	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	* Income Tax	OMB No. 1545-0047
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		s) 2022
Den	ortmont	of the Treasury	Do not enter social security numbers on this form as it may	be made public.	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
Α	For th			JUN 30, 2023	
Β	Check if applicat	ole: C Name of	organization	D Employer identific	ation number
	Addr	ess WACO	HABITAT FOR HUMANITY		
	Name	ge Doing bu	usiness as	75-213088	34
	Initia	Number	and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	
	Final retur	η/ Γ.Ο.	BOX 2124	254-756-7	
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,683,090.
	Amer	N WACU	, TX 76703	H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: JOHN ALEXANDER	for subordinates?	
	-	SAME .	AS C ABOVE	H(b) Are all subordinates inc	cluded? Yes No
<u> </u>	Tax-e>	empt status:			list. See instructions
_	Webs		WACOHABITAT.ORG	H(c) Group exemption	
		f organization:	X Corporation Trust Association Other L Ye	ear of formation: 1986 M	State of legal domicile: TX
Pa	art I				
ø	1		e the organization's mission or most significant activities: WACO HAB		
anc			CAL CHRISTIAN HOUSING MINISTRY THAT SE		
Governance	2	Check this bo			
20	3		ing members of the governing body (Part VI, line 1a)		<u> </u>
ళ	1 2		lependent voting members of the governing body (Part VI, line 1b)		15
Activities	5		of individuals employed in calendar year 2022 (Part V, line 2a)		933
ti	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ac	/ a		d business revenue from Part VIII, column (C), line 12		0.
	<u>۲</u>	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,323,117.	974,662.
Revenue	9		ce revenue (Part VIII, line 2g)	359,685.	598,622.
sver	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	8,243.	52,381.
å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,464.	-11,112.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,688,581.	1,614,553.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	18,000.	37,750.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	307,992.	338,359.
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b	Total fundraisi	undraising fees (Part IX, column (A), line 11e)		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	432,558.	813,257.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	758,550.	1,189,366.
	19	Revenue less	expenses. Subtract line 18 from line 12	930,031.	425,187.
Net Assets or				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	4,171,989.	4,599,246.
it As	21		(Part X, line 26)	234,335.	226,850.
			fund balances. Subtract line 21 from line 20	3,937,654.	4,372,396.
	art II				
			I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	

Sign	Signature of officer Date										
Here	JOHN ALEXANDER, EXECUTIVE	DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	NANCY A. LIVINGSTON	NANCY A. LIVINGSTON	05/13/24 self-employed P00044678								
Preparer	Firm's name JAYNES , REITMEIER	, BOYD & THERRELL, P.	C. Firm's EIN 74-2533381								
Use Only	Firm's address 5400 BOSQUE BLVD	STE 600									
	WACO, TX 76710-44	59	Phone no. (254)776-4190								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-13	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2022)								

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) WACO HABITAT FOR HUMANITY t III Statement of Program Service Accomplishments	75-2130884	Page 2
Far			X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🕰
	SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMAN	NITY BRINGS	
	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE TO		
	VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO		
	HABITAT FOR HUMANITY ADHERES TO A STRICT NON-PROSELYTIZ	ING POLICY ANI)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	prior Form 990 or 990-E2? 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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, an	d
	revenue, if any, for each program service reported. (Code:) (Expenses \$755,629including grants of \$37,750) (Rev	391 (045.)
4a	(Code:) (Expenses \$/55,629. including grants of \$37,750.) (Rev HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLAC		/
		TAT HOUSES ARE	
	MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER		
	BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE CO	OSTS AFFORDABI	LE.
	BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOW	NERS, EMPLOYIN	NG
	EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST,		<u> </u>
	CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NON-		
	ZERO-INTEREST LOANS, WHFH MAKES ITS HOUSES AFFORDABLE FOR		
	FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS C		
	CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS, ENCOURAGE SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW T		<u></u>
	STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT		
4b	(Code:) (Expenses \$ 44,273 including grants of \$) (Rev		517 .)
	CRITICAL HOME REPAIR AND WHEELCHAIR RAMP PROGRAM: WHFH		/
	CRITICAL HOME REPAIRS FOR LOW-INCOME HOMEOWNERS. IN ADD	DITION, WHFH	
		THE PERIOD OF	
	JULY 2022 THROUGH JUNE 2023, WHFH COMPLETED 2 CRITICAL		
	60 WHEELCHAIR RAMPS. TOTAL REPAIR AND WHEELCHAIR RAMP P	ROJECTS FOR AI	<u> </u>
	YEARS IS 502.		
4c		venue \$)
	FINANCIAL AND HOMEBUYER EDUCATION PROGRAMS: AS PART OF		
	HOMEOWNERSHIP PROCESS, WE BELIEVE FINANCIAL EDUCATION BE SOLID FOUNDATION FOR LONG-TERM PERSONAL SUCCESS AND HELE		N NT3Z
		ING THESE	-11N I
	FINANCIAL EDUCATION CLASSES, WE COVER TOPICS SUCH AS BU		<u>ר</u> יד
	CARDS AND CREDIT REPORTS; DEBT AND LOANS; SAVING, INVES	•	
	PLANNING FOR THE FUTURE; EMERGENCY SITUATIONS; AND HABI		
	MORTGAGES. A MORE IN-DEPTH UNDERSTANDING OF THESE IMPO	RTANT CONCEPTS	5
	IS A TOOL THAT CAN BE USED TO BUILD A BETTER FUTURE.		
<u> </u>			
4d	Other program services (Describe on Schedule O.)	ι.	
<u>م</u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 899,045.)	
-10		 Form 9	90 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION (,

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

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WACO HABITAT FOR HUMANITY 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? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		X						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	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?									
	any tax-exempt bonds?									
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
25a	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		X						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If									
	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete									
	Schedule N, Part II	32		X						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37										
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x							
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I						
	Check if Schedule O contains a response or pote to any line in this Part V									
	Check in Schedule O contains a response of note to any line in this Part V	<u></u>	Vaa							
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a22Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	_								
U U										

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2022) WACO HABITAT FOR HUMANITY 75-2130	884	Р	_{age} 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 18	2b	Х							
b										
3a										
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	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)?									
d	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).	F -		x						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50								
Ua		6a		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua								
D.		6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.) [11b]	10-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	104								
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									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	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?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

	Form	990	(2022))
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WACO HABITAT FOR HUMANITY

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

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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. X

Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	:	15						
	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	5									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	Γ						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form				4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		[5		Х			
6	Did the organization have members or stockholders?			Г	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			Ξ						
	more members of the governing body?			. L	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?			. L	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:							
а	The governing body?			. L	8a	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)							
				-		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	s, affiliates,							
				··· F	10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	- F	11a		Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a					12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			-	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	, -				37				
	on Schedule O how this was done			· -	12c	X				
13	Did the organization have a written whistleblower policy?			··	13	X				
14	Did the organization have a written document retention and destruction policy?			·· -	14	Х				
15	Did the process for determining compensation of the following persons include a review and approv		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	Х				
	The organization's CEO, Executive Director, or top management official				15a	X				
D	Other officers or key employees of the organization			·· -	15b	Λ				
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	vith a							
108	to a file of the during the second			- 1	16-		х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			۰F	16a		21			
D		-	-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?				16b					
Sec	exempt status with respect to such arrangements?			··	100					
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (section 501(c)	(3)s (only) a	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.			. ,	.,.					
	X Own website Another's website X Upon request Other (explai	in on Si	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		/	and	financ	cial				
	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 bo	oks an	d records							
	WACO HABITAT FOR HUMANITY - 254 756-7575									
	220 N 11TH ST, WACO, TX 76701									

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	(do not check more than or				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	nan	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	and related
	below	dual t	itiona		nploy	st cor yee	-			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ei gamzanene
(1) JOHN ALEXANDER	40.00		_	-			-			
EXECUTIVE DIRECTOR		1		x				80,339.	Ο.	7,150.
(2) JUSTUS LINDSEY	2.00									
PRESIDENT		x		x				0.	Ο.	0.
(3) CHARLES MCDANIEL	2.00									
VICE PRESIDENT		Х		X				0.	Ο.	0.
(4) DIANE MASON	2.00									
SECRETARY		Х		X				0.	Ο.	0.
(5) DIANA WARD	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) JAY BRYNGELSON	2.00									
DIRECTOR		Х						0.	0.	0.
(7) LISA LISTACH-CARTER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) TONY CHAFFIN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LARRY CUFFEE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) KELLI DISERENS	2.00									
DIRECTOR		Х						0.	0.	0.
(11) CHRISTY DOBRANSKI	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JENNIFER EVANS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JESSICA GATES	2.00									
DIRECTOR		Х						0.	0.	0.
(14) GRAYSON MEEK	2.00									
DIRECTOR		Х						0.	0.	0.
(15) AL SIDDIQ	2.00									
DIRECTOR		Х						0.	0.	0.
		l								

Form 990 (2022) WACO HAB									75-213	0884	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									, ,		
nours per t			age Position (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated ount of other
	(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensation om the anization I related nizations
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former				
1b Subtotal c Total from continuation sheets to Part VI								80,339.	0		7,150. 0.
d Total (add lines 1b and 1c)			<u></u>					80,339.	0		7,150.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization											Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										3	X
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a										F	X
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	<u>ə J to</u>	or su	ich <u>r</u>	berse	on .				5	
1 Complete this table for your five highest co the organization. Report compensation for										sation fro	m
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C Comper	
							_				
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	•	ot lin	nitec	to	thos 0		ted	above) who received mo	ore than		

						AT	FOR HUMA	NITY		75-2130	884 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any li		(2)	(<u>)</u>	(5)
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, G		с	Fundraising events		1c		86,860.				
Gift: lar /		d	Related organizations		1d			_			
ns, (imi		е	Government grants (contr	ributi	ons) 1e		140,605.	_			
tior er S		f	All other contributions, gifts,	-							
Dthe			similar amounts not included				747,197. 77,234.	-			
onti nd (-	Noncash contributions included in			\$	//,234.				
<u>o</u> e		h	Total. Add lines 1a-1f				Business Code	974,662.			
		_	HOME SALES				531390	299,000.	299,000.		
rice	2		NET RESTORE I	NC	OME		459510	212,960.	299,000.		212,960.
serv ue		b	MORTGAGE DISC				522292	78,387.	78,387.		212,900.
m S ven		с А	NRI- REPAIRS			PS	811000	4,617.	4,617.		
Program Service Revenue		u e	OTHER PROGRAM				531390	3,658.	3,658.		
Pro		f	All other program service						5,0001		
			Total. Add lines 2a-2f					598,622.			
	3		Investment income (includ								
								41,106.			41,106.
	4		Income from investment of	of tax	k-exempt b	ond p	roceeds				
	5		Royalties	· · <u>. · · · · · · · · · · · · · · · · ·</u>							
					(i) Re	al	(ii) Personal	_			
	6		Gross rents	6a				_			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
	-		Net rental income or (loss	6) <u></u>	(i) Secur		(ii) Other				
	'	а	Gross amount from sales of assets other than inventory	7-		nies	55,500.	-			
		h	Less: cost or other basis	7a			33,300.	-			
е		~	and sales expenses	7b	1,8	48.	42,377.				
evenue		с	Gain or (loss)	7c							
Rev			Net gain or (loss)					11,275.			11,275.
Other Re	8		Gross income from fundraisi								
Oth			including \$ 86	5,8	60. of						
			contributions reported on	line	1c). See						
			Part IV, line 18				13,200.				
			Less: direct expenses				24,312.				11 110
	_		Net income or (loss) from					-11,112.			-11,112.
	9	а	Gross income from gamin								
		I -	Part IV, line 19					-			
			Less: direct expenses								
	10		Gross sales of inventory, I	-	-	<u> </u>	 				
		ŭ	and allowances			10a					
		b	Less: cost of goods sold					-			
			Net income or (loss) from			-					
							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
Seve		С									
Mis			All other revenue					1			
			Total. Add lines 11a-11d					1,614,553.	395 662	0	254,229.
	12		Total revenue. See instruction	ons				ц, 014, 000.	1 303,004.	ı U.	434,447.

Check here

13

14

15

16

17

18

19 20

21

22

23

24

а

b

С

25

26

Interest

Insurance

Office expenses

Information technology Royalties

Occupancy _____

Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

MORTGAGE DISCOUNT

d HOME REPAIRS & RAMPS

MISCELLANEOUS

e All other expenses

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.)

HOUSE CONSTRUCTION (& RE

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

		r for humanii	Y	75-2						
Pa	rt IX Statement of Functional Expense	es								
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp		U	nplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,750.	37,750.							
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	91,509.	48,271.	34,654.						
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
	persons described in section 4958(c)(3)(B)	100 774	00 502	71 400						
7	Other salaries and wages	188,774.	99,583.	71,498.						
8	Pension plan accruals and contributions (include	7 507	3,534.	3,185.						
9	section 401(k) and 403(b) employer contributions) Other employee benefits	7,507. 28,675.	19,311.	9,364.						
9 10	Payroll taxes	21,894.	11,064.	9,037.						
11	Fees for services (nonemployees):	21/0510	11,0010	5,05,0						
a	Management									
b										
	Accounting	47,692.	790.	46,902.						
d										
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	921.		921.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch O.)	4.455								
12	Advertising and promotion	1,159.	114.	1,000.						

25,424.

12,839.

26,852.

13,858.

3,284.

26,294.

19,955.

373,749.

138,595.

69,818.

44,083.

1,189,366.

8,734.

11,155.

12,301.

12,954.

1,498.

17,229.

373,749.

138,595.

43,048.

44,083.

899,045.

8,734.

6,552.

8,730.

5,887.

3,554.

13,591.

1,316.

7,342.

12,961.

25,635.

904.

(D) Fundraising expenses

8,584.

17,693.

1,793.

788.

45.

555.

960.

470.

1,723.

1,135.

442.

8,382.

247,751.	42,570.

Form 990 (2022)

Pa	TX Balance Sneet								
		Check if Schedule O contains a response or note to any line in this Part X							
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	1,059,031.	1	1,888,817.				
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net	500,000.	3	0.				
	4	Accounts receivable, net		4					
	5	Loans and other receivables from any current or former officer, director,							
		trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of these persons		5					
	6	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6					
s	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8					
As	9	Prepaid expenses and deferred charges	4,298.	9	0.				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10a 1,834,181.							
	b	Less: accumulated depreciation 10b 686,983.	1,090,470.	10c	1,147,198.				
	11	Investments - publicly traded securities		11					
	12	Investments - other securities. See Part IV, line 11		12					
	13	Investments - program-related. See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	1,518,190.	15	1,563,231.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,171,989.	16	4,599,246.				
	17	Accounts payable and accrued expenses		17					
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21					
ŝ	22	Loans and other payables to any current or former officer, director,							
litie		trustee, key employee, creator or founder, substantial contributor, or 35%							
Liabilities		controlled entity or family member of any of these persons		22					
	23	Secured mortgages and notes payable to unrelated third parties	155,455.	23	151,995.				
	24	Unsecured notes and loans payable to unrelated third parties		24					
	25	Other liabilities (including federal income tax, payables to related third							
		parties, and other liabilities not included on lines 17-24). Complete Part X							
		of Schedule D	78,880.	25	74,855.				
	26	Total liabilities. Add lines 17 through 25	234,335.	26	226,850.				
		Organizations that follow FASB ASC 958, check here							
ces		and complete lines 27, 28, 32, and 33.							
an	27	Net assets without donor restrictions	3,937,654.	27	4,372,396.				
or Fund Balances	28	Net assets with donor restrictions		28					
pur		Organizations that do not follow FASB ASC 958, check here							
ц		and complete lines 29 through 33.							
S O	29	Capital stock or trust principal, or current funds		29					
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds		31					
Net	32	Total net assets or fund balances	3,937,654.	32	4,372,396.				
	33	Total liabilities and net assets/fund balances	4,171,989.	33	4,599,246.				

Form **990** (2022)

Part X | Balance Sheet

Form	000	0000
FUIII	990	(2022

	1 990 (2022) WACO HABITAT FOR HUMANITY	75-21	30884	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,614		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,189		
3	Revenue less expenses. Subtract line 2 from line 1	3	425		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,937		
5	Net unrealized gains (losses) on investments	5	9	, 55	<u>55.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,372	, 39	<u> 96.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	
--------------------------	--

Nan	ame of the organization Employer identification number											
D -		_	WACO	HABITAT FO	OR HUMANITY				7	5-2130884		
Pa	rt		Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	org	aniz	ation is not a private found	ation 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 secti	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		_ /	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		_ /	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
			city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
			section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6			A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).				
7	X],	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in		
			section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8			A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	t II.)						
9			An agricultural research org	anization described i	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a	land-grant	college		
		(or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	and state of	the college	or		
		ι	university:									
10			An organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from		
		á	activities related to its exem	npt functions, subject	to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment		
		i	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.		
		5	See section 509(a)(2). (Cor	mplete Part III.)								
11			An organization organized a	and operated exclusiv	vely to test for public sat	fety. See	section 50	9(a)(4).				
12			An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or		
		r	more publicly supported or	ganizations described	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on		
		I	lines 12a through 12d that o	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а			Type I. A supporting orga	nization operated, su	pervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving		
			the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting		
			organization. You must c	omplete Part IV, Se	ctions A and B.							
b			Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing		
			control or management o	f the supporting orga	inization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported		
			organization(s). You mus	t complete Part IV, S	Sections A and C.							
с			Type III functionally inte	grated. A supporting	organization operated	in connect	ion with, a	nd functional	ly integrate	d with,		
			its supported organizatior	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d			Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)		
			that is not functionally inte	egrated. The organization	ation generally must sati	isfy a distri	ibution req	uirement and	an attentiv	reness		
			requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D,	and Part	۷.				
е			Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III			
			functionally integrated, or	Type III non-function	ally integrated supportin	ng organiz	ation.					
f	Е	nter	the number of supported of	organizations								
g	Ρ		de the following information	about the supported		(iv) to the error	pization listed					
		(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other		
			organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota	nl											

WACO HABITAT FOR HUMANITY

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 faile to qualify under the total listed below, please complete Part III.)

fails to qualify under the tests listed below, please complete Part III.)

Sec										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	383,310.	738,864.	798,253.	1323117.	974,662.	4218206.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	383,310.	738,864.	798,253.	1323117.	974,662.	4218206.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						984,534.			
6	Public support. Subtract line 5 from line 4.						3233672.			
	ction B. Total Support				•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	383,310.	738,864.	798,253.	1323117.	974,662.	4218206.			
	Gross income from interest,					,				
•	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,254.	1,520.	4,329.	5,357.	41,160.	53,620.			
9	Net income from unrelated business		_,	_,		,,				
5	activities, whether or not the									
	business is regularly carried on	132 431	132,975.	178 549.	144,479.	212,960.	801,394.			
10	Other income. Do not include gain	102/1010	10270700	1/0/0100		212,5000	001/0010			
10	or loss from the sale of capital									
	•		2,188.	5,780.			7,968.			
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		2,100:	5,700.			5081188.			
			(ma)			12 1	,643,764.			
12	Gross receipts from related activities,	,	,				,015,701.			
13	First 5 years. If the Form 990 is for the	-		-						
Sec	organization, check this box and stor ction C. Computation of Publi						·····			
				aluman (f))		44	63.64 %			
	Public support percentage for 2022 (I		•			14 15				
15	Public support percentage from 2021						<u>%</u>			
108	33 1/3% support test - 2022. If the other have The experimentiate multilized						V			
l.	stop here. The organization qualifies		-							
D	33 1/3% support test - 2021. If the c	-								
47-	and stop here. The organization qual									
1/a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact			-		-				
	meets the facts-and-circumstances te	-		• • • •	-	7				
b	10% -facts-and-circumstances test	-					IU% Or			
	more, and if the organization meets th									
	organization meets the facts-and-circu				• •					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2022

20	Privat

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<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the upon						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support	<u> </u>					
	• •	(-) 0010	(1-) 0010	(=) 0000	(4) 0001	(1) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		l	L	· · ·		
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	tourth, or fifth tax	year as a section 5	bU1(c)(3) organi	zation,
0		- 0					
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

WACO HABITAT FOR HUMANITY

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support

Schedule A (Form 990) 2022

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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1

2

No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

SUDEIVISEL		The supporting of	yanizalion.
Section C. T	ype II Suppo	orting Organ	ižations

Schedule A (F

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 the supported organization(s).

Section D	. All Type	II Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

chedule A (Form Part V Type	990) 2022 WACO HABITAT FOR HU e III Non-Functionally Integrated 509(a)(3) Sup			75-2130884 Pac
	here if the organization satisfied the Integral Part Test as a			Part VI). See instruction
All oth	er Type III non-functionally integrated supporting organizatio	ons must complete	Sections A through E.	T
ection A - Adjus	ted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	m capital gain	1		(optional)
	f prior-year distributions	2		
	income (see instructions)	3		
4 Add lines 1 t		4		
	and depletion	5		
	perating expenses paid or incurred for production or			
•	gross income or for management, conservation, or			
	e of property held for production of income (see instructions)	6		
	ses (see instructions)	7		
	et Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minim	um Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	ir market value of all non-exempt-use assets (see			
instructions	for short tax year or assets held for part of year):			
a Average mo	nthly value of securities	1a		
b Average mor	nthly cash balances	1b		
c Fair market	value of other non-exempt-use assets	1c		
d Total (add lin	nes 1a, 1b, and 1c)	1d		
e Discount cla	aimed for blockage or other factors			
(explain in de	etail in Part VI):			
2 Acquisition i	ndebtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d.	3		
4 Cash deeme	d held for exempt use. Enter 0.015 of line 3 (for greater amo	unt,		
see instructi	ons).	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	f prior-year distributions	7		
8 Minimum A	sset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

instructions).

Schedule A (Form 990) 2022

_	edule A (Form 990) 2022 WACO HABITAT		·		5-213088 <mark>4</mark> Ра
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contine	ued)	
Sect	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
<u>6</u> -	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	ne organization is responsive			
~	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	(:)	(::)	10	(:::)
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
С			1		
<u>с</u> 5	Remaining underdistributions for years prior to 2022, if			I	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
	any. Subtract lines 3g and 4a from line 2. For result greater				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022 Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 WAC	O HABITAT FOR HUMANITY	75-2130884 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	Provide the explanations required by Part II, line 10; Part I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, art V, Section E, lines 2, 5, and 6. Also complete this part for	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

75-2130884

WACO HABITAT FOR HUMANITY Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)



6

	B (Form 990) (2022) rganization	Emp	Pag loyer identification numbe
Name of o	rganzation		-
	HABITAT FOR HUMANITY		5-2130884
Part I	Contributors (see instructions). Use duplicate copies of Part I if	1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$55,892.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

X

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Person Payroll

Noncash

9,520.

\$

Schedule B	(Form	990)	(2022)
------------	-------	------	--------

WACO HABITAT FOR HUMANITY

Name of organization

Employer identification number

75-2130884

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 14,570. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 49,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 5,300. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 34,653. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 11,100. Noncash \$ (Complete Part II for noncash contributions.)

Page **2**

223452 11-15-22

Name of c	rganizatio	n	

Schedule B (Form 990) (2022)

Employer identification number

Schedule B (Form 990) (2022)

75-2130884

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 Person Payroll 7,160. Noncash Χ \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 Person Payroll <u>5,85</u>0. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 7,283. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

WACO HABITAT FOR HUMANITY

223452 11-15-22

	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$315,284.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>68,500.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
22 (a) No.	(b) Name, address, and ZIP + 4	\$ <u>68,500.</u> (c) Total contributions	Payroll Noncash X (Complete Part II for
(a)		(c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d)
(a)		(c) Total contributions	Payroll Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(b)

Name of organization

WACO HABITAT FOR HUMANITY

Schedule B (Form 990) (2022)

Part I

(a)

Employer identification number

(d)

75-2130884

(c)

Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
		,	<u> </u>

Name of organization

Employer identification number

75-2130884

WACO HABITAT FOR HUMANITY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	PAINT		
		\$7,160.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	TWO CUSTOM ENGRAVED BOULDER SIGNS,STONE DISPENSERS		
		\$ <u>5,850.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	2 VACANT LOTS		
		\$ 68,500.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		⊅	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			1

Schedule	B (Form 990) (2022)		Page 4			
Name of o	organization		Employer identification number			
WACO	HABITAT FOR HUMANITY		75-2130884			
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line entry. charitable, etc., contributions of \$1.000 or les	For organizations s for the year. (Enter this info, once.) \$			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(a) Transfor of sife				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(a) Transfer of eith				
	Tropoforacia nomo addresa a	(e) Transfer of gift	Polotionship of transform to transform			
	Transferee's name, address, a	nu ZIP + 4	Relationship of transferor to transferee			

	HEDULE D n 990)		al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0047
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				Open to Public
	ment of the Treasury I Revenue Service	0 for instructions and the latest information.		Inspection	
Nam	e of the organizati		r identification number		
Pa	t I Organiza	WACO HABITAT FOR HI ations Maintaining Donor Advise	d Funds or Other Similar Funds or A		
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		•
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fur		
			exclusive legal control?		Yes No
6	0	0	dvisors in writing that grant funds can be used	,	
			r donor advisor, or for any other purpose confer	•	
Pa	impermissible priv				Yes No
1		servation easements held by the organization	ganization answered "Yes" on Form 990, Part IV	, line 7.	
0	Protection of Preservation	n of land for public use (for example, recrea of natural habitat n of open space through 2d if the organization hold a quali	Preservation of a cer	tified historic	structure
2	day of the tax yea	e e .	ied conservation contribution in the form of a co		at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	-			2b	
С			ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
-				2d	
3	Number of conser year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orgar	lization during	g the tax
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	,	forcement of the conservation easements it			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easements	s during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements dur	ing the year
8	Does each conser and section 170(h		e satisfy the requirements of section 170(h)(4)(E		Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial statements th	at describes	the
_		counting for conservation easements.		<u>.</u>	
Pa		•	Art, Historical Treasures, or Other S	Similar Ass	sets.
		f the organization answered "Yes" on Form			
1 a	0	· •	8, not to report in its revenue statement and ba		
	of art. historical tre	easures, or other similar assets held for pub	blic exhibition, education, or research in furthera	nce of public	

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232051	1 09-01-22

provide the following amounts relating to these items:

2

b

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

\$

Sche		BITAT FOR H					<u>75-21</u>			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	[·] Othe	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o						_	_		-
D	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•				_	٦		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					A.m.o.un		
								Amoun	t	
	Beginning balance									
a	Additions during the year									
e 4	Distributions during the year					<u>1e</u> 1f				
	Ending balance Did the organization include an amount on Fe					·· L		Yes		No
	If "Yes," explain the arrangement in Part XIII.					iity?	····· L]
Par						10				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three	/ears back	(e) Four	vears	back
1a	Beginning of year balance	122,371.	137,126.		5,887.		.06,320.		,	
b	Contributions	,	,		, .		, .		106,	320.
	Net investment earnings, gains, and losses	12,071.	-13,716.	30	,239.		567.		,	
	Grants or scholarships	,	,		,					
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	921.	1,039.							
g	End of year balance	133,521.	122,371.	137	,126.	1	.06,887.		106,	320.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administer	ed for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990,						
	Description of property	(a) Cost or ot basis (investm	. ,	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	Э
1a	Land			5,251.					5,2	
	Buildings		1,36	0,088.		519,8	39.	84	0,24	49.
	Leasehold improvements									
	Equipment		21	8,842.		167,1	44.	5	1,6	98.
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(. column (B), line 1	0c.)				1,14	7,1	98.

Schedule D (Form 990) 2022

Part VI	I Investments -	Other Sec	urities.		
Schedule	D (Form 990) 2022	WACO	HABITAT	FOR	HUMANITY

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) MORTGAGES, LESS DISCOUNTS			836,672
(1) HOMES UNDER CONSTRUCTION			434,548
(3) VACANT LOTS			67,298
	FTC HELD BV		133,521
		WACO FOUNDATION	74,152
			17,040
			17,040
(7)			
(8)			
	45)		1,563,231
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		1,303,231
Complete if the organization answered "Yes" o	n Form 000 Part IV line	110 or 11f Soc Form 000 Part X line 25	
			. (b) Book value
(1) Federal income taxes			6,213
(2) SALES TAX PAYABLE			68,642
(3) OTHER PAYABLES			00,042
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			= 4 0==
Total. (Column (b) must equal Form 990, Part X, col. (B) line	05)		74,855

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 WACO HABITAT FOR HUMANITY			75-2	2130884	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With F	Revenue per Re			U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,647,	499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	9,555.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	24,312.			
е	Add lines 2a through 2d			2e	33,	867.
3	Subtract line 2e from line 1			3	1,613,	632.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	921.			
с	Add lines 4a and 4b			4c		921.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,614,	,553.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,212,	,757 .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	24,312.			
е	Add lines 2a through 2d			2e		312.
3	Subtract line 2e from line 1			3	1,188,	, <u>445.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	921.			
с	Add lines 4a and 4b			4c		921.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,189,	366.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

WACO HABITAT FOR HUMANITY HAS BEEN GRANTED EXEMPTIONS FROM FEDERAL INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO
PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS.
THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
ADDRESS THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO
BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.
UNDER THAT GUIDANCE, WHFH MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN
TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL
BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL
MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT
STATUS OF WHFH AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF
232054 09-01-22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WACO HABITAT FOR HUMANITY Part XIII Supplemental Information (continued)	75-2130884 Page 5
UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNI	
FINANCIAL STATEMENTS FROM A TAX POSITION ARE MEASURED BASEI	O ON THE LARGEST
BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REA	ALIZED UPON
ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFIT	TS IDENTIFIED OR
RECORDED AS LIABILITIES FOR FISCAL YEARS 2023 AND 2022. THE	E PREVIOUS THREE
YEARS REMAIN SUBJECT TO EXAMINATION BY TAX JURISDICTIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
F/R EXPENSES NETTED AGAINST F/R INCOME	24,312.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES NETTED AGAINST INCOME	921.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
F/R EXPENSES NETTED AGAINST F/R INCOME	24,312.
	<u>.</u>
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
· · · · ·	0.2.1
INVESTMENT FEES NETTED AGAINST INCOME	921.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OM	B No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the		2022			
Department of the Treasury Internal Revenue Service	_	Attach to Form 990							pen to Public spection			
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.	Employer		ification number			
Nume of the organization	WACO HABITAT FOR HUMANITY 75-2130884											
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid o (or retained by) organization			
			Yes	No								
Total												
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (exempt fron	n regis	tration			

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Schedule G (Form 990) 2022

WACO HABITAT FOR HUMANITY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 HARVEST DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a l			(event type)	(event type)	(total number)	- col. (c))
Hevenue	1	Gross receipts	100,060.			100,060
	2	Less: Contributions	86,860.			86,860
	3	Gross income (line 1 minus line 2)	13,200.			13,200
	4	Cash prizes				
2	5	Noncash prizes				
berise	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	24,019.			24,019
ٳ	8	Entertainment				293
	9 10	Other direct expenses		•		293
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				-11,112
_	rt I				or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
1			(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Ľ				bingo/progressive bing		col. (a) through col. (c
hevenue	1	Gross revenue				
GC	2	Cash prizes				
DIrect Expenses	3	Noncash prizes				
nrect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes No	% 🛄 Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
	-					
		er the state(s) in which the organization condu he organization licensed to conduct gaming a		states?		Yes N
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			ax year?	Yes N

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Scł	Schedule G (Form 990) 2022 WACO HABITAT FOR HUMANITY	75-2130884	Page 3
11	11 Does the organization conduct gaming activities with nonmembers?	Yes	No
	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership		
	to administer charitable gaming?	Yes	No No
13	13 Indicate the percentage of gaming activity conducted in:		
i	a The organization's facility	13a	%
	b An outside facility		%
	14 Enter the name and address of the person who prepares the organization's gaming/special		
	Name		
	Address		
15	15a Does the organization have a contract with a third party from whom the organization receiv	es gaming revenue? Yes	No No
I	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount	
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	16 Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contracto	r	
17	17 Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gamir		
	retain the state gaming license?	Yes	No No
I	b Enter the amount of distributions required under state law to be distributed to other exemp	t organizations or spent in the	
_	organization's own exempt activities during the tax year \$		
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, lin		b, 10 b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See	nstructions.	

Part IV Supplem	ental Information (continued)		

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.						OMB No. 1545-0047 2022 Open to Public Instrumentation		
								Inspection	
							Employer identification number $75-2130884$		
Part I General Info									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
Part II Grants and C	Other Assistance to	Domestic Organi	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and addre								(h) Purpose of grant or assistance	
HABITAT FOR HUMANIT 121 HABITAT STREET ATLANTA, GA 31709	Y INTERNATIONAL	91-1914868	501(C)(3)	37,750.	0.			FUND CONSTRUCTION OF 2 HOMES IN NICARAGUA AND 6 HOMES IN EL SALVADOR	
2 Enter total number	of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table			•	1.	

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

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

Schedule I (Form 990) 2022

WACO HABITAT FOR HUMANITY Schedule I (Form 990) 2022 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

Part III

THESE FUNDS ARE GIFTS TO HABITAT FOR HUMANITY INTERNATIONAL (HFHI), WHICH

IS THE PARENT ORGANIZATION TO WACO HFH. WACO HFH HAS A GROUP EXEMPTION

UNDER THE 501(C)(3) STATUS OF HFHI. THE FUNDS ARE GIVEN TO HFHI TO BUILD

HOMES FOR LOW INCOME FAMILIES IN EL SALVADOR AND NICARAGUA.

Page 2

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

20

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.		
Attach to Earm 000		
Allach to Form 990.		

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

Nam	e of the organization					Employer ident	tificatio	n nun	nber
	WACO HABITAT	FOR H	UMANITY			75-2	1308	384	
Pa	rt I Types of Property					<u> </u>			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	(d) Method of de noncash contribu	etermini		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
14	Augulified conservation contribution - Other								
15	Real estate - Residential								
16 17	Real estate - Commercial	x	2	68 5	00 FM	IV-2 LOTS			
17 10	Real estate - Other			00,5	00.11				
18	Collectibles								
19 00	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	x	25	1/1	12 00				
25	Other (<u>FUNDRAISING GIF</u>) Other (<u>BLDG MATERIALS</u>)	X	6	<u> </u>	12.CC	21 21			
26	· /		0	0,1	<u>34.</u> CU	51			
27	Other ()								
28	Other ()	L		<u> </u>					
29	Number of Forms 8283 received by the organiz	-	•						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 2	9				
								Yes	No
30a	During the year, did the organization receive by					3, that it			
	must hold for at least 3 years from the date of		ntribution, and wh	ich isn't required to be	e used for				77
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					\$?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell no	ncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

describe in Part II.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



75-2130884

WACO HABITAT FOR HUMANITY

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

HOUSE IN A DECENT COMMUNITY AT AN AFFORDABLE COST WITH ZERO-INTEREST

LOANS TO LOW-INCOME FAMILIES.

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

WILL NOT OFFER ASSISTANCE ON THE EXPRESSED OR IMPLIED CONDITION THAT

PEOPLE MUST ADHERE TO OR CONVERT TO A PARTICULAR FAITH OR LISTEN AND

RESPOND TO MESSAGING DESIGNED TO INDUCE CONVERSION TO A PARTICULAR

FAITH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHEN A HOME FOSTERS ---- INSTEAD OF HINDERS ---- HEALTH AND SAFETY,

FAMILIES CAN FLOURISH. OWNING AN AFFORDABLE HOME ALSO ALLOWS

HOMEOWNERS TO LIFT UP THEIR ENTIRE FAMILY BY SAVING FOR THEIR FUTURES

AND INVESTING IN EDUCATIONAL OPPORTUNITIES, BOLSTERING JOB

OPPORTUNITIES AND CAREER GROWTH. DURING FISCAL YEAR 2022-2023, WHFH

BUILT AND SOLD 3 NEW HOMES THROUGH ITS LONG-TERM HOMEOWNERSHIP PROGRAM.

TOTAL HOMES BUILT AND SOLD OVER ALL YEARS IS 182. IN ADDITION, WHFH

CONTRIBUTED \$37,750 TO BUILD 6 HOMES IN EL SALVADOR AND 2 HOMES IN

NICARAGUA.

PROVIDING ZERO-INTEREST MORTGAGES TO LOW-INCOME FAMILIES: WHFH SELLS

HOMES AT COST THROUGH ZERO-INTEREST MORTGAGES MAKING HOMEOWNERSHIP

POSSIBLE FOR VERY LOW-INCOME FAMILIES. AS OF JUNE 20, 2023, WHFH HAD

97 ACTIVE MORTGAGES.

THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM WITH INFORMATION PROVIDED BY THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, AND BOARD TREASURER. THE BOARD EXCUTIVE COMMITTEE AND EXECUTIVE DIRECTOR REVIEW THE INFORMATION PROVIDED TO THE PREPARER BEFORE THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS INCLUDED AS A PART OF THE PERSONNEL MANUAL WHICH IS DISTRIBUTED TO EVERY EMPLOYEE. IT IS ALSO INCLUDED IN THE BOARD OF DIRECTORS' PACKET. THE POLICY IS REVIEWED BY THE STAFF AND BOARD ON AN ANNUAL BASIS AND APPLIES TO ALL STAFF AND BOARD MEMBERS. IF A CONFLICT OF INTEREST EXISTS WITH ANY STAFF MEMBER (OTHER THAN THE EXECUTIVE DIRECTOR) IT WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST EXISTS WITH ANY BOARD MEMBER OR THE EXECUTIVE DIRECTOR, IT WILL BE REVIEWED BY THE BOARD. IF ANYONE HAS A CONFLICT OF INTEREST REGARDING A TRANSACTION, THEY ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS REGARDING THE TRANSACTION. THE EXECUTIVE DIRECTOR MONITORS TRANSACTIONS SO THAT NO UNDISCLOSED CONFLICTS OF INTEREST ARISE THROUGHOUT THE YEAR.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD REGARDING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, WHICH IS SUBJECT TO APPROVAL BY THE FULL BOARD.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
232212 10-28-22
Schedule O (Form 990) 2022

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST AT ITS OFFICE

AT 220 N 11TH STREET, WACO, TX, AS WELL AS A PUBLIC DISCLOSURE COPY

AVAILABLE ON ITS WEBSITE.

FORM 990, PART XI, LINE 2C: ANY CHANGE IN PROCESS OF OVERSIGHT FOR AUDIT NO CHANGE WAS MADE TO THE PROCESS.

FORM 990, SCHEDULE O ADDITIONAL INFORMATION

WACO HABITAT FOR HUMANITY IS COMMITTED TO EFFICIENCY AND TRANSPARENCY.

WE COMMUNICATE WITH OUR SUPPORTERS, DONORS AND PROSPECTIVE DONORS BY

EMAIL, POSTAL MAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST

CONTRIBUTIONS TO OUR CAUSE AND TO EDUCATE THE PUBLIC ABOUT WHFH'S

YEAR-ROUND PROGRAMS, VOLUNTEER OPPORTUNITIES, AND OTHER EVENTS IN LOCAL

COMMUNITIES AND AROUND THE WORLD. THESE EFFORTS HELP ADVANCE OUR

MISSION TO PUT GOD'S LOVE INTO ACTION BY BRINGING PEOPLE TOGETHER TO

BUILD HOMES, COMMUNITIES AND HOPE. AS A NONPROFIT ORGANIZATION THAT IS

EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR DONORS' MONEY IS SPENT AS

EFFICIENTLY AND EFFECTIVELY AS POSSIBLE. ADDITIONALLY, WE HAVE CERTAIN

EXPENSES THAT CANNOT BE BILLED SEPARATELY FOR EACH FUNCTIONAL AREA.

OCCUPANCY COSTS, UTILITIES, INFORMATION TECHNOLOGY AND OTHER COSTS ARE

GROUPED TOGETHER. WE ALLOCATE THESE COSTS IN COMPLIANCE WITH GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES, OR GAAP, ACROSS THE PROGRAM, MANAGEMENT

AND GENERAL, AND FUNDRAISING CATEGORIES. FINALLY, SOME STAFF MEMBERS

HAVE RESPONSIBILITIES THAT CROSS OVER FUNCTIONAL AREAS. TO CALCULATE

THE TIME ALLOCATION, WHFH DIVIDES THE NUMBER OF HOURS SPENT ON A

PROJECT OUTSIDE OF A STAFF MEMBER'S DESIGNATED EXPENSE CATEGORY BY THE

TOTAL HOURS WORKED DURING THAT PERIOD AND ALLOCATES THAT PERCENTAGE OF

Schedule O (Form 990) 2022 Page 2						
Name of the organization WACO HABITAT FOR HUMANITY	Employer identification number 75-2130884					
COSTS TO THE APPROPRIATE EXPENSE CATEGORY.						