

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

**HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

59-3007298

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>3,428,432</u>
<b>Revenue</b>		
Contributions	<u>1,967,849</u>	
Program service revenue	<u>1,189,000</u>	
Investment income	<u>1,354</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>26</u>	
Direct expenses	<u>          </u>	
Net income	<u>26</u>	
Other income	<u>809,793</u>	
<b>Total revenue</b>		<u>3,968,022</u>
<b>Expenses</b>		
Program services	<u>1,669,152</u>	
Management and general	<u>4,238</u>	
Fundraising	<u>          </u>	
<b>Total expenses</b>		<u>1,673,390</u>
<b>Excess / (deficit)</b>		<u>2,294,632</u>
Changes		<u>892,612</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>6,615,676</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>3,968,022</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>3,968,022</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,682,131</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>1,673,390</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,076,945</u>	<u>6,804,216</u>	
Liabilities	<u>648,513</u>	<u>188,540</u>	
Net assets	<u>3,428,432</u>	<u>6,615,676</u>	<u>3,187,244</u>

### Miscellaneous Information

Amended return  
Return / extended due date 11/15/21  
Failure to file penalty

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

May 12, 2022

**CONFIDENTIAL**

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

Dear Habitat for Humanity of Bay County Inc.:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 6/30/21 shows no balance due.

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

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

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

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

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

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

Sincerely,

Tipton, Marler, Garner & Chastain

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2020**

Name of exempt organization or person subject to tax **HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

Taxpayer identification number  
**59-3007298**

Name and title of officer or person subject to tax **JOHN ROBBINS  
PRESIDENT**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>3,968,022</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

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

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **05/15/22**

**Part III Certification and Authentication**

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

**59273316907**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date **05/15/22**

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

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

For Paperwork Reduction Act Notice, see back of form.

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div align="center"><b>HABITAT FOR HUMANITY OF BAY COUNTY INC</b></div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P. O. BOX 408</b> City or town, state or province, country, and ZIP or foreign postal code <b>PANAMA CITY FL 32402</b>	<b>D</b> Employer identification number <b>59-3007298</b> <b>E</b> Telephone number <b>850-784-9975</b> <b>G</b> Gross receipts\$ <b>3,968,022</b>
<b>F</b> Name and address of principal officer: <b>JOHN ROBBINS</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>N/A</b>	<b>H(c)</b> Group exemption number ▶ <b>8545</b>	<b>L</b> Year of formation: <b>1991</b>	<b>M</b> State of legal domicile: <b>FL</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BUILDING HOMES FOR LOW INCOME FAMILIES.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>32</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		<b>0</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>1,967,849</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>1,189,000</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>1,354</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>809,819</b>	
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>3,968,022</b>	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			<b>804,685</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			<b>868,705</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			<b>1,673,390</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12			<b>2,294,632</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>4,076,945</b>	<b>6,804,216</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>648,513</b>	<b>188,540</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,428,432</b>	<b>6,615,676</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JOHN ROBBINS</b> Type or print name and title	Date <b>PRESIDENT</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PHILLIP EASTON RAMER, CPA</b>	Preparer's signature Date <b>05/12/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01416907</b>
	Firm's name ▶ <b>TIPTON, MARLER, GARNER &amp; CHASTAIN</b> <b>P. O. BOX 1100</b> Firm's address ▶ <b>PANAMA CITY, FL 32402-1100</b>	Firm's EIN ▶ <b>20-1217629</b> Phone no. <b>850-769-9491</b>		

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

**Part III Statement of Program Service Accomplishments**

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

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

**BUILDING HOMES FOR LOW INCOME FAMILIES**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **1,106,208** including grants of \$ ) (Revenue \$ **3,968,022** )

**PROGRAM SERVICES**

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

**N/A**

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

**N/A**

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

(Expenses \$ **562,944** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,669,152**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b>   <b>32</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b> 17		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

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

**1515 E 11TH ST**

**FL 32401**

**850-258-3729**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EMMANUEL H AGOSTO	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) GAYLE AHRENS	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) STEVEN BRUMM	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) PATTI FOWLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) ROBERT GATES	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) JOE GRANDUCCI	10.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(7) MYRON GUILFORD	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(8) CURT HARTOG	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) TRAVIS HERR	1.00									
SECRETARY	0.00	X		X			0	0	0	
(10) GEORGE HINES	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) TERESA HOLLOWAY	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DREENA REED</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(13) <b>LANCE RETTIG</b> ..... <b>EXECUTIVE DIRECTOR</b>	40.00 0.00	X		X				0	0	0
(14) <b>DOUG SMITH</b> ..... <b>RA/COUNSEL/DIRECTOR</b>	1.00 0.00	X						0	0	0
(15) <b>JERRY SMITHWICK</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(16) <b>MARK VACCARO</b> ..... <b>TREASURER</b>	1.00 0.00	X		X				0	0	0
(17) <b>JOHN ROBBINS</b> ..... <b>PRESIDENT</b>	10.00 0.00			X				0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,967,849				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	<b>h Total.</b> Add lines 1a-1f			<b>1,967,849</b>			
<b>Program Service Revenue</b>	Business Code						
	2a SALES OF HOMES		1,189,000	1,189,000			
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			<b>1,189,000</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,354			1,354	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	<b>d Net rental income or (loss)</b>						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
<b>d Net gain or (loss)</b>							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	26				
	b Less: direct expenses	8b					
	<b>c Net income or (loss) from fundraising events</b>			26			
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances		10a	647,057				
	b Less: cost of goods sold	10b					
	<b>c Net income or (loss) from sales of inventory</b>			647,057	647,057		
<b>Miscellaneous Revenue</b>	Business Code						
	11a BUSINESS INTERRUPTION		152,646	152,646			
	b OTHER INCOME		10,090	10,090			
	c						
	d All other revenue						
<b>e Total.</b> Add lines 11a-11d			162,736				
<b>12 Total revenue.</b> See instructions			<b>3,968,022</b>	<b>1,998,793</b>	<b>0</b>	<b>1,354</b>	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>776,569</b>	<b>776,569</b>		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>28,116</b>	<b>28,116</b>		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	<b>27,500</b>	<b>27,500</b>		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>350</b>	<b>350</b>		
12 Advertising and promotion	<b>10,303</b>	<b>10,303</b>		
13 Office expenses	<b>33,688</b>	<b>33,688</b>		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	<b>37,099</b>	<b>37,099</b>		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	<b>2,600</b>	<b>2,600</b>		
22 Depreciation, depletion, and amortization				
23 Insurance	<b>88,880</b>	<b>88,880</b>		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COST OF HOMES SOLD</b>	<b>355,808</b>	<b>355,808</b>		
b <b>HURRICANE MICHAEL REPAIRS</b>	<b>220,626</b>	<b>220,626</b>		
c <b>UTILITIES</b>	<b>46,595</b>	<b>46,595</b>		
d <b>CREDIT CARD FEES</b>	<b>10,482</b>	<b>10,482</b>		
e All other expenses	<b>34,774</b>	<b>30,536</b>	<b>4,238</b>	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,673,390</b>	<b>1,669,152</b>	<b>4,238</b>	<b>0</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>2,187,414</b>	<b>1</b>	<b>1,684,509</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>46,559</b>	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>1,013,161</b>	<b>7</b>	<b>1,804,649</b>
	<b>8</b> Inventories for sale or use	<b>447,415</b>	<b>8</b>	<b>6,634</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>267,051</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>165,684</b>	<b>10c</b> <b>104,043</b>	<b>101,367</b>
	<b>11</b> Investments—publicly traded securities	<b>90,123</b>	<b>11</b>	<b>580,560</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>188,230</b>	<b>15</b>	<b>2,626,497</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>4,076,945</b>	<b>16</b>	<b>6,804,216</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>50,411</b>	<b>17</b>	<b>65,374</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	<b>598,102</b>	<b>21</b>	<b>34,611</b>
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	<b>88,555</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>648,513</b>	<b>26</b>	<b>188,540</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>3,258,432</b>	<b>27</b>	<b>6,445,676</b>
	<b>28</b> Net assets with donor restrictions	<b>170,000</b>	<b>28</b>	<b>170,000</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>3,428,432</b>	<b>32</b>	<b>6,615,676</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>4,076,945</b>	<b>33</b>	<b>6,804,216</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,968,022</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,673,390</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,294,632</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,428,432</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>901,353</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-8,741</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>6,615,676</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

<b>Name of the organization</b> <b>HABITAT FOR HUMANITY OF BAY COUNTY INC</b>	<b>Employer identification number</b> <b>59-3007298</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2019 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,652	856,159	1,466,263		1,967,849	4,605,923
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,006,153	1,042,897	855,491		1,998,819	4,903,360
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,321,805	1,899,056	2,321,754		3,966,668	9,509,283
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						9,509,283

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6	1,321,805	1,899,056	2,321,754		3,966,668	9,509,283
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293	629	8,531		1,354	10,807
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	293	629	8,531		1,354	10,807
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,522	4,322	9,644			17,488
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,325,620	1,904,007	2,339,929		3,968,022	9,537,578
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.70 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	99.52 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			

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

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

<b>UNCATEGORIZED INCOME</b>	<b>\$</b>	<b>17,488</b>
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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

2020

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF BAY COUNTY INC

Employer identification number

59-3007298

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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 impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its 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.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report 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. 1b 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. 2 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, b Assets included in Form 990, Part X.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>267,051</b>	<b>165,684</b>	<b>101,367</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>101,367</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>CONSTRUCTION IN PROGRESS</b>	<b>1,795,932</b>
(2) <b>OTHER INVESTMENTS</b>	<b>809,821</b>
(3) <b>UNDEPOSITED FUNDS</b>	<b>20,689</b>
(4) <b>GIFT CARDS</b>	<b>55</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>2,626,497</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>INSURANCE CLAIM</b>	<b>88,555</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>88,555</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>3,968,022</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>3,968,022</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>3,968,022</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,682,131</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>8,741</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>8,741</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,673,390</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,673,390</b>

**Part XIII Supplemental Information.**

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

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

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

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**BOOK / TAX DEPRECIATION DIFFERENCE \$ 8,741**



**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**HABITAT FOR HUMANITY  
OF BAY COUNTY INC**

Employer identification number

**59-3007298**

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

**PROGRAM SERVICES**

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

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

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

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

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**BOOK / TAX DEPRECIATION DIFFERENCE \$ -8,741**

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

▶ Attach to your tax return.

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

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

Identifying number  
**59-3007298**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

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

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

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>7,315</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>1,154</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>8,469</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
9	TRAILER-ED BROWN	2/28/98	2,460			2,460	7 HY S/L	2,460	0
35	STORAGE/BARN	10/13/15	7,500		X	5,366	15 HY 150DB	2,134	536
37	Box Truck	11/09/16	6,995		X	3,497	5 HY 200DB	6,391	403
38	Ladder trailer	7/20/16	3,725		X	1,862	5 HY 200DB	3,403	215
			<u>20,680</u>			<u>13,185</u>		<u>14,388</u>	<u>1,154</u>
<b>Other Depreciation:</b>									
2	DRY WALL PANEL LIFT	4/21/94	430			430	5 MO S/L	430	0
6	TILE CUTTER	9/09/95	201			201	5 MO S/L	201	0
7	NAIL GUN	2/09/97	86			86	5 MO S/L	86	0
8	20 FIBER GLASS EXT	6/16/97	172			172	5 MO S/L	172	0
11	TEMP POWER POLES	6/08/01	625			625	5 MO S/L	625	0
12	TEMP POWER POLES	8/08/01	227			227	5 MO S/L	227	0
14	MULTI PROJECTOR	12/08/04	1,020			1,020	5 MO S/L	1,020	0
15	A/C SYSTEM	2/14/05	6,929			6,929	5 MO S/L	6,929	0
18	BOX TRUCK	10/27/05	9,650			9,650	5 MO S/L	9,650	0
20	OFFICE COMPLEX 11TH STREET	2/10/04	207,456			207,456	30 MO S/L	106,607	6,915
27	PARKING LOT WORK OFFICE/STORE	11/22/11	6,000			6,000	15 MO S/L	3,033	400
28	TRUCK	8/27/12	9,500			9,500	5 MO S/L	9,500	0
32	TRAILER	2/20/14	3,500			3,500	5 MO S/L	3,500	0
33	UTILITY TRAILER	10/18/13	575			575	5 MO S/L	575	0
	<b>Total Other Depreciation</b>		<u>246,371</u>			<u>246,371</u>		<u>142,555</u>	<u>7,315</u>
	<b>Total ACRS and Other Depreciation</b>		<u>246,371</u>			<u>246,371</u>		<u>142,555</u>	<u>7,315</u>
	<b>Grand Totals</b>		267,051			259,556		156,943	8,469
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>267,051</u>			<u>259,556</u>		<u>156,943</u>	<u>8,469</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
9	TRAILER-ED BROWN	2/28/98	2,460			2,460	7 HY S/L	2,460	0
35	STORAGE/BARN	10/13/15	7,500		X	5,366	15 HY 150DB	2,134	536
37	Box Truck	11/09/16	6,995		X	3,497	5 HY 200DB	6,391	403
38	Ladder trailer	7/20/16	3,725		X	1,862	5 HY 200DB	3,403	215
			20,680			13,185		14,388	1,154
<b>Other Depreciation:</b>									
2	DRY WALL PANEL LIFT	4/21/94	430			430	5 MO S/L	430	0
6	TILE CUTTER	9/09/95	201			201	5 MO S/L	201	0
7	NAIL GUN	2/09/97	86			86	5 MO S/L	86	0
8	20 FIBER GLASS EXT	6/16/97	172			172	5 MO S/L	172	0
11	TEMP POWER POLES	6/08/01	625			625	5 MO S/L	625	0
12	TEMP POWER POLES	8/08/01	227			227	5 MO S/L	227	0
14	MULTI PROJECTOR	12/08/04	1,020			1,020	5 MO S/L	1,020	0
15	A/C SYSTEM	2/14/05	6,929			6,929	5 MO S/L	6,929	0
18	BOX TRUCK	10/27/05	9,650			9,650	5 MO S/L	9,650	0
20	OFFICE COMPLEX 11TH STREET	2/10/04	207,456			207,456	30 MO S/L	106,607	6,915
27	PARKING LOT WORK OFFICE/STORE	11/22/11	6,000			6,000	15 MO S/L	3,033	400
28	TRUCK	8/27/12	9,500			9,500	5 MO S/L	9,500	0
32	TRAILER	2/20/14	3,500			3,500	5 MO S/L	3,500	0
33	UTILITY TRAILER	10/18/13	575			575	5 MO S/L	575	0
	<b>Total Other Depreciation</b>		246,371			246,371		142,555	7,315
	<b>Total ACRS and Other Depreciation</b>		246,371			246,371		142,555	7,315
	<b>Grand Totals</b>		267,051			259,556		156,943	8,469
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		267,051			259,556		156,943	8,469

**Bonus Depreciation Report**  
**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
35	STORAGE/BARN	10/13/15	7,500		0	0	2,134	5,366
37	Box Truck	11/09/16	6,995		0	0	3,498	3,497
38	Ladder trailer	7/20/16	3,725		0	0	1,863	1,862
	<b>Grand Total</b>		<u>18,220</u>		<u>0</u>	<u>0</u>	<u>7,495</u>	<u>10,725</u>

**GENERAL INFORMATION**

NAME: JOHN ROBBINS

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 10.00

RELATED:

**CONTACT**

PRINCIPAL? YES

SIGNATURE? YES

USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE PRESIDENT

OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
COMPENSATION ATTRIBUTABLE  
TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: LANCE RETTIG  
 ADDRESS P.O. BOX 408  
 CITY, STATE ZIP CODE: PANAMA CITY , FL 32402  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 40.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE EXECUTIVE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: JOE GRANDUCCI  
 ADDRESS 614 E. 1ST COURT  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 10.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE PAST PRESIDENT  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: MARK VACCARO

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00

RELATED:

**CONTACT**

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE TREASURER

OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: TRAVIS HERR  
 ADDRESS 1429 GRAHAM LANE  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32405  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE SECRETARY  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

**ORGANIZATION**

**RELATED**

**OTHER**

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

**ORGANIZATION**

**RELATED**

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

**INCOME ALLOCATION**

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: MYRON GUILFORD

ADDRESS

CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE VICE PRESIDENT  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: STEVEN BRUMM  
 ADDRESS: PO BOX 309  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32402  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: GEORGE HINES  
 ADDRESS 1603 RHODE ISLAND AVE  
 CITY, STATE ZIP CODE: LYNN HAVEN, FL 32444  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: DREENA REED  
 ADDRESS 626 MAINE AVENUE  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: DOUG SMITH  
 ADDRESS 221 MCKENZIE AVE  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE RA/COUNSEL/DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: JERRY SMITHWICK  
 ADDRESS 401 E 2ND ST  
 CITY, STATE ZIP CODE: PANAMA CITY, FL 32401  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: PATTI FOWLER  
 ADDRESS 9204 CHEROKEE STREET  
 CITY, STATE ZIP CODE: YOUNGSTOWN, FL 32466  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: TERESA HOLLOWAY  
 ADDRESS 1230 EAST 15TH STREET  
 CITY, STATE ZIP CODE: PANAMA CITY , FL 32405  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: GAYLE AHRENS

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00

RELATED:

**CONTACT**

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: CURT HARTOG

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00

RELATED:

**CONTACT**

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: ROBERT GATES

ADDRESS \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

FOREIGN COUNTRY: \_\_\_\_\_

FOREIGN STATE OR PROVINCE: \_\_\_\_\_

**HOURS PER WEEK**

ORGANIZATION: 1.00

RELATED: \_\_\_\_\_

**CONTACT**

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_

BONUS/INCENTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_

OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_

PRIOR YEAR: \_\_\_\_\_

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_

MANAGEMENT & GENERAL: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_

ADJUSTED NET: \_\_\_\_\_

CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_

SECOND: \_\_\_\_\_

THIRD: \_\_\_\_\_

OTHER: \_\_\_\_\_

**GENERAL INFORMATION**

NAME: EMMANUEL H AGOSTO

ADDRESS

CITY, STATE ZIP CODE: ,  
 FOREIGN COUNTRY:  
 FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**

ORGANIZATION: 1.00  
 RELATED:

**CONTACT**

PRINCIPAL? NO  
 SIGNATURE? NO  
 USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR  
 BOOKS IN CARE? NO  
 FORMER? NO  
 TITLE DIRECTOR  
 OFFICER TYPE INDIVIDUAL

**COMPENSATION**

**ORGANIZATION**

**RELATED**

**OTHER**

BASE: \_\_\_\_\_  
 BONUS/INCENTIVE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 RETIREMENT/DEFERRED BENEFITS: \_\_\_\_\_  
 OTHER COMP/NONTAXABLE: \_\_\_\_\_

EXPENSE ACCOUNT AND  
 OTHER ALLOWANCES:  
 EXPENSE ACCOUNT FOR  
 UNRELATED BUSINESS:

**SCHEDULE J**

**ORGANIZATION**

**RELATED**

NONTAXABLE BENEFITS: \_\_\_\_\_  
 PRIOR YEAR: \_\_\_\_\_

SEVERANCE:  
 NONQUALIFIED PLAN:  
 EQUITY BASED:  
 RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:  
 COMPENSATION ATTRIBUTABLE  
 TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

**INCOME ALLOCATION**

**PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAM SERVICE: \_\_\_\_\_  
 MANAGEMENT & GENERAL: \_\_\_\_\_  
 FUNDRAISING: \_\_\_\_\_

NET INVESTMENT: \_\_\_\_\_  
 ADJUSTED NET: \_\_\_\_\_  
 CHARITABLE PURPOSE: \_\_\_\_\_

FIRST: \_\_\_\_\_  
 SECOND: \_\_\_\_\_  
 THIRD: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

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

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

**CONTRIBUTIONS**

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

**OTHER INFORMATION****NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		MISCELLANEOUS ITEMS			

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

# CONTRIBUTOR INFORMATION

**GENERAL INFORMATION**

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

## OTHER INFORMATION

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

NAME: KASA DELIVERY LLC

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

INDIVIDUAL

ADDRESS 905 PARK AVE

NO

CITY, STATE ZIP CODE: MINNEAPOLIS, MN 55404

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

## CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

DISREGARD ON SCH B?

NO

PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

## SCHEDULE A

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

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

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

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

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

NAME: BOOZ ALLEN FOUNDATION

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

INDIVIDUAL

ADDRESS 901 15TH STREET NW

NO

CITY, STATE ZIP CODE: WASHINGTON, DC 20005

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

## CONTRIBUTIONS

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

## OTHER INFORMATION

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

NAME:  
E-FILING TYPE: INDIVIDUAL  
ADDRESS

## SCHEDULE A

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

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

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

CHARITABLE CONTRIB? NO  
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

## OTHER INFORMATION

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

NAME: THE TJX FOUNDATION INC

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

INDIVIDUAL

ADDRESS 770 COCHITUATE ROAD

NO

CITY, STATE ZIP CODE: FRAMINGHAM, MA 01701

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

## CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

DISREGARD ON SCH B?

NO

PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

## SCHEDULE A

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

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

**CONTRIBUTIONS**

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

**OTHER INFORMATION****NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		STORE SALES			

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
 FUNDRAISING PORTION:  
 TYPE: PERSON

## OTHER INFORMATION

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

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

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

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

**CONTRIBUTIONS**

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

**OTHER INFORMATION**

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

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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

**SCHEDULE A**

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

59-3007298

# CONTRIBUTOR INFORMATION

## GENERAL INFORMATION

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

## CONTRIBUTIONS

CASH CONTRIBUTION:  
FUNDRAISING PORTION:  
TYPE: PERSON

## OTHER INFORMATION

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

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

## TRANSFER INFORMATION

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

## SCHEDULE A

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

Description **STORE SALES**

Name

**HABITAT FOR HUMANITY**

Taxpayer Identification Number

**59-3007298**

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

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>647,057</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>647,057</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	<u>409,495</u>
10. Fees for services	10.	<u>350</u>
11. Indirect Expense	11.	<u>88,881</u>
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	<u>64,218</u>
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>562,944</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>84,113</u>

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

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

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	<u>409,495</u>
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	<u>409,495</u>

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	<u>350</u>
<b>Total Fees for Services</b>	<u>350</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	<u>2,567</u>
Office	<u>11,144</u>
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	<u>36,229</u>
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	<u>38,941</u>
<b>Total Indirect Expense</b>	<u>88,881</u>

**Expense Details - Depreciation Expense:**

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

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	<u>3,975</u>
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	<u>60,243</u>
<b>Total Exempt Activity Expense</b>	<u>64,218</u>

**Expense Details - Fundraising Expense:**

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

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

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

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

First	
Second	
Third	
All other	<u>562,944</u>

Description **FUNDRAISING**

Name  
**HABITAT FOR HUMANITY**

Taxpayer Identification Number  
**59-3007298**

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

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>26</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>26</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. <b>Total expenses.</b> Add lines 8 through 14	15.	_____
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>26</u>

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

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

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

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

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

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

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

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

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

First	_____
Second	_____
Third	_____
All other	_____

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ <u>1,354</u>			14		
TOTAL	\$ <u><u>1,354</u></u>					

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

Description	Total Expenses	Program Service	Management General
STORE SALES	\$	\$	\$
CONTRACT LABOR	350	350	
TOTAL	<u>\$ 350</u>	<u>\$ 350</u>	<u>\$</u>

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

Description	Total Expenses	Program Service	Management General
SMALL TOOLS	\$ 7,728	\$ 7,728	\$
LICENSE AND FEES	7,546	7,546	
ADMINISTRATIVE EXPENSES	4,238		4,238
	3,975	3,975	
MISCELLANEOUS	3,644	3,644	
EQUIPMENT RENTAL	3,101	3,101	
UTILITIES	1,201	1,201	
FUEL	1,076	1,076	
BUILDING SUPPLIES	857	857	
EQUIPMENT RENTAL	752	752	
CREDIT & BACKGROUND CHECK	476	476	
REPAIRS & MAINTENANCE	115	115	
CREDIT/BACKGROUND CHECK	65	65	
TOTAL	<u>\$ 34,774</u>	<u>\$ 30,536</u>	<u>\$ 4,238</u>

**Federal Statements****Schedule A, Part III, Line 1(e)**

## Description

	Amo
DONATIONS	\$ 6
CONTRIBUTIONS AND GRANTS	1, 3
MISCELLANEOUS ITEMS	
MISCELLANEOUS ITEMS	
STORE SALES	
STORE SALES	
TOTAL	\$ 1, 9

**Schedule A, Part III, Line 2(e)**

## Description

	Amo
MORGAGE DISCOUNT AMORTIZATION	\$
SALES OF HOMES	1, 1
OTHER INCOME	
BUSINESS INTERRUPTION	1
STORE SALES	6
FUNDRAISING	
RENTAL INCOME	
TOTAL	\$ 1, 9

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

## Description

	Amo
INTEREST AND DIVIDENDS	\$
TOTAL	\$