

Forms 990 / 990-EZ Return Summary

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

84-1091487

Greeley Area Habitat for Humanity

Net Asset / Fund Balance at Beginning of Year **8,459,338**

Revenue

Contributions	<u>13,873,072</u>
Program service revenue	<u>3,180,662</u>
Investment income	<u>44,143</u>
Capital gain / loss	<u>1,710</u>

Fundraising / Gaming:

Gross revenue	
Direct expenses	<u>9,463</u>

Net income	<u>-9,463</u>
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Other income	<u>107,060</u>
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Total revenue	<u>17,197,184</u>
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Expenses

Program services	<u>6,351,841</u>
Management and general	<u>615,524</u>
Fundraising	<u>219,028</u>

Total expenses	<u>7,186,393</u>
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Excess / (deficit)	<u>10,010,791</u>
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Changes	<u>1,183</u>
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Net Asset / Fund Balance at End of Year	<u><u>18,471,312</u></u>
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Reconciliation of Revenue

Total revenue per financial statements	<u>16,491,247</u>
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Less:

Unrealized gains	<u>1,183</u>
Donated services	<u>22,059</u>
Recoveries	
Other	<u>112,042</u>

Plus:

Investment expenses	
Other	<u>841,221</u>
Total revenue per return	<u><u>17,197,184</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>6,479,273</u>
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Less:

Donated services	<u>22,059</u>
Prior year adjustments	
Losses	
Other	<u>112,042</u>

Plus:

Investment expenses	
Other	<u>841,221</u>
Total expenses per return	<u><u>7,186,393</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>10,010,715</u>	<u>19,779,385</u>	
Liabilities	<u>1,551,377</u>	<u>1,308,073</u>	
Net assets	<u><u>8,459,338</u></u>	<u><u>18,471,312</u></u>	<u><u>10,011,974</u></u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>05/15/24</u>
Failure to file penalty	

Form 990-T Return Summary

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

84-1091487

Greeley Area Habitat for Humanity

Income & Losses (Form 990-T, Sch A)	# of Schedules <u>1</u>	
Income from all activities	<u>14,229</u>	
Losses from all activities		
Unrelated business taxable income from all trades		<u>14,229</u>
Income Adjustments (Form 990-T, Part I)		
Disallowed fringe benefits		
Charitable contributions		
Net operating loss (prior to 2018)		
Specific deduction	<u>1,000</u>	
Section 199A Deduction (Trusts Only)		
Total adjustments		<u>(1,000)</u>
Unrelated business taxable income		<u><u>13,229</u></u>
Taxes & Credits (Form 990-T, Part II and III)		
Regular tax	<u>2,778</u>	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities		
Tax Due		<u>2,778</u>
Foreign tax credit and other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		<u><u>2,778</u></u>
Payments & Penalties		
Estimated tax payments and Tax withheld		
Paid with extension		
Refundable credits and other payments		
Payments		
Net tax due		<u><u>2,778</u></u>
Estimated tax penalty	<u>152</u>	
Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Penalties		<u>152</u>
Balance due		<u><u>2,930</u></u>
Total overpayment		
Overpayment applied to next year's tax		
Refund		<u><u></u></u>

Next Year's Estimates

1st quarter	<u>695</u>
2nd quarter	<u>695</u>
3rd quarter	<u>695</u>
4th quarter	<u>695</u>
Total	<u><u>2,780</u></u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/23

Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Greeley Area Habitat for Humanity

Doing business as Greeley Weld Habitat for Humanity

Number and street (or P.O. box if mail is not delivered to street address) 2080 Greeley Mall St. Unit D5

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Greeley CO 80631

F Name and address of principal officer:

Cheri Witt-Brown

2080 Greeley Mall St. Unit D5

Greeley CO 80631

D Employer identification number

84-1091487

E Telephone number

970-351-6766

G Gross receipts \$ 17,309,227

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number 8545

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

J Website: www.greeleyhabitat.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1987

M State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

PUTTING FAITH INTO ACTION, GREELEY AREA HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD DECENT HOMES, COMMUNITIES AND HOPE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 10

4 Number of independent voting members of the governing body (Part VI, line 1b) 10

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 38

6 Total number of volunteers (estimate if necessary) 2454

7a Total unrelated business revenue from Part VIII, column (C), line 12 899,442

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 13,229

8 Contributions and grants (Part VIII, line 1h) 2,551,089

9 Program service revenue (Part VIII, line 2g) 13,873,072

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,023,434

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 694,875

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,853

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 71,648

14 Benefits paid to or for members (Part IX, column (A), line 4) 97,597

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,341,046

16a Professional fundraising fees (Part IX, column (A), line 11e) 8,704

16b Total fundraising expenses (Part IX, column (D), line 25) 9,900

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 0

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,310,842

19 Revenue less expenses. Subtract line 18 from line 12 1,576,968

20 Total assets (Part X, line 16) 219,028

21 Total liabilities (Part X, line 26) 5,599,525

22 Net assets or fund balances. Subtract line 21 from line 20 4,042,995

23 Revenue less expenses. Subtract line 18 from line 12 1,298,051

24 Total assets (Part X, line 16) 10,010,715

25 Total liabilities (Part X, line 26) 19,779,385

26 Net assets or fund balances. Subtract line 21 from line 20 1,308,073

27 Revenue less expenses. Subtract line 18 from line 12 8,459,338

28 Total assets (Part X, line 16) 18,471,312

Part II Signature Block

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

Sign Here

Signature of officer Cheri Witt-Brown CEO

Date

Paid Preparer Use Only

Print/Type preparer's name Andrea Fuller, CPA

Preparer's signature

Date 02/16/24

Check ☐ if self-employed

PTIN P00640101

Firm's name Anderson & Whitney, P.C.

Firm's EIN 84-1016028

Firm's address 5801 W 11th St Ste 300 Greeley, CO 80634

Phone no. 970-352-7990

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**PUTTING FAITH INTO ACTION, GREELEY AREA HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD DECENT HOMES, COMMUNITIES AND HOPE.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **4,509,252** including grants of \$ **9,900**) (Revenue \$)**See Schedule O**

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4b (Code:) (Expenses \$ **1,685,500** including grants of \$) (Revenue \$)**See Schedule O****4c** (Code:) (Expenses \$ **157,089** including grants of \$) (Revenue \$)**See Schedule O****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **6,351,841**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," 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? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	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	
e	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	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
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	10	1b	10	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		10		10		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Greeley Area Habitat for Humanity, 2080 Greeley Mall St. Unit D5

Greeley

CO 80631

970-351-6766

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cheri Witt-Brown	40.00									
CEO	0.00			X				119,588	0	9,538
(2) Celia Morse	40.00									
Director of Finance	0.00			X				90,299	0	8,515
(3) Lindsey Galindo	1.00									
President	0.00	X		X				0	0	0
(4) Edwin Chapin	1.00									
Treasurer/Secretary	0.00	X		X				0	0	0
(5) Matt Notter	1.00									
Past President	0.00	X		X				0	0	0
(6) Christine McDermott	1.00									
Director	0.00	X						0	0	0
(7) Matt Wells	1.00									
Vice President	0.00	X						0	0	0
(8) Pat Califana	1.00									
Director	0.00	X						0	0	0
(9) Bob McCleave	1.00									
Director	0.00	X						0	0	0
(10) Bianca Fisher	1.00									
Director	0.00	X						0	0	0
(11) Tommy Butler	1.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Warren Yoder	1.00									
Director	0.00	X						0	0	0
(13) Tyler Richardson	1.00									
Director	0.00	X						0	0	0
1b Subtotal								209,887		18,053
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								209,887		18,053

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	277,731				
	d Related organizations	1d					
	e Government grants (contributions)	1e	244,987				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,350,354				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,998,156				
	h Total. Add lines 1a-1f			13,873,072			
	Program Service Revenue			Business Code			
2a Homes Sold			531390	2,221,550	2,221,550		
b ReStore Sales - Donated			453310	841,221		841,221	
c Mortgage Amortization			522292	117,891	117,891		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				3,180,662			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			44,143			44,143
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			41,927			41,927
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		1,710			
		7b Less: cost or other basis and sales exps.					
	c Gain or (loss)	7c		1,710			
	d Net gain or (loss)			1,710	1,710		
	8a Gross income from fundraising events (not including \$ 277,731 of contributions reported on line 1c). See Part IV, line 18						
		8a					
8b Less: direct expenses			9,463				
c Net income or (loss) from fundraising events			-9,463			-8,787	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	9b Less: direct expenses						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a		160,801				
	10b Less: cost of goods sold		102,580				
c Net income or (loss) from sales of inventory			58,221		58,221		
Miscellaneous Revenue			Business Code				
	11a Miscellaneous Income		531390	23,931		23,931	
	b HOA		531390	-17,019		-17,019	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			6,912			
12 Total revenue. See instructions			17,197,184	2,341,151	899,442	84,195	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,900	9,900		
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	242,474		242,474	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,126,663	909,101	81,682	135,880
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	106,245	89,219	10,480	6,546
10 Payroll taxes	101,586	75,210	13,267	13,109
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	34,165		34,165	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	34,025	7,825	26,200	
13 Office expenses	94,532	42,476	30,096	21,960
14 Information technology				
15 Royalties				
16 Occupancy	140,796	115,883	12,992	11,921
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,000	5,000		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,298	28,189	33,109	
23 Insurance	45,827	40,581	5,246	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Cost of Homes Transferred	3,939,392	3,939,392		
b Restore Cost of Good Sold	841,221	841,221		
c Discount on Mortgages	107,718	107,718		
d Donation of easement	84,300		84,300	
e All other expenses	211,251	140,126	41,513	29,612
25 Total functional expenses. Add lines 1 through 24e	7,186,393	6,351,841	615,524	219,028
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	645,242	1	213,435
	2 Savings and temporary cash investments	2,547,604	2	4,835,784
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,774	4	44,858
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,717,317	7	1,606,750
	8 Inventories for sale or use	47,110	8	93,055
	9 Prepaid expenses and deferred charges	327,016	9	177,563
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 554,969		
	b Less: accumulated depreciation	10b 226,836	10c	328,133
	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	4,313,221	15	12,479,807
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,010,715	16	19,779,385	
Liabilities	17 Accounts payable and accrued expenses	307,804	17	149,180
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	529,550	24	534,550
	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	714,023	25	624,343
	26 Total liabilities. Add lines 17 through 25	1,551,377	26	1,308,073
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,459,338	27	16,391,312
	28 Net assets with donor restrictions		28	2,080,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,459,338	32	18,471,312
33 Total liabilities and net assets/fund balances	10,010,715	33	19,779,385	

Part XI Reconciliation of Net AssetsCheck 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	17,197,184
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,186,393
3	Revenue less expenses. Subtract line 2 from line 1	3	10,010,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,459,338
5	Net unrealized gains (losses) on investments	5	1,183
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,471,312

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,586,022	2,895,325	2,045,560	2,551,089	3,053,072	12,131,068
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,586,022	2,895,325	2,045,560	2,551,089	3,053,072	12,131,068
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)						532,509
6 Public support. Subtract line 5 from line 4						11,598,559

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,586,022	2,895,325	2,045,560	2,551,089	3,053,072	12,131,068
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,561	21,551	20,805	63,170	86,070	221,157
9 Net income from unrelated business activities, whether or not the business is regularly carried on					14,229	14,229
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	104,780		116,363	116,698	6,912	344,753
11 Total support. Add lines 7 through 10						12,711,207
12 Gross receipts from related activities, etc. (see instructions)					12	9,945,902

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	91.25 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.17 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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.		
2a		
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.		
2b		
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.		
3a		
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.		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset 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).

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Supporting Schedule - Unusual Grants

Hope Springs Land	\$8,820,000
Hope SPrings Funding	\$2,000,000

Part II, Line 10 - Other Income Detail

Other Revenue	\$239,479
Imputed Mortgage Interest	\$98,362

Client Copy

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity**84-1091487**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- 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).

Name of organization	Employer identification number
Greeley Area Habitat for Humanity	84-1091487

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 330,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 325,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,820,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity**84-1091487****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,806	21,006	20,000	20,000	
b Contributions	103				20,000
c Net investment earnings, gains, and losses	1,650	1,385	1,107		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	404	585	101		
g End of year balance	23,155	21,806	21,006	20,000	20,000

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

- a Board designated or quasi-endowment **100.00** %
 b Permanent endowment %
 c Term endowment %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,515		6,515
b Buildings		220,840	8,031	212,809
c Leasehold improvements		114,415	22,883	91,532
d Equipment		213,199	195,922	17,277
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				328,133

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LAND DEVELOPMENT COSTS	10,225,819
(2) CONSTRUCTION IN PROGRESS	1,748,909
(3) RIGHT OF USE - RESTORE LEASE	452,763
(4) WATER SHARES	29,161
(5) BENEFICIAL INTEREST IN COMM FDN	23,155
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	12,479,807

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	485,479
(3) PAYROLL LIABILITIES	93,237
(4) ACCRUED EXPENSES AND OTHER	45,627
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	624,343

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,491,247
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,183
b	Donated services and use of facilities	2b	22,059
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	112,042
e	Add lines 2a through 2d	2e	135,284
3	Subtract line 2e from line 1	3	16,355,963
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	841,221
c	Add lines 4a and 4b	4c	841,221
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,197,184

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

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

1	Total expenses and losses per audited financial statements	1	6,479,273
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	22,059
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	112,042
e	Add lines 2a through 2d	2e	134,101
3	Subtract line 2e from line 1	3	6,345,172
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	841,221
c	Add lines 4a and 4b	4c	841,221
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,186,393

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

No income tax provision is made in these financial statements as Greeley-Weld Habitat qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, pursuant to a group exemption letter received from the Internal Revenue Service. However, income from activities not directly related to Greeley-Weld Habitat's exempt purposes is subject to taxation as unrelated business income.

Tax penalties and interest, if any, would be classified with income tax expense in the financial statements. No tax penalties or interest have been incurred or are recognized in these financial statements. Generally, three tax years remain subject to examination by tax jurisdictions.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

SPECIAL EVENT EXPENSES	\$	9,462
COST OF INVENTORY SOLD	\$	102,580

Part XI, Line 4b - Revenue Amounts Included on Return - Other

DONATED RESTORE ITEMS	\$	841,221
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Part XII, Line 2d - Expense Amounts Included in Financials - Other

SPECIAL EVENT EXPENSES	\$	9,462
COST OF INVENTORY SOLD	\$	102,580

Part XII, Line 4b - Expense Amounts Included on Return - Other

DONATED RESTORE ITEMS	\$	841,221
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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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

Employer identification number

84-1091487

Greeley Area Habitat for Humanity

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
- e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a 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? ☐ Yes ☐ No

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 address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>2022 Breakfast</u> (event type)	<u>2023 Breakfast</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	200,384	53,286	18,793	272,463
	2 Less: Contributions	200,384	53,286	18,793	272,463
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,875	3,086		5,961
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,961
	11 Net income summary. Subtract line 10 from line 3, column (d)				-5,961

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 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 or other entity formed to administer charitable gaming?

☐ Yes ☐ No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a %

b An outside facility

13b %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- Name
- Address
- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- 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 Gaming manager information:
- Name
- Gaming manager compensation \$
- Description of services provided
- ☐ Director/officer ☐ Employee ☐ Independent contractor
- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$
- Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
- Schedule G (Form 990) 2022
- DAA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Habitat for Humanity International 322 W. Lamar Street Americus GA 31709	91-1914868	501c3	9,900				Affordable Housing
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public
Inspection

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		883,381	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	X	2	8,904,300	Appraisal
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Materials)	X	36	210,475	Fair Market Value
26 Other ()				
27 Other ()				
28 Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	1
----	---	----	---

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	Yes	No
30a			X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	No
31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	No
32a			X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

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SCHEDULE O (Form 990)	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.	OMB No. 1545-0047
		2022 Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization	Employer identification number
	Greeley Area Habitat for Humanity	84-1091487

Form 990, Part III, Line 4a - First Accomplishment

IN 2023, GAHFH BEGAN DEVELOPMENT OF HOPE SPRINGS, A LARGE-SCALE AFFORDABLE HOUSING MIX-PRODUCT COMMUNITY WITH THE CITY OF GREELEY AND GAHFH PRIVATE-SECTOR PARTNERS, RICHMARK. HOPE SPRINGS WILL PROVIDE 491 UNITS OF AFFORDABLE AND MIXED-RATE HOUSING TO THE CITY. HOPE SPRINGS IS AN INNOVATIVE, CLIMATE-FRIENDLY PARTNERSHIP COMMUNITY, WHOSE MODEL HAS ATTRACTED NATIONAL ATTENTION. HOPE SPRINGS IS A COLLABORATION OF PRIVATE SECTOR, NONPROFIT, FEDERAL, STATE, AND LOCAL GOVERNMENTS DELIVERING A 40-ACRE, 491-UNIT, MIXED-PRODUCT, AFFORDABLE COMMUNITY WITH AMENITIES, INCLUDING AN ONSITE CHILDCARE CENTER. THIS PROJECT RECEIVED UNANIMOUS APPROVAL FROM THE GREELEY CITY COUNCIL IN JULY AND AUGUST OF 2022. INFRASTRUCTURE FOR THE DEVELOPMENT WILL BEGIN IN LATE SPRING 2023. MULTIPLE MAJOR DONORS ARE INVESTING IN THE HOPE SPRINGS DEVELOPMENT. RICHMARK COMPANIES DONATED THE LAND AND WATER FOR THE GAHFH DEVELOPMENT, VALUED AT 8,860 MILLION. OTHER CRUCIALLY IMPORTANT INVESTMENTS ARE BEING PLEDGED BY U.S. SENATOR HICKENLOOPER, WHO HAS AWARDED \$2.577 MILLION TO THE HOPE SPRINGS PROJECT THROUGH HIS CONGRESSIONAL DISTRICT SPENDING BUDGET. JBS INVESTED 2 MILLION, THE CITY OF GREELEY AND GAHFH WERE AWARDED A HIGHLY COMPETITIVE \$990,00 DOLA CATALYST GRANT, AND WAS AWARDED ANOTHER DOLA TRANSFORMATIONAL GRANT FOR 3 MILLION FOR CIVIL INFRASTRUCTURE COSTS. A NUMBER OF OTHER PRIVATE COMMUNITY INVESTORS ARE HELPING TO MAKE HOPE SPRINGS AN ATTAINABLE COMMUNITY DEVELOPMENT MODEL THAT CAN BE REPLICATED ACROSS THE NATION. GAHFH WILL REINVEST \$68,000,000 IN NEW INFRASTRUCTURE AND CONSTRUCTION DOLLARS UPON BUILD OUT.

IN THE FALL OF 2023, GAHFH, IN PARTNERSHIP WITH WELD COUNTY AND ROCHE

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

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

CONSTRUCTORS, BEGAN BUILDING A SENIOR CENTER IN HILL N' PARK, A FIRST STEP IN THE REVITALIZATION OF A BLIGHTED AND UNDERSERVED COMMUNITY.

GAHFH WAS AWARDED A \$1 MILLION CDBG-DR GRANT FROM THE STATE IN 2019. THIS GRANT FUNDED AN INNOVATIVE DEVELOPMENT AND PARTNERSHIP THAT WILL SERVE A COMMUNITY THAT WAS SEVERELY UNDERSERVED AFTER LOSING OVER 200 AFFORDABLE HOMES IN THE 2013 FLOOD. WITH THE AWARDED DISASTER RELIEF FUNDS, GAHFH PARTNERED WITH FOR-PROFIT AFFORDABLE HOUSING DEVELOPER COMMONWEALTH, THE 7TH LARGEST AFFORDABLE HOUSING DEVELOPER IN THE NATION AND LONG-TERM OPERATOR OF MULTI-DENSITY AFFORDABLE RENTAL PROJECTS, TO CREATE THE MISSION SPRINGS DEVELOPMENT. MISSION SPRINGS IS A COMBINATION OF 27 SINGLE FAMILY AND PAIRED HOMES BUILT BY GAHFH TO PROVIDE HOMEOWNERSHIP OPPORTUNITIES FOR HABITAT FAMILIES, MISSION HOMESTEAD, AND 68 AFFORDABLE TOWN HOMES AND COTTAGE RENTALS BUILT BY COMMONWEALTH, MISSION VILLAGE. THIS DEVELOPMENT WILL REPLACE NEARLY HALF OF THE UNITS THAT EVANS, COLORADO, LOST DURING THE SEVERE FLOODS OF 2013. GAHFH COMPLETED 22 HOMES IN MISSION HOMESTEAD IN 2021, INCLUDING THE AFFILIATES FIRST DUPLEXES, ADA COMPLIANT UNITS AND THE FIRST NATURAL GAS AND RENEWABLE ENERGY ZERO NET ENERGY HOME, WITH A HERS SCORE OF -6 IN PARTNERSHIP WITH ATMOS ENERGY AND THE SCHLESSMAN FAMILY FOUNDATION. IN 2022, CONSTRUCTION ON 10 MORE HOMES BEGAN AND OR WAS COMPLETED. ALL HOMES IN THIS DEVELOPMENT HAVE BEEN BUILT IN PARTNERSHIP WITH OUR JEFFERSON HIGH SCHOOL CONSTRUCTION PATHWAY STUDENTS IN YEAR 6 OF THE INNOVATIVE WORKFORCE DEVELOPMENT PROGRAM.

IN 2020, GAHFH WAS ABLE TO COMPLETE CONSTRUCTION ON CRESTVIEW, A FOURTEEN HOME DEVELOPMENT IN GREELEY. ALL OF THE HOMES IN CRESTVIEW WERE ALSO BUILT IN PARTNERSHIP WITH OUR JEFFERSON HIGH SCHOOL CONSTRUCTION PATHWAY PROGRAM,

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

ALLOWING AT-RISK YOUTH THE OPPORTUNITY TO LEARN HIGH IN DEMAND TRADE SKILLS ON AN ACTIVE JOB SITE WHILE EARNING UP TO 27 COLLEGE CREDITS. UPON THE COMPLETION OF CRESTVIEW, GAHFH BEGAN CONSTRUCTION ON NORTHVIEW, A DEVELOPMENT THAT WILL BRING 12 UNITS OF AFFORDABLE HOUSING TO THE GREELEY AREA. THE FIRST 2 HOMES WERE COMPLETED IN 2021. AN ADDITIONAL 6 UNITS BEGAN AND OR WERE COMPLETE IN 2022.

Form 990, Part III, Line 4b - Second Accomplishment

THE GAHFH RESTORE IS CONTINUING TO GROW AND IS NOT FAR FROM ITS GOAL OF BECOMING A \$1,000,000 STORE. IN 2023, IN 2022, THE RESTORE MOVED TO A NEW LOCATION AT THE GREELEY MALL, ADDING AN ADDITIONAL 10,000 SQ. FT. AND CONSOLIDATING OUR ADMINISTRATIVE OFFICES, MOVING THEM TO THE NEW LOCATION. THE RESTORE IS A UNIQUE RETAIL OUTFIT THAT OBTAINS DONATED HOME CONSTRUCTION/RENOVATION MATERIAL DONATIONS; DONATIONS ARE THEN SOLD TO GENERAL PUBLIC. PROFIT FROM THE RESTORE PROVIDES GENERAL OPERATING SUPPORT TO THE OVERALL ORGANIZATION. THE RESTORE PROVIDES VALUABLE SERVICES FOR DONORS AND PATRONS ALIKE. FOR DONORS, IN-KIND CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW AND PATRONS RECEIVE QUALITY MERCHANDISE AT AN AFFORDABLE PRICE. LIKEWISE, THE RESTORE OPERATION PROVIDES A VALUABLE SERVICE FOR THE OVERALL COMMUNITY AND THE ENVIRONMENT BY EFFECTIVELY REDUCING LANDFILL WASTE BY THROUGH THE ENCOURAGEMENT OF REUSE AND REPURPOSE, AND ALSO THROUGH THE RESTORE CARDBOARD/METAL/ELECTRONIC RECYCLING PROGRAM. ANNUALLY, THE RESTORE SAVES APPROXIMATELY 1,000,000 POUNDS OF WASTE FROM REACHING THE LOCAL LANDFILL.

Form 990, Part III, Line 4c - Third Accomplishment

THE FAMILY SERVICES PROGRAM IS COMPRISED OF PROGRAMS AND PRACTICES DESIGNED

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

TO PROVIDE APPLICANTS AND APPROVED HOMEOWNERS WITH THE SKILLS AND SUPPORT THEY NEED TO PROSPER AS LONG-TERM HOMEOWNERS. SUPPORT SERVICES ARE MULTIFACETED AND BEGIN WITH A CONSULTATION WITH THE GAHFH FAMILY SERVICES ASSOCIATE. APPROVED APPLICANTS ARE PAIRED WITH A FAMILY SUPPORT COMMITTEE VOLUNTEER WHO WORK ALONGSIDE THE PARTNER FAMILY THROUGHOUT THE HOMEBUILDING AND CLOSING PROCESSES. SAID VOLUNTEERS WORK WITH THE PARTNER FAMILY TO COMPLETE A SERIES OF SIX WRITTEN LESSONS INCLUDING: OWNERSHIP VS. RENTAL OCCUPANCY, FINANCIAL PLANNING, PROTECTION OF THE INVESTMENT VALUE OF THE HOME, HOMEOWNER'S INSURANCE, EQUITY BUILDING AND INCOME TAX RESPONSIBILITY, AND "YOUR MORTGAGE." IN ADDITION TO THE LESSONS COMPLETED WITH THE FAMILY SUPPORT VOLUNTEER, APPROVED APPLICANTS ARE REQUIRED TO COMPLETE A SERIES OF GROUP WORKSHOPS PRIOR TO CLOSING ON THEIR HOME. GROUP WORKSHOPS INCLUDE: LANDSCAPING, CITY CODES, COVENANTS, HOMEOWNER'S INSURANCE (WORKSHOP), AND HOA. IN 2021, GAHFH HIRED A FAMILY SERVICES SPECIALIST, A HUD CERTIFIED HOUSING COUSELOR, ALLOWING US TO ACCEPT APPLICATIONS YEAR-ROUND. IN GAHFH'S 35-YEAR HISTORY, THERE HAS ONLY BEEN ONE FORECLOSURE, A TESTAMENT TO GAHFH SUCCESSFULLY PREPARING ITS PARTNERS FOR HOMEOWNERSHIP.

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

THE FINANCE COMMITTEE AND BOARD OF DIRECTORS WERE PROVIDED A DRAFT COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING. THE DRAFT FORM 990 ARE ALSO REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE.

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

NEW BOARD MEMBERS AND NEW EMPLOYEES ACKNOWLEDGE IN WRITING THEIR RECEIPT AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY WHEN APPOINTED OR HIRED. COMPLIANCE WITH THE POLICY IS MONITORED BY MANAGEMENT AND THE BOARD

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

ON AN ON-GOING BASIS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARATIVE DATA FOR RELATED JOB TITLES AND RESPONSIBILITIES IN SETTING THE EXECUTIVE DIRECTORS' COMPENSATION.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR CONSIDERS COMPARATIVE COMPENSATION DATA IN SETTING COMPENSATION FOR OTHER POSITIONS WITHIN THE ORGANIZATION. THE BOARD OF DIRECTORS APPROVES THE FINANCIAL BUDGET WITHIN WHICH OTHER COMPENSATION DECISIONS ARE MADE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

SPECIAL EVENT EXPENSES	\$	9,462
COST OF INVENTORY SOLD	\$	102,580
DONATED RESTORE ITEMS	\$	-841,221
SPECIAL EVENT EXPENSES	\$	-9,462
COST OF INVENTORY SOLD	\$	-102,580
DONATED RESTORE ITEMS	\$	841,221

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2022 or other tax year beginning **07/01/22**, and ending **06/30/23**Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2022Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Greeley Area Habitat for Humanity Number, street, and room or suite no. If a P.O. box, see instructions. 2080 Greeley Mall St. Unit D5 City or town, state or province, country, and ZIP or foreign postal code Greeley CO 80631	D Employer identification number 84-1091487 E Group exemption number (see instructions) 8545 F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 19,779,385				
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university				
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation				

L The books are in care of **GREELEY AREA HABITAT FOR** Telephone number **970-351-6766**
Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	14,229
2 Reserved	2	
3 Add lines 1 and 2	3	14,229
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	14,229
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	14,229
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	13,229

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,778
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,778

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		2,778
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,778
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8		152
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		2,930
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Andrea Fuller, CPA		02/16/24		P00640101	
	Firm's name	Firm's EIN				
	Firm's address	Phone no.				
	Anderson & Whitney, P.C.	84-1016028				
	5801 W 11th St Ste 300	970-352-7990				
	Greeley, CO 80634					

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.Open to Public Inspection for
501(c)(3) Organizations Only

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

A Name of the organization Greeley Area Habitat for Humanity	B Employer identification number 84-1091487
C Unrelated business activity code (see instructions) 444100	D Sequence: 1 of 1

E Describe the unrelated trade or business **ReStore Sales**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>1,002,022</u>			
b	Less returns and allowances <u> </u> c Balance	1c <u>1,002,022</u>		
2	Cost of goods sold (Part III, line 8)	2 <u>102,580</u>		
3	Gross profit. Subtract line 2 from line 1c	3 <u>899,442</u>		899,442
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13 <u>899,442</u>		899,442

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	490,506
3	Repairs and maintenance	3	17,966
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7 <u>23,358</u>	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) See Statement 1	14	353,383
15	Total deductions. Add lines 1 through 14	15	885,213
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	14,229
17	Deduction for net operating loss. See instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	14,229

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Cost Method

1	Inventory at beginning of year	1	19,115
2	Purchases	2	106,365
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	125,480
7	Inventory at end of year	7	22,900
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	102,580
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				

Part VI

Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII

Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII

Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX	Advertising Income
----------------	---------------------------

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Total. Enter here and on Part II, line 1

Part XI	Supplemental Information (see instructions)
----------------	--

Federal Statements**ReStore Sales****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

<u>Deduction Description</u>	<u>Deduction Amount</u>
Advertising	\$ 7,825
Credit Card Processing	21,420
Food and amenities	1,146
Insurance	16,966
Office Supplies	35,794
Rent	103,962
Telephone	4,601
Training	711
Utilities	65,581
Vehicle Expenses	13,754
Dues	600
Employee Benefits	38,999
Payroll Taxes	40,316
Professional Fees	1,708
Total	\$ <u>353,383</u>

Client Copy

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2022**

Name

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	2,778
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	2,778
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	2,778

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	10/15/22	12/15/22	03/15/23	06/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	695	695	695	693
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		695	1,390	2,085
15 Subtract line 14 from line 13. If zero or less, enter -0-	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		695	1,390	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	695	695	695	693
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19	See Worksheet		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 366 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		152

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220		Form 2220 Worksheet		2022	
		For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23			
Name Greeley Area Habitat for Humanity				Employer Identification Number 84-1091487	
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Due date of estimated payment	<u>10/15/22</u>	<u>12/15/22</u>	<u>03/15/23</u>	<u>06/15/23</u>	
Amount of underpayment	<u>695</u>	<u>695</u>	<u>695</u>	<u>693</u>	
Prior year overpayment applied _____					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/22	12/31/22	695	77	6.00	9
1	12/31/22	9/30/23	695	273	7.00	36
1	9/30/23	11/15/23	695	46	8.00	7
2	12/15/22	12/31/22	695	16	6.00	2
2	12/31/22	9/30/23	695	273	7.00	36
2	9/30/23	11/15/23	695	46	8.00	7
3	3/15/23	9/30/23	695	199	7.00	27
3	9/30/23	11/15/23	695	46	8.00	7
4	6/15/23	9/30/23	693	107	7.00	14
4	9/30/23	11/15/23	693	46	8.00	7
Total Penalty						152
						=====

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179****Greeley Area Habitat for Humanity**Identifying number
84-1091487

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	61,298

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	61,298
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for Page **2** Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		24b If "Yes," is the evidence written?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
2008 GMC 1500 Truck	06/01/16	100.00 %	4,836	4,836	3.0	S/L-					
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

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

84-1091487

Federal Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
2	Hyd Pallet Truck	6/26/05	175				175	5 MO S/L	175	0
10	Furniture (desks)	12/05/01	745				745	7 MO S/L	745	0
12	1998 Ford F150 PICKUP	9/26/06	4,000				4,000	3 MO S/L	4,000	0
18	Outlot C	7/01/09	6,515				6,515	15 MO S/L	5,646	434
21	ReStore Shelving	9/01/10	10,465				10,465	5 MO S/L	10,465	0
42	6x10 Enclosed Trailer	9/24/03	2,150				2,150	7 MO S/L	2,150	0
46	4 Used Filing Cabinets	6/30/04	350				350	5 MO S/L	350	0
50	2005 GMC Sierra 2wd	3/31/05	12,000				12,000	5 MO S/L	12,000	0
57	Forklift	10/30/14	9,700				9,700	5 MO S/L	9,700	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595				2,595	5 MO S/L	2,595	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595				2,595	5 MO S/L	2,595	0
63	Ford Yukon	8/30/17	8,500				8,500	5 MO S/L	8,217	283
64	15 Yard Roll Off Dumpster	10/02/17	2,500				2,500	7 MO S/L	1,696	358
65	Scaffolding Equipment	4/18/18	10,664				10,664	7 MO S/L	6,348	1,523
66	2018 Ram Promaster 3500	8/09/18	38,785				38,785	5 MO S/L	30,381	7,757
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750				14,750	5 MO S/L	10,571	2,950
68	New Server - ReStore	12/12/18	5,390				5,390	5 MO S/L	3,863	1,078
69	New Server - Admin	12/12/18	5,390				5,390	5 MO S/L	3,863	1,078
70	Used truck for Admin	6/30/19	2,000				2,000	5 MO S/L	1,200	400
71	Used Copier - Admin	6/30/19	2,995				2,995	3 MO S/L	2,995	0
72	2019 Isuzu NQR #7902127	9/09/19	72,613				72,613	5 MO S/L	41,147	14,523
73	New Restore Leasehold Improvements	6/30/22	114,415				114,415	5 MO S/L	0	22,883
75	2000 Habitat lane	6/15/22	220,840				220,840	27 MO S/L	0	8,031
Total Other Depreciation			<u>550,132</u>				<u>550,132</u>		<u>160,702</u>	<u>61,298</u>
Total ACRS and Other Depreciation			<u>550,132</u>				<u>550,132</u>		<u>160,702</u>	<u>61,298</u>
Listed Property:										
60	2008 GMC 1500 Truck	6/01/16	<u>4,836</u>				<u>4,836</u>	3 MO S/L	<u>4,836</u>	<u>0</u>
			<u>4,836</u>				<u>4,836</u>		<u>4,836</u>	<u>0</u>
Grand Totals			554,968				554,968		165,538	61,298
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>554,968</u>				<u>554,968</u>		<u>165,538</u>	<u>61,298</u>

84-1091487

AMT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
68	New Server - ReStore	12/12/18	5,390			X	0	5	HY 200DB	5,390	0
69	New Server - Admin	12/12/18	5,390			X	0	5	HY 200DB	5,390	0
			<u>10,780</u>				<u>0</u>			<u>10,780</u>	<u>0</u>
Other Depreciation:											
2	Hyd Pallet Truck	6/26/05	0				0	0	HY	0	0
10	Furniture (desks)	12/05/01	0				0	0	HY	0	0
12	1998 Ford F150 PICKUP	9/26/06	0				0	0	HY	0	0
18	Outlot C	7/01/09	0				0	0	HY	0	0
21	ReStore Shelving	9/01/10	0				0	0	HY	0	0
42	6x10 Enclosed Trailer	9/24/03	0				0	0	HY	0	0
46	4 Used Filing Cabinets	6/30/04	0				0	0	HY	0	0
50	2005 GMC Sierra 2wd	3/31/05	0				0	0	HY	0	0
57	Forklift	10/30/14	0				0	0	HY	0	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	0				0	0	HY	0	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	0				0	0	HY	0	0
63	Ford Yukon	8/30/17	0				0	0	HY	0	0
64	15 Yard Roll Off Dumpster	10/02/17	0				0	0	HY	0	0
65	Scaffolding Equipment	4/18/18	0				0	0	HY	0	0
66	2018 Ram Promaster 3500	8/09/18	0				0	0	HY	0	0
67	2005 GMC C5500 24' Box Truck	12/12/18	0				0	0	HY	0	0
70	Used truck for AdMin	6/30/19	0				0	0	HY	0	0
71	Used Copier - Admin	6/30/19	0				0	0	HY	0	0
72	2019 Isuzu NQR #7902127	9/09/19	0				0	0	HY	0	0
73	New Restore Leasehold Improvements	6/30/22	0				0	0	HY	0	0
75	2000 Habitat lane	6/15/22	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Listed Property:											
60	2008 GMC 1500 Truck	6/01/16	0				0	0	HY	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		10,780				0			10,780	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>10,780</u>				<u>0</u>			<u>10,780</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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84-1091487

Future Depreciation Report**FYE: 6/30/24**

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Hyd Pallet Truck	6/26/05	175	0	0
10	Furniture (desks)	12/05/01	745	0	0
12	1998 Ford F150 PICKUP	9/26/06	4,000	0	0
18	Outlot C	7/01/09	6,515	435	0
21	ReStore Shelving	9/01/10	10,465	0	0
42	6x10 Enclosed Trailer	9/24/03	2,150	0	0
46	4 Used Filing Cabinets	6/30/04	350	0	0
50	2005 GMC Sierra 2wd	3/31/05	12,000	0	0
57	Forklift	10/30/14	9,700	0	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595	0	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595	0	0
63	Ford Yukon	8/30/17	8,500	0	0
64	15 Yard Roll Off Dumpster	10/02/17	2,500	357	0
65	Scaffolding Equipment	4/18/18	10,664	1,524	0
66	2018 Ram Promaster 3500	8/09/18	38,785	647	0
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750	1,229	0
68	New Server - ReStore	12/12/18	5,390	449	0
69	New Server - Admin	12/12/18	5,390	449	0
70	Used truck for AdMin	6/30/19	2,000	400	0
71	Used Copier - Admin	6/30/19	2,995	0	0
72	2019 Isuzu NQR #7902127	9/09/19	72,613	14,523	0
73	New Restore Leasehold Improvements	6/30/22	114,415	22,883	0
75	2000 Habitat lane	6/15/22	220,840	8,030	0
Total Other Depreciation			550,132	50,926	0
Total ACRS and Other Depreciation			550,132	50,926	0

Listed Property:

60	2008 GMC 1500 Truck	6/01/16	4,836	0	0
			4,836	0	0
Grand Totals			554,968	50,926	0

Greeley Area Habitat for Humanity 84-1091487 Form 990-T Estimates

Form **990-W**
(Worksheet)
Department of the Treasury
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**
(and on Investment Income for Private Foundations)

► Go to www.irs.gov/Form990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income expected in the tax year	1	13,229
2	Tax on the amount on line 1. See instructions for tax computation	2	2,778
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	2,778
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	2,778
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	2,778
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	2,778
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,778
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	2,778

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	10/16/23	12/15/23	03/15/24	06/17/24
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	695	695	695	695
13	2021 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	695	695	695	695

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form 990-T	Business Income Activity Summary	2022
Name Greeley Area Habitat for Humanity		Taxpayer Identification Number 84-1091487

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C.
D. Pre-2018 Applied (Sum of B and C)		D.
E. Pre-2018 Remaining (Line A minus Line D)		E.
F. Pre-2018 Net Operating Losses Expiring this Year		F.
G. Pre-2018 Net Operating Losses Carried Forward		G.

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. ReStore Sales	444100	1. 14,229	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15. All other revenue		15.	
16. Total taxable income		16. 14,229	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2022
For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23		

Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
--	---

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Colorado Gives</u> (event type)	 (event type)	 (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	18,793			18,793
	2 Less: Charitable contributions	18,793			18,793
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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Form 990	Two Year Comparison Report			2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23				
Name Greeley Area Habitat for Humanity				Taxpayer Identification Number 84-1091487

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 2,377,289	13,628,085	11,250,796
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 173,800	244,987	71,187
	4. Program service revenue	4. 2,023,434	3,180,662	1,157,228
	5. Investment income	5. 7,505	44,143	36,638
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 687,370	1,710	-685,660
	8. Net income or (loss) from fundraising events	8. -7,531	-9,463	-1,932
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 12,355	58,221	45,866
	11. Other revenue	11. 66,824	48,839	-17,985
	12. Total revenue. Add lines 1 through 11	12. 5,341,046	17,197,184	11,856,138
Expenses	13. Grants and similar amounts paid	13. 8,704	9,900	1,196
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 235,862	242,474	6,612
	16. Salaries, other compensation, and employee benefits	16. 1,074,980	1,334,494	259,514
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 31,016	34,165	3,149
	19. Occupancy, rent, utilities, and maintenance	19. 148,799	140,796	-8,003
	20. Depreciation and Depletion	20. 41,451	61,298	19,847
	21. Other expenses	21. 2,502,183	5,363,266	2,861,083
	22. Total expenses. Add lines 13 through 21	22. 4,042,995	7,186,393	3,143,398
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,298,051	10,010,791	8,712,740
	Other Information	24. Total exempt revenue	24. 5,341,046	17,197,184
25. Total unrelated revenue		25.	899,442	899,442
26. Total excludable revenue		26. 2,789,957	2,425,346	-364,611
27. Total assets		27. 10,010,715	19,779,385	9,768,670
28. Total liabilities		28. 1,551,377	1,308,073	-243,304
29. Retained earnings		29. 8,459,338	18,471,312	10,011,974
30. Number of voting members of governing body		30. 10	10	
31. Number of independent voting members of governing body	31. 10	10		
32. Number of employees	32. 30	38		
33. Number of volunteers	33. 2026	2454		

Form 990	Tax Return History	2022
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Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,742,113	2,895,325	2,045,560	2,551,089	13,873,072	
Membership dues						
Program service revenue	644,730	1,365,616	1,788,612	2,023,434	3,180,662	
Capital gain or loss		227,778	82,497	687,370	1,710	
Investment income	3,743	5,542	4,593	7,505	44,143	
Fundraising revenue (income/loss)	245,308	9,200	-2,074	-7,531	-9,463	
Gaming revenue (income/loss)						
Other revenue	93,878	42,659	67,316	79,179	107,060	
Total revenue	2,729,772	4,546,120	3,986,504	5,341,046	17,197,184	
Grants and similar amounts paid		8,872	3,404	8,704	9,900	
Benefits paid to or for members						
Compensation of officers, etc.	158,422	182,361	205,754	235,862	242,474	
Other compensation	743,811	900,292	963,193	1,074,980	1,334,494	
Professional fees	23,000	24,261	33,053	31,016	34,165	
Occupancy costs	42,752	90,000	90,000	148,799	140,796	
Depreciation and depletion	28,202	41,745	44,668	41,451	61,298	
Other expenses	1,044,556	1,773,801	2,259,804	2,502,183	5,363,266	
Total expenses	2,040,743	3,021,332	3,599,876	4,042,995	7,186,393	
Excess or (Deficit)	689,029	1,524,788	386,628	1,298,051	10,010,791	
Total exempt revenue	2,729,772	4,546,120	3,986,504	5,341,046	17,197,184	
Total unrelated revenue					899,442	
Total excludable revenue	742,351	1,641,595	1,940,944	2,789,957	2,425,346	
Total Assets	5,434,142	8,026,449	8,027,528	10,010,715	19,779,385	
Total Liabilities	186,208	1,253,727	867,178	1,551,377	1,308,073	
Net Fund Balances	5,247,934	6,772,722	7,160,350	8,459,338	18,471,312	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest Income	\$ 44,143		14			
Total	\$ 44,143					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Utilities	\$ 71,659	\$ 65,581	\$ 6,078	\$
Other Costs	41,545	18,483	18,161	4,901
Credit Card Processing	21,420	21,420		
Repair and Maintenance	19,985	17,966	2,019	
Grant Application Fees	18,000			18,000
Dues paid to HOA	17,881	17,881		
Vehicle Expenses	13,754	13,754		
Dues	11,883		11,883	
Food and Amenities	8,722	1,146	865	6,711
Telephone	8,466	4,601	3,865	
Rounding	-5		-5	
In-kind services	-22,059	-20,706	-1,353	
Total	\$ 211,251	\$ 140,126	\$ 41,513	\$ 29,612

Federal Statements

Schedule A, Part II - Unusual Grants

<u>Name</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
Richmark		\$ 8,820,000	Hope Springs Land
JBS		2,000,000	Hope SPings Funding
Total		<u>\$ 10,820,000</u>	

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GURA Funding	\$ 244,987
Other various grants	846,080
ReStore items - Donated	883,381
Donated materials	210,475
Contributions	2,506,118
Donated Land	8,904,300
Colorado Gives Day	
Cash Contribution	18,793
Other	
Cash Contribution	1,066
Cookie Walk	
Cash Contribution	4,202
2022 Breakfast	
Cash Contribution	200,384
2023 Breakfast	
Cash Contribution	53,286
Less: Unusual Grants	<u>-10,820,000</u>
Total	<u>\$ 3,053,072</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Schlessman Family Foundation	\$ 90,000	\$
George W. Doering Family Foundation		
Thrivent Financial for Lutherans	132,482	
Greeley Urban Renewal Authority	306,279	52,055
Atmos Energy	40,000	
Monfort Family Foundation		
Charlie Monfort		
Dick Monfort	300,000	45,776
S & C Resale Company		
Estate of David M Daviet		
Anadarko Petroleum Corp		
Richard & Mary Kemme Foundation		
Nebraska Community Foundation		
West Valley Community Church		
Walmart		
Kum & Go		
Northern Colorado United for Youth		
North Colorado Medical Center Found.		
Christ Community Evangelical Free		
William and Rachelle Fischer		
WeldWerks Brewing Co	15,000	
Federal Housing Finance Agency		
Department of Local Affairs		
Habitat for Humanity Colorado	399,750	145,526
Habitat for Humanity International	239,390	
Independent Bank		
Lowes Home Improvement		
SRC Home Remedies, LLC		
James D. Gergens Estate		
Greeley Subaru	129,871	
The Weld Trust	178,000	
SBA PPP	347,600	93,376
Impact Development Fund	450,000	195,776
Mary Medearis	130,000	
Kevin La Fleur	168,600	
Schlessman Family Foundation	40,000	
Anadarko Petroleum Corp	40,000	
Dick Monfort	100,000	
Total	\$ <u>3,106,972</u>	\$ <u>532,509</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 44,143
Oil & Gas Income	41,927
Total	\$ 86,070

Schedule A, Part II, Line 10(e)

Description	Amount
Miscellaneous Income	\$ 23,931
HOA	-17,019
Subaru Share the Love	
Total	\$ 6,912

Schedule A, Part II, Line 12 - Current year

Description	Amount
Homes Sold	\$ 2,221,550
Mortgage Amortization	117,891
Cookie Walk	
Total	\$ 2,339,441