Business Code	, , , , , , , , , , , , , , , , , , , ,			
	0.6	RESTORE SALES	459510	88,442.		88,442.	
/ice	2 4	AGING IN PLACE	459510	407.	407.	00,112.	
er. ue			4 33310	- 407•	107.		
n S /en	(
arai Be	(
Program Service Revenue	•	'					
Ф		All other program service revenue		00 040			
	9	Total. Add lines 2a-2f		88,849.			
	3	Investment income (including dividends, interes		40 -00			40 -00
		other similar amounts)		19,782.			19,782.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,711.	8,858.				
	ŀ	Less: cost or other basis					
<u>o</u>			11,000.				
enu	,	Gain or (loss) 7c 577.	11,000. -2,142.				
Revenue		Net gain or (loss)		-1,565.			-1,565.
ΥF		Gross income from fundraising events (not					
Other		including \$					
O		contributions reported on line 1c). See					
	L						
		Less: direct expenses Net income or (loss) from fundraising events					
	9 2	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory	D				
SI		MTGGELL ANEOLIG	Business Code	10 202	10 202		
eor Je	11 a	MISCELLANEOUS	561499	18,292.	18,292.		
llan	k						
Miscellaneous Revenue	•						
Mis	(All other revenue		10 000			
		Total. Add lines 11a-11d		18,292.	10 600	00 442	10 017
	12	Total revenue. See instructions		2,698,314.	18,699.	88,442.	18,217.

332009 12-21-23

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,088 102,127. 15,039. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 882,184. 802,307. 79,877. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,270. 154,701. 172,520. 12,549. Other employee benefits 9 86,407. 72,251 7,670. 6,486. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 97,027 94,896. 2,131. column (A), amount, list line 11g expenses on Sch O.) 3,808. 2,174. 796. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 95,516. 88,172. 7,344. 16 Occupancy 27,724. 27,724. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,998. 33,949. 29,951. 20 Payments to affiliates 21 222,515. 222,515. Depreciation, depletion, and amortization 22 27,132. 19,657. 7,475. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 53,337. 53,337. RESTORE MERCHANDISE 30,081.DUES AND SUBSCRIPTIONS 40,408. 5,869. 4,458. 36,490. 35,873. 608. BANK AND CREDIT CARD FE 9. 23,461. 22,744. 717. SUPPLIES & SM EQUIPMENT 98,881. 71,509. 19,947. 7.425. All other expenses 2,003,486. 1,625,954. 265,333. 112,199. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023) Part X Balance Sheet

<u>Par</u>	τX	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			152,853.	1	225,654
	2	Savings and temporary cash investments			1,062,517.	2	1,598,611
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			80,333.	4	6,300
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%		A	
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described			6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		963,081.	8	1,004,694 43,177	
۲	9	Prepaid expenses and deferred charges			59,898.	9	43,177
	10a	Land, buildings, and equipment: cost or other		465 564			
		basis. Complete Part VI of Schedule D		165,561.			4 = 4
	b	Less: accumulated depreciation		164,047.	3,355.	10c	1,514 85,471
	11	Investments - publicly traded securities			194,067.	11	85,471
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			462 004	14	244 152
	15	Other assets. See Part IV, line 11			463,084.	15	244,153
	16	Total assets. Add lines 1 through 15 (must equ			2,979,188.	16	3,209,574
	17	Accounts payable and accrued expenses			189,080.	17	171,643
	18	Grants payable			23,193.	18	19,886
	19	Deferred revenue	23,133.	19	19,000		
	20 21	Tax-exempt bond liabilities		20 21			
	22	Escrow or custodial account liability. Complete Loans and other payables to any current or form			21		
ies	22	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			748,686.	23	544,990
	24	Unsecured notes and loans payable to unrelated			, 20, 0000	24	322,330
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D)	583,114.	25	324,769
	26	Total liabilities. Add lines 17 through 25			1,544,073.		1,061,288
		Organizations that follow FASB ASC 958, che	ck her	e X			
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,435,115.	27	2,148,286
Bal	28	Net assets with donor restrictions				28	
D I		Organizations that do not follow FASB ASC 9					
ᆵ		and complete lines 29 through 33.					
SOF	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in	come, d	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,435,115.	32	2,148,286
_	33				2,979,188.	33	3,209,574

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,69				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,00				
3	Revenue less expenses. Subtract line 2 from line 1	3			4,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,43	5,1	<u> 15.</u>		
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2	,14	8,2	86.		
Pa	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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 691,074. 727,438. 1956294. 2364323. 2572956. 831208 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization of not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	Sec	tion A. Public Support						
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or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		business is regularly carried on						
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Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		or loss from the sale of capital						
Gross receipts from related activities, etc. (see instructions) 12 936, 33 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		assets (Explain in Part VI.)	37,537.	24,305.	5,292.	23,650.	18,292.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	11	Total support. Add lines 7 through 10						8926732.
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	12	Gross receipts from related activities,	etc. (see instruction	ons)			12	936,334.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	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)	
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 89.50 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 92.92 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		•						
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							14	
-								
stop here. The organization qualifies as a publicly supported organization	16a							
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b							
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

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

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

Sec	etion A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)	o organi-stiente	rot opening their	formeth and fifther to	/00x 00 = ===#:=: 5	(01(a)(2)	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here	c Support Per	centage				<u></u>
	Public support percentage for 2023 (I			column (fl)		15	%
16						16	
	ction D. Computation of Inves					1 10 1	90
17				ne 13 column (f))		17	%
18	Investment income percentage from					18	
	33 1/3% support tests - 2023. If the						
.56	more than 33 1/3%, check this box ar	· ·		•		*	7 13 1101
b	33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
70	Privare tolingation If the organization	ILL CHO DOT CDECK A !	DOX OD 1100 14 19:	a origo checkith	us nox and see ins	THICTIONS	1 1

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

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Par	TIV 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?		
	A family member of a person described on line 11a above?		
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.		
Sec	tion 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.		
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,		
800	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
360	tion o. Type it Supporting Organizations	Т.,	Γ
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
	Lion 217th Type in cupporting Organizations	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	162	NO
•	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?		
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).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
Ū	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	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.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
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 placed by the organization in this regard.		

332025 12-21-23 Schedule A (Form 990) 2023

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must 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	_					
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):							
а	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 in	integra	ated Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

Name of the organization

HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2023

Assets included in Form 990, Part X

Part VI Land, Buildings, and Equipment

complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete in the organization answered Tes on Form 990, Part IV, line Tra. See Form 990, Part X, line To.								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
b Buildings								
c Leasehold improvements		7,507.	7,507.	0.				
d Equipment		158,054.	156,540.	1,514.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equa	1,514.							

Schedule D (Form 990) 2023

	OR HUMANITY OF	SONOMA COUNTY	68-0041170 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of securit	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
_ (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Ye	os" on Form 000 Part IV line	11d Soo Form 000 Part V lin	20.15
	(a) Description	Tru. See Form 990, Fait X, III	(b) Book value
	(a) Description		16,792.
			227,361.
			227,301.
(3)			
(5)			<u> </u>
(6)			
(7)			<u> </u>
(8)			<u> </u>
(9)	/ (D))		244,153.
Total. (Column (b) must equal Form 990, Part X, line 15, Part X Other Liabilities	COI. (B))		
Complete if the organization answered "Ye	es" on Form 990 Part IV line	11e or 11f. See Form 990. Pai	rt X line 25
(a) Description of liability	,	. 10 31 111. 000 1 01111 030, 1 a	(b) Book value
			(S) DOOK VAIGE
(1) Federal income taxes (2) HOMEOWNER ESCROWS			38,727.
(2) HOMEOWNER ESCROWS (3) OPERATING LEASE LIABILIT	ıγ		286,042.
(4)	<u>•</u>		200,042.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) HOMEOWNER ESCROWS	38,727.
(3) OPERATING LEASE LIABILITY	286,042.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	324,769.

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

Schedule D (Form 990) 2023

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue
	Complete if the examination annuoused "Vee" on Form 200. Bort IV line 100

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,716,65	<u>7.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	18,343.			
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	18,34	
3	Subtract line 2e from line 1			3	2,698,31	<u>4.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,698,31	<u>4.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	leturi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	2,003,48	<u>6.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,003,48	<u>6.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII Supplemental Information

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

PART X, LINE 2:

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, 2024, 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

Schedule D (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

HABITAT FOR HUMANITY OF SONOMA COUNTY

Employer identification number 68-0041170

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	terminir	•	3
1	Art - Works of art							
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							
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 (MERCHANDISE DON)	Х	238,443	1,885,838.	FAIR VALUE			
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	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	or			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HABITAT FOR HUMANITY OF SONOMA COUNTY

Employer identification number 68-0041170

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 FOR HUMANITY OF SONOMA COUNTY

BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITY, AND HOPE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION DISCONTINUED OFFERING AFFORDABLE RENTALS (9 UNITS) TO

SURVIVORS OF THE 2017 OCTOBER WILDFIRES. THIS PROGRAM WAS DISCONTINUED

DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS IS FURNISHED WITH AN ELECTRONIC COPY OF THE TAX

RETURN PRIOR TO FILING. THE BOARD DESIGNATED BOARD REPRESENTATIVES REVIEW

THE FORM 990 DRAFT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD WILL ANNUALLY REVIEW THE CEO AND KEY EXECUTIVE STAFF'S

PERFORMANCE, EVALUATE EXTERNAL MARKET DATA FOR COMPARABLE POSITIONS, AND

DETERMINE APPROPRIATE COMPENSATION. THIS PROCESS WILL BE CONDUCTED WITH

TRANSPARENCY AND IN ALIGNMENT WITH LEGAL AND ETHICAL STANDARDS. THERE WILL

BE A CLEAR STRUCTURE FOR BENEFITS, INCLUDING HEALTH INSURANCE, RETIREMENT,

AND OTHER NON-SALARY COMPONENTS AS WELL AS GUIDELINES FOR DETERMINING

PERFORMANCE BONUSES OR OTHER INCENTIVES.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

Schedule O (For	m 990) 20	23						Page 2
Name of the orga	anization	HABITAT	FOR	HUMANITY	OF	SONOMA	COUNTY	Employer identification number 68-0041170
PROVIDED	UPON	REQUEST.						
								_
							,	
						1		
				•				
			1					

332212 11-14-23 Schedule O (Form 990) 2023

Form 8879-TF

For calenda

THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization for a Tax Exempt Entity

ar year 2023, or fiscal year beginning	${\tt JUL}$	1	, 2023, and ending	JUN	3 (

, 20 **2 4**

OMB No. 1545-0047

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 Name and title of officer or person subject to tax MISTY BASTONI CHIEF EXECUTIVE OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b** Tax due (Form 5330, Part II, line 19) 9b Form 5330 check here 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DILLWOOD BURKEL & MILLAR, LLP 67072 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 68745532060 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 02/27/25 ERO's signature Date

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** HABITAT FOR HUMANITY OF SONOMA COUNTY 68-0041170 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1201 PINER RD, 500 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SANTA ROSA, CA 95403 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 • After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of NICOLE WIMBISCUS 1201 PINER ROAD, SUITE 500 - SANTA ROSA, CA 95403 Telephone No. 7075787707 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or X tax year beginning JUL 1 , 20 23 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 654. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 654 using EFTPS (Electronic Federal Tax Payment System). See instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Form	990-T	E	exempt Organization Business Income Tax Reti	ırn	ON	MB No. 1545-0047
			(and proxy tax under section 6033(e))		١.,	0000
		For ca	endar year 2023 or other tax year beginning $\ \ \underline{JUL\ 1\ ,\ 2023} \ $, and ending $\ \ \underline{JUN\ 30\ ,\ 2}$	<u> 1024</u> .	1 7	2023
Departm	ent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open	to Public Inspection for
Internal I	Revenue Service	l I	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)			to Public Inspection for (3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D ^E	mployer	identification number
B Exe	mpt under section	Print	HABITAT FOR HUMANITY OF SONOMA COUNTY			0041170
X	501(c)(3)	Or	Number, street, and room or suite no. If a P.O. box, see instructions.	E (5	roup exe	emption number actions)
	408(e) 220(e)	Туре	1201 PINER RD, 500			
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code			
	529(a)529A		SANTA ROSA, CA 95403	F [Cr	neck box if
			ok value of all assets at end of year			amended return.
G Ch	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Stat	e colle	ege/university
	1 16 600		6417(d)(1)(A) Applicable entity			
	neck if filing only to					rom Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		1	
			ed Schedules A (Form 990-T) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Г		es X No
	•		d identifying number of the parent corporation	L		5 <u>21</u> NO
	ne books are in car		NICOLE WIMBISCUS Telephone number	707	578'	7707
Part			d Business Taxable Income			.
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1		3,092.
2						•
3						3,092.
4	Charitable contrib	outions	(see instructions for limitation rules)	4		0.
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5		3,092.
6	Deduction for net	t operat	ring loss. See instructions	6		
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro	om line	5	7		3,092.
8	Specific deduction	n (gene	erally \$1,000, but see instructions for exceptions)	8		1,000.
9			eduction. See instructions			
10			lines 8 and 9			1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		2,092.
	II Tax Com	•			1	439.
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1		439.
2			rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)			
3				2		
4	Proxy tax. See in		instructions			
5			Instructions			
6	Tax on noncome	oliant fa	acility income. See instructions	6		
7			gh 6 to line 1 or 2, whichever applies			439.
Part				•		
1a	Foreign tax credit	t (corpo	orations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·			
С	General business	credit.	Attach Form 3800 (see instructions) 1c			
d	Credit for prior-ye	ar mini	mum tax (attach Form 8801 or 8827)			
е	Total credits. Ac	ld lines	1a through 1d	<u>1e</u>		
2	Subtract line 1e f	rom Pa	rt II, line 7	2	_	439.
3a	Amount due from					
b	Amount due from					
С.	Amount due from					
d	Amount due from					
e	Other amounts d	•				0.
f 1			lines 3a through 3e	3f	+	<u> </u>
4			· · · · · · · · · · · · · · · · · · ·	4		439.
_			x amount here	4		<u> </u>

Form 990-T (2023)

Dart		Tax and Payments (continued)						age Z
		•	Plant I and	0-				
6 a	•	nents: Preceding year's overpayment cred	· ·	<u>6a</u>				
b		ent year's estimated tax payments. Check	·	_ <u></u>				
		es		6b				
C								
d		gn organizations: Tax paid or withheld at						
е		up withholding (see instructions)		I				
f		it for small employer health insurance pre						
g		ive payment election amount from Form 3				_		
h		nent from Form 2439		I				
i						4		
j		r (see instructions)				_		
7		payments. Add lines 6a through 6j				7		
8		nated tax penalty (see instructions). Check				8	A .	2.0
9		due. If line 7 is smaller than the total of lin				9	4.	<u> 39.</u>
10		payment. If line 7 is larger than the total of		rpaid		10		
11 Dowt		the amount of line 10 you want: Credite		tion /	Refunded	11		
Part		Statements Regarding Certain					1	
1		y time during the 2023 calendar year, did	•	•	-		Yes	No
		a financial account (bank, securities, or ot	- · · · · · · · · · · · · · · · · · · ·					
	FinC	EN Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes," enter the	he name o	f the foreign country			77
	here						-	<u>X</u>
2		ng the tax year, did the organization receiv						37
		gn trust?						_X
		es," see instructions for other forms the or	•		•			
3		r the amount of tax-exempt interest receiv						
4		r available pre-2018 NOL carryovers here	\$ Do no					
_		n on Schedule A (Form 990-T). Don't redu						
5		2017 NOL carryovers. Enter the Business			•			
	the a	mounts shown below by any NOL claimed					_	
		Business Activity Co	510		nilable post-2017 NOL	L55,598.	-	
		453	310	\$	-	155,596.	-	
				\$			-	
				\$			_	
		16.61		\$				
6 a		16.61						
Part		rved for future use Supplemental Information						
		additional information. See instructions.						
rioviue	any	additional information. See instructions.						
	Ţ	Inder penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	d statements,	and to the best of my knowle	edge and belief, it is tr	ue,	
Sign	١	orrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which prep CHIEF	parer has any EXEC	knowledge. UTIVE			
Here			OFFIC		N.	May the IRS discuss the preparer shown be		rith
	3	Signature of officer	Date Title			nstructions)? X		No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid			,g		self-employed			
Paid Prepa	arar	LOTASHA THOMAS	LOTASHA THOMAS	02/27		P0122	5273	
Use (KEL & MILLAR, LLP		Firm's EIN	68-04		2
Jac (rily		RSE BOULEVARD, SUIT	re a				
		Firm's address SANTA ROSA			Phone no.	(707) 57	7-880	06
					<u> </u>		100 T	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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).

501(c)(3) Organizations Only

A 1	Name of the organization HABITAT FOR HUMANITY OF SONOMA CO	נאטכ	ľΥ	B Employer 68-00		
<u>C </u>	Unrelated business activity code (see instructions) 45951	0		D Sequence	e: 1	of 1
<u>E 1</u>	Describe the unrelated trade or business RETAIL SALES	OF	PURCHASED	FURNITURE	AND A	APPLI
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales88,442.					
b	Less returns and allowances c Balance	1c	88,442			
2	Cost of goods sold (Part III, line 8)	2	53,336			
3	Gross profit. Subtract line 2 from line 1c	3	35,106			35,106.
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		4c				
5	Income (loss) from a partnership or an S corporation (attach					
_	statement)	5		1		
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled	8				
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17)	 				
9	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				
13	Total. Combine lines 3 through 12	13	35,106			35,106.
Da	rt II Deductions Not Taken Elsewhere. See instruct	ione t	for limitations on (deductions Ded	uctions	e must be
Га	directly connected with the unrelated business in			acadellons. Dea	dotions	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	17,999.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	1,645.
15	Total deductions. Add lines 1 through 14				15	19,644.
16	Unrelated business income before net operating loss deduction. So					15 460
	column (C)		СШМЕ) CIMMEN E	16	15,462. 12,370.
17 10	Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16	 2	DIMI	7 91M1 9	17	3,092.
<u>18</u> For I	Paperwork Reduction Act Notice, see instructions.					e A (Form 990-T) 2023

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-	rau	JE.	_

1 Inventory at beginning of year 2 51, 7 2 Purchases 2 51, 7 3 Cost of labor 3 3 4 Additional section 263A costs (attach statement) 4 4 5 Other costs (attach statement) 5 6 7 Total. Add lines 1 through 5 6 6 62, 7 1 Inventory at end of year 7 9, 7 9, 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 8 53, 9 Do the rules of section 263A (with respect to property property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A			III Cost of Goods Sold Enter me	Part I
2 S1, 2 3 Cost of labor 4 Additional section 283A costs (attach statement) 5 Other costs (attach statement) 7 O 9, 7 9, 7 9, 7 9, 7 9, 7 9, 7 9, 7 9, 7 9, 7	1 11,613.			
3 Cost of labor 4 Additional section 269A costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 6 Total. Add lines 1 through 5 7 1 Inventory at end of year 7 7 9, 2 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the nutse of section 269A (with respect to property produce or acquired for resale) apply to the organization?	F1 200		, , , , , , , , , , , , , , , , , , , ,	
Additional section 263A costs (attach statement) 5				
5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at and of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Dub the uses of section 2543 (with respect to property produced or acquired for resale) apply to the organization? Yes 3 9 Dub the uses of section 2543 (with respect to property produced or acquired for resale) apply to the organization? Yes 3 Part W Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A			Additional section 263A costs (attach statement)	
6 Total. Add lines 1 through 5				
7 Minentory at end of year 8 Cost of goods oid. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 53.7, 9 Do the fules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 2 Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A				
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 2534 (with respect to property produced or acquired for resale) apply to the organization? Yes [2] Part IV Ref I income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	0.567			
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A			, , , , , , , , , , , , , , , , , , , ,	
Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A			_	
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A				
A B C D 2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%). 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). c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A). Deductions directly connected with the income in lines 2a and 2b (attach statement). 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (A). Part V Unrelated Debt-Financed Income (see instructions). 1 Description of debt-financed property (street address, city, state, ZiP code). Check if a dual-use. See instructions. A B C D 2 Gross income from or allocable to debt-financed property a Straight line depreciation (attach statement). b Other deductions (add hich statement). c Total deductions (add lines 3a and 3b), columns A through D. A Mount of average acquisition debt on or allocable to debt-financed property (attach statement).				1
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Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	e and on Part I, line 6, column (A) 0 •	A through D. Enter here		3
Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			•	
Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A			in lines 2a and 2b (attach statement)	4
Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A				
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	l, line 6, column (B)			
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (atdach statement) c 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)				
B	check it a dual-use. See instructions.	, city, state, ZIP code). Ci		1
C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other 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)				
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (atdach statement) c 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)				
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c 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)				
2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c 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)	B C D	Λ Ι		
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Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c 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)				-
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b Other deductions (attach statement) c 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)				а
c Total deductions (add lines 3a and 3b, columns A through D)				
columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			•	•
to debt-financed property (attach statement)				4
			•	•
7 Working a displaced place of a windows to door				5
financed property (attach statement)			• ,	-
6 Divide line 4 by line 5	% % %			6
7 Gross income reportable. Multiply line 2 by line 6	79 70			
Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	art I, line 7, column (A)			
		-,. <u></u>	a. 22 j. a.a.a. m.o., oolamio, tinougiri	-
9 Allocable deductions. Multiply line 3c by line 6			Allocable deductions. Multiply line 3c by line 6	9
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	d on Part I, line 7, column (B)	hrough D. Enter here and	• • • • • •	
	, , ,			11

Part V	I Interest, Annu	uities, Ro	yalties, and Re	ents Fro	m Contro	led O	rganization	IS (se	ee instruct	ions)		Page 3
							xempt Contro		ganization	ıs		_
	Name of controller organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pa that is contr	art of colur s included folling orga s gross inc	mn 4 in the aniza-		Deductions directly connected with come in column 5
(1)												_
(2)												
(3)												
(4)												
	F				Controlled Or		1	-61		- 44	D	de la Para de Proposition
7.	Faxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		cor	ductions directly nnected with e in column 10
(1)												
(2)												
(3)								_	<u> </u>			
(4)												_
							Add colum Enter here line 8, c	and or	Part I,	Ent	er he	lumns 6 and 11. ere and on Part I, 3, column (B).
Totals									0.			0.
Part V	II Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		· I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)											_	
Totals					Add amou column 2. here and or line 9, colu	Enter Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part V	III Exploited E	yemnt 4	ctivity Income,	Other T	han Adve		Income	(ooo in	structions)			<u> </u>
	Description of exploite		totivity income,	Other	Hall Adve	, tionié	y moonie ((See III)	structions)			
	Gross unrelated busin	•	e from trade or busin	ness Enter	r here and or	Dart I	line 10 colum	n (A)		2		
	Expenses directly con		7									
	ne 10, column (B)							,		3		
	Net income (loss) from											
	, ,					•				4		
	Gross income from ac	tivity that i	s not unrelated busi	ness incon	ne					5		
	xpenses attributable									6		
	xcess exempt expen											
	. Enter here and on P									7		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportin	g two or more periodicals on a	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on				0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	ı			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	ss		/	
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr				0
	Part II line 13				0.
Dart	Part II, line 13	ectors and Trustees	- :tt:\		
Part	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)		4 Componentian
Part	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Dir 1. Name	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted	attributable to
	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business	
1)	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to
1)	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3)	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to
1)	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3) 4)	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name 1. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name I. Enter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	attributable to unrelated business

FORM 990-T (A)	OTHER	DEDUCTIONS		STATEMENT 1
DESCRIPTION				AMOUNT
RENT				1,645.
TOTAL TO SCHEDULE A, P	ART II, LINE 14			1,645.
FORM 990-T (A)	POST 2017	NOL SCHEDULE		STATEMENT 2
PRIOR YEAR POST 2017 NOL	NOL DEDUC	TION	CARRYFORW POST 2017	
155,598.	12,	370.	14	13,228.
FORM 990-T DESCRIP	TION OF ORGANIZA	TION'S UNRELA	TED	STATEMENT 3

BUSINESS ACTIVITY

RETAIL SALES OF PURCHASED FURNITURE AND APPLIANCES

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE A

POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
16,552. 35,307. 86,852.	0. 0. 0.	16,552. 35,307. 86,852.	16,552. 35,307. 86,852.
16,887.	0.	16,887.	16,887.
	16,552. 35,307. 86,852. 16,887.	LOSS PREVIOUSLY APPLIED 16,552. 0. 35,307. 0. 86,852. 0.	PREVIOUSLY LOSS REMAINING 16,552. 0. 16,552. 35,307. 0. 35,307. 86,852. 0. 86,852. 16,887. 0. 16,887.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 5
TAXABLE INCOME FRO	M ALL ENTITIES TION OF TAXABLE INCOME	15,462. 15,462.
	ENTAGE OF PRE-2018 NET OPERATING LOSS WED PRE-2018 NET OPERATING LOSS	100.00%
TAXABLE INCOME AFT 80% INCOME LIMITAT	PER PRE-2018 NET OPERATING LOSS	15,462. 12,370.
POST-2017 AVAILABL	E 7 NET OPERATING LOSS OR 80% LIMITATION	155,598. 12,370.