HANCOCK ASKEW & CO., LLP 325 ALMERIA AVENUE CORAL GABLES, FL 33134

HABITAT FOR HUMANITY OF BROWARD, INC. 3564 NORTH OCEAN BOULEVARD FORT LAUDERDALE, FL 33308

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

OMB No. 1545-0047 8

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

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

Open to Public Inspection

<u> </u>	For the	2018 calencar year, or tax year beginning U	OP 1, 2018 and	ending J	UN 30, 2019	,	
В	Check if applicable	C Name of organization	**		D Employer identif	ication number	
	Addres	I HABITAT FOR HUMANITY O	F BROWARD, INC.				
	Name change	Doing business as	<u>"</u> _		59-2	2320573	
E	Initial return Final return/	Number and street (or P.O. box if mail is not de 3564 NORTH OCEAN BOULE	E Telephone number 954-396-3030				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	8,974,400.	
	Amend		3308		H(a) Is this a group		
	Application	F Name and address of principal officer:STE	PHEN R. PALMER			s? Yes X No	
	pendin	3564 NORTH OCEAN BLVD.,	FORT LAUDERDAL	E, FL		included? Yes No	
			◀ (insert no.) 4947(a)(1)	or 527	f ''	a list. (see instructions)	
		: ► WWW.HABITATBROWARD.ORG			H(c) Group exemption	,	
			sociation Other	L Year		M State of legal domicile: FL	
Pi		Summary	·-			-	
*	1 E	Briefly describe the organization's mission or most	significant activities: THE	EXEMPT	PURPOSE OF	THE	
Activities & Governance	9	ORGANIZATION IS TO PROVID	E LOW INCOME FAI	MILIES	WITH DECEN	IT AND	
Ę		Check this box 🕨 📖 if the organization disco		sed of more	then 25% of its net a	ssets.	
Š		lumber of voting members of the governing body			з	22	
45		lumber of independent voting members of the go				22	
8		fotal number of individuals employed in calendar y			5	42	
Ĕ		otal number of volunteers (estimate if necessary)				7732	
ğ	7a 1	otal unrelated business revenue from Part VIII, co	olumn (C), line 12				
_	1 d	let unrelated business taxable income from Form	990-T, line 38		7ь	0.	
					Prior Year	Current Year	
2					3,199,382.		
튷					4,008,799.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4			1,872.	<u> </u>	
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		919,854.		
		otal revenue - add lines 8 through 11 (must equal			8,129,907.		
		Grants and similar amounts paid (Part IX, column (			<u> </u>	<del></del>	
	F	Benefits paid to or for members (Part IX, column (A			0.	0.	
Ş	15 5	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)	······	1,749,508.	<del></del>	
Expenses	16a F	Salaries, other compensation, employee benefits (i Professional fundraising fees (Part IX, column (A), I otal fundraising expenses (Part IX, column (D), Iin	ine 11e)		0.	0.	
8	ьт	otal fundraising expenses (Part IX, column (D), Iin	e 25) 🕨 455, 20	<u> </u>	4 463 000		
_		Other expenses (Part IX, column (A), lines 11a-11d			4,463,282.		
		otal expenses. Add lines 13-17 (must equal Part I			6,212,790.		
_ 00	19 F	Revenue less expenses. Subtract line 18 from line	12		1,917,117.		
et Assets or ind Balances		erical company and the same		<u> </u>	ginning of Current Year		
25. 25.	20 7				23,984,296.	31,594,984.	
THE STATE OF	21 T	otal liabilities (Part X, line 26)	"		621,756. 23,362,540.		
ᅸ.		let assets or fund balances. Subtract line 21 from Signature Block	line 20		23,302,340.	25,243,883.	
		ies of perjury, I declare that I have examined this return,	including accompanying schedulo	and etateme	ante and to the heet of m	u knowledge and helief it in	
		, and complete. Declaration of preparer (other than office				iy kilowicuge zilo bellel, it is	
4 40	7	Land complete acceptance of property (action than office	in y is based on an innormation of the	nen preparo	nas any knownsage.		
Sig	.	Signature of officer			Date		
Her		STEPHEN R. PALMER, TRE	ASURER				
	•	Type or print name and title					
	$\overline{}$	Print/Type preparer's name	Preparer's signature	<u> </u>	late Check	PTIN	
Pale		PATRICIA M. SILES		h	2/23/19 if self-emplo	— ho1242716	
	-	Firm's name HANCOCK ASKEW &	CO., LLP		Firm's EIN	58-0662558	
		Firm's address 325 ALMERIA AVEN		•	• • • • • •		
	,	CORAL GABLES, FL			Phone no. 3 0	5-697-7365	
Man	. 445 A I D	S discuse this teturn with the preparer shown sho			1. 4000 11020 0	X Vet No	

	1990 (2018) HABITAT FOR HUMANITY OF BROWARD, INC. 59-2320573 Page 2
Pa	rt III   Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
•	THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO PROVIDE LOW INCOME
	FAMILIES WITH DECENT AND AFFORDABLE HOUSING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 4,863,313. including grants of \$ ) (Revenue \$ 2,601,576.)
-	DURING THE YEAR ENDED 06/30/2019, HABITAT FOR HUMANITY OF BROWARD, INC.
	SERVED TWENTY-ONE (21) FAMILIES, BUILDING TWENTY-ONE (21) HOMES IN
	BROWARD COUNTY FOR LOW INCOME-FAMILIES.
4b	(Code: ) (Expenses 1 1, 296, 637. including grants of 2 ) (Reverses 2 1, 660, 333.) HABITAT FOR HUMANITY OF BROWARD, INC. OPERATES A RE-STORE WHERE ALL GOODS AVAILABLE FOR SALE HAVE BEEN DONATED BY THE COMMUNITY AND SOLD TO THE GENERAL PUBLIC. ALL FUNDS GENERATED FROM THE SALE OF GOODS ARE USED FOR THE MISSION OF THE ORGANIZATION.
4c	(Code: ) (Expenses \$ 529,808. including grants of \$ ) (Revenue \$ 66,177.)
	HABITAT FOR HUMANITY OF BROWARD, INC. HOLDS ANNUAL, MAJOR GIFT,
	FOUNDATION AND OTHER CAMPAIGNS INCLUDING SPECIAL EVENTS, DONOR CULTIVATION, VOLUNTEER RECRUITING AND OUTCOME REPORTING TO SUPPORT ITS
	MISSION.
	MIDSION:
4d	Other program services (Describe in Schedule O.)
4=	(Expenses 5 including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 6,689,758.
_	Transferrance Service Studios VIVVIII VIVV

Form **990** (2018)

Form 990 (2018) HABITAT FOR 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)?		v	
	if "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Schedule of Contributors  1. **The organization of the complete Schedule B, Sched	1 2	<u> </u>	
2	•	2	_	<del></del> -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		<del></del>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	i	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
Ь	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 167 if "Yes," complete Schedule D, Part VII	11b		X
¢	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	11¢	X	<del> </del>
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	44.4	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	├──
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? if "Yes," complete Schedule D, Part X	11f	x	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			$\vdash$
124	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			i
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			۱
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17	-	X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	امدا	х	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 17 # "Yes," complete Schedule I, Parts I and II	21		X
_	Administration of the second second of the second s			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		┿	╀╇
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete		İ	
24 9	Schedule J	23	┼—	X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If 'Yes,' answer fines 24b through 24d and complete Schedule K. If 'No.' on to line 25a.			<b> </b>
ь	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	<del></del>	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	<del>↓</del>	$\vdash$
·	any tax-exempt bonds?			1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	_	┿
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	┼	╆
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	105-		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>25</u> a	┼	╀┻
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			_
26	***************************************	25b	—	X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		i i	
		1		
27	Complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	┼—	X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		Į.	
	of any of these persons? If "Yes," complete Schedule L, Part III	l		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	╂──	<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	$\vdash$	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	$\vdash \vdash$	<del></del>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? // 'Yes,' complete Schedule M	29	X	┈
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Lid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
9E -	Part V, line 1	34	ш	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	igsqcut	Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\longmapsto$	
•	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes " complete Schadule R. Part V. line 2.		! I	v
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi	_		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	┌──┩	
	Note: All Form 900 Slore are required to permitted Calculate C	38	x	
Par		_ 56		
	Check if Schedule O contains a response or note to any line in this Part V			
		123731247	Yes	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	<u></u>		-10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	- 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		:
	(gambling) winnings to prize winners?	1c	x	
832004	12-31-18	Form	990 (	2018)

					Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1	1	'**	"
	filed for the calendar year ending with or within the year covered by this return	2a	42	3	l	
t	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2ь	x	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s) .		<u> </u>	<del>  </del>	┢
За	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 in Schedule	0		3b	_	╆▔
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		_	$\vdash$
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶					<del>                                     </del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).	ĺ		]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	,	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		***************************************	5c	<del>                                     </del>	<del></del>
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit			$\vdash$
	any contributions that were not tax deductible as charitable contributions?			6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions c	r aifts		$\vdash$	
	were not tax deductible?		• •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<del>                                     </del>	Н	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices (	rovided to the payor?	7a		x
Ь	If "Yes," did the organization notify the dense of the valve of the send of th			7b		<u> </u>
G	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	┈		
	to file Form 8282?			7c		x
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7a	,			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		74		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	3			
	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		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	$\neg$	_
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		<u>-</u>			
a	Gross income from members or shareholders	11a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				ĺ	
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	_ ]	
þ	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.		-		ľ	
8	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the				- 1	
	organization is licensed to issue qualified health plans	13b				
¢	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
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or [			
	excess parachute payment(s) during the year?			15	]	X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t Incor	ne?	16		X
	If "Yas," complete Form 4720, Schedule O.					

Form 990 (2018) HABITAT FOR HUMANITY OF BROWARD, INC. 59-2320573 Page 6
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 in Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management			X
	and the state of t		14.0	l Na
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22	·—-	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing	1	]	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	i	İ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	l		
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	<del></del> -		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	1	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		8	<del>                                     </del>	X.
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	-	<u> </u>
		l <b>_</b> _		x
b	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		┝┷
_		l _		•
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>
a		_		
	The governing body?	6a	X	
9	Each committee with authority to act on behalf of the governing body?	Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
٥٨٥	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<del>30</del> 0	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the autoriant on have been been been been been been been be		Yes	No
108	Did the organization have local chapters, branches, or affiliates?	10a		X
D	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	احيا	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Ь	Describe in 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
2	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	<b>15</b> b	X	
	if "Yes" to line 15a or 15b, describe the process in 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?	<b>16</b> a	[	X
ь	If "Yes," dld 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		ĺ	
	exempt status with respect to such agrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NANCY ROBIN - 954-396-3030			
	3564 NORTH OCEAN BLVD., FORT LAUDERDALE, FL 33308			

Form 990 (20 Part VII) (	HABITAT FOR HUMANITY OF BROWARD, INC. 59-2320573 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	Page 7
	Zheck if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(d	o not o x, unk	(i Pos sheck sa pe	C) sitior more magn	) Ihan is bol	ona han	ted any current officer, (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
<del></del>	(list any hours for related jorganizations below line)	Individual trastee or director	institutional onstee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT TAYLOR JR CHAIRMAN	1.00	<u>ا۔</u>								
(2) STEPHEN R. PALMER	1 00	X	Ļ.	_	Щ.	Щ		0.	0.	0
TREASURER	1.00	<b>↓</b>	١,				i			
(3) BILL FRINBERG	1.00	X	⊢			-		0.	0.	0
PAST BOARD CHAIR	1.00	x		li					_	
(4) DR. BLOISE MCCOY-CAIN	1.00	^	Н	Н		$\vdash$	_	0.	0.	0
DIRECTOR-CHAIR FAMILY SUPPORT	1.00	x						0.		
(5) KRIS RICH	1.00	A	Н	Н			-		0.	0
DIRECTOR		x	1			'		0.	o.	
(6) BURNADETTE NORRIS-WEEKS	1.00	==	Н	$\dashv$		$\dashv$	$\dashv$			0
DIRECTOR		x	ΙÍ					o .l	0.	0
(7) GARY BITNER	1.00		Н	┪	$\neg$	$\dashv$	$\neg$		<del></del>	
DIRECTOR		X	ĺĺ				1	0.	0.	0
(8) JOHN ROMANDETTI	24.00			寸	$\neg$	ヿ	一		<del></del>	
DIRECTOR - CHAIR RESTORE		X		ſ				0.	0.	0 -
(9) EDUARDO CABALLERO	5.00		П				T		<del></del>	
DIRECTOR-CHAIR OF CONSTRUC		X				- }		0.1	0.	0
(10) LILY PARDO	1.00		П		$\neg$	T	$\neg$			<u>-</u>
DIRECTOR		X							0.	0 .
(11) RAQUEL CASE	1.00				П		П			·
DIRECTOR		X	_		Ц	Ц		0.	0.	0.
(12) KELLY KOLB 1ST VICE CHAIR	1.00				ľ		- 1			
(13) ROBERT BARRON	1 00	X	_	4	_	$\dashv$	4	0.	0.	0.
SECRETARY	1.00	_	ı				- 1	اء		<del></del>
(14) GEORGE BARBAR	1.00	X	$\dashv$	+	4	-	-+	0.	0.	0.
DIRECTOR	1.00	x		- 1	- 1	- 1		ا ۾	ا م	_
(15) JAMES DAVEY	1.00	^	+	$\dashv$	┥	$\dashv$	+	0.	0.	0.
DIRECTOR-CHAIR OF VOLUNTEER COMMITTE		X			- 1			0.	0.	
(16) RIC GREEN	1.00		$\dashv$	$\dashv$	$\dashv$	+	+			0.
DIRECTOR	<del></del>	$\mathbf{x}$		- [		ĺ		0.	0.	Λ
(17) ALEX BUSCHMANN	1.00		╅	+	$\dashv$	┿	╅	<del></del>		0.
DIRECTOR		$\mathbf{x}$						0.	0.	0.

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average			- (0	C) ition			(D)	(E)	(F)
Name and title	hours per week	box	not d unler our an	heck se pe	more rson i	than is bot	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	кеу втрюува	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) GAIL DALEY	1.00									-
DIRECTOR		X						0.	0.	0
(19) PATRICK MCCALL	1.00									
DIRECTOR	1 00	X	Ц				L	0.	0.	0
(20) JULIE MEDLEY	1.00								_	
DIRECTOR	1 00	X						0.	0.	0
(21) MIGUEL PALACIOS DIRECTOR	1.00	x	ı					ا م		_
(22) SUSAN RENNEISEN	1.00	X.		Щ				0.	0.	0
DIRECTOR	1.00	x						٥.١	0.	
(23) NANCY ROBIN	40.00	_	$\dashv$	$\overline{}$						0
EXECUTIVE DIRECTOR	10.00			x				144,285.	0.	0
(24) WILLIAM D. HUGHES	40.00			_		_		,		<u>~</u>
DIRECTOR OF LAND ACQUISITIONS & DEVE						x		112,159.	0.	0
(25) BARBARA WITTE	40.00		一							
DIRECTOR OF DEVELOPMENT AND MARKETIN			_	_		X		108,084.	0.	0
1b Sub-total								364,528.	0.	0
c Total from continuation sheets to Part VI							<b></b>	0.	0.	0
d Total (add lines 1b and 1c)								364,528.	0.	0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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
A. JESAL CONSTRUCTION CORPORATION	20001111011011000	Сопрепольст
12373 NW 26 CT, CORAL SPRINGS, FL 33065	CONSTRUCTION	271,568.
THE GREEN EXPERTS		
PO BOX 9318, CORAL SPRINGS, FL 33075	MAINTENANCE	170,720.
POWER DIVISION, INC.		
1049 NW 31ST AVE, POMPANO BEACH , FL 33069	CONSTRUCTION	134,309.
A & W FLOORING, INC.	FLOORING	
13351 SE 80TH ST, MORRISTON , FL 32668	INSTALLATION	103,561.
WOOD ROOFING, INC.		
4910 SW 11TH CIRCLE , MARGATE, FL 33068	ROOFING	102,500.
2 Total number of independent contractors (including but not limited to those list	led above) who received more than	
\$100,000 of compensation from the organization	•	

			Check if Schedule O com	tains a response	or note to any l	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
報報	1	a	Federated campaigns	1a					
23		b	Membership dues	1Ь		1			
Α¥		C	Fundraising events	1c	340.	.1			
害道		d	Related organizations	1d		1			
ΨĒ		0	Government grants (contribut			1			
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, gran			1			
至			similar amounts not included abo		666,655.				
퉏었		a	Noncash contributions included in lines			1	1		
2 2			Total. Add lines 1a-1f			3.666.995.			
					Business Code		-		<del>                                     </del>
	2	a	HOME SALES		531390	2,601,576.	2.601 576		j
Program Service Revenue			RESTORE SALES		453310	1,660,333.	1 660 333	· ·	<del>  -</del> -
ᇙ		c	LATE FEE INCOME	<del></del>	531390	32 727	32,727.		<del>                                      </del>
톭홏		ď			531390				<del> </del>
ğ#		~	SPECIAL EVENT I		531390	16,705.			<del></del>
ᄹ						10,703.	10,703.		
			All other program service reve			4,328,086.			
$\dashv$	3	ч	Total, Add lines 2a-2f Investment income (including	المراجعة المراجعة المراجعة المراجعة المراجعة		2,320,000.			<u> </u>
	3					2,706.			2706
			other similar amounts)			4,700.			2,706.
	4		Income from investment of tax						<u> </u>
	5		Royalties						
	_			(i) Real	(ii) Personal				
			Gross rents						
l			Less: rental expenses		<u> </u>	4			
			Rental income or (loss)	L	[	1			
			Net rental income or (loss)		<u></u>				<u> </u>
	7 (	a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory		ļ				
	ı	b	Less: cost or other basis						
			and sales expenses			]			
- 1			Gain or (loss)			<u> </u>	•		
		d	Net gain or (loss)		<u></u>				
2	8 8	a	Gross income from fundraising						•
Werkue			including \$3	40. of					
			contributions reported on line						
Other Re			Part IV, line 18		59,568.				
£۱	ı	b	Less: direct expenses	b	26,836.				
~	(	C	Net income or (loss) from fund	Iraising events		32,732.			32,732.
- 1	9 :	a	Gross income from gaming ac	tivities. See					
			Part IV, line 19						
	ŧ	b	Less: direct expenses	b					
	•	C	Net income or (loss) from gam	ing activities					
	10 a	a	Gross sales of inventory, less	retums					
			and allowances	а					
	Ŀ	Ь	Less: cost of goods sold	b					
L		C	Net income or (loss) from sale:	s of inventory	<b>&gt;</b>	<u></u>			]
Γ			Miscellaneous Revenue		Business Code				<u> </u>
ſ	11 a	a	AMORTIZATION OF		531390	878,185.			878,185.
- [			MISCELLANBOUS R		531390	34,274.			34,274.
			DISCOUNT ON PRO		531390	4,586.		<u>-</u>	4,586.
	ć		All other revenue						,,
	,	ė	Total. Add lines 11a-11d		<b>&gt;</b>	917,045.	<u> </u>		1
J	12	-	Total revenue. See instructions			8,947,564.	4,328,086.	0.	952,483.
832009		31-				<del></del>	,		Form <b>990</b> (2018)

Form 990 (2018) HABITAT FOR HUMANITY OF BROWARD, INC.
Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must com			inplete countil (A).	<del>-</del>
0-	Check if Schedule O contains a respon			(C) T	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	<u> </u>		<u> </u>	
2	The same account to the delivering		f j		
_	individuals. See Part IV, line 22	<u> </u>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		_		
4 5	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors, trustees, and key employees	144,285.	109,657.	12 006	01 640
6	Compensation not included above, to disqualified	144,203.	103,037.	12,986.	21,642
ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,570,418.	1,193,333.	134,166.	242,919
8	Pension plan accruals and contributions (include	1,0,0,410.	1,170,555.	134,100.	242,919
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	260,982.	198,318.	22,397.	40,267.
10	Payroll taxes	135,600.	103,041.	11,637.	20,922
11	Fees for services (non-employees):		100,041.	11,037.	20,322
a	Management				
ь	Legal	21,483.	9,667.	10,097.	1,719.
c	Accounting	48,465.	21,809.	22,779.	3,877.
d		,		2271731	3,0716
•	Professional fundraising services. See Part IV, line 17	•			
f	Investment management fees		-		
q	Other. (If line 11g amount exceeds 10% of line 25,			<del></del> -	<del></del>
•	column (A) amount, list line 11g expenses on Sch O.)	37,285.	17,265.	17,288.	2.732.
12	Advertising and promotion	88,239.	49,805.	4,131.	2,732. 34,303.
13	Office expenses	111,811.	48,261.	51,212.	12,338.
14	Information technology	· <u>-</u> -			
15	Royalties	·			
16	Occupancy	62,150.	36,559.	14,624.	10,967.
17	Travel	·			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	45,330.	45,330.		
21	Payments to affiliates	55,550.	55,550.		
2	Depreciation, depletion, and amortization	109,007.	105,847.	3,160.	
23	Insurance	118,902.	103,492.	10,311.	5,099.
4	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	COST OF HOMES SOLD	4,166,451.	4,166,451.	<del></del>	<u> </u>
b	OTHER EXPENSES	260,701.	147,508.	60,055.	53.138.
c	TELEPHONE AND UTILITIES	107,394.	89,930.	16,284.	1,180.
đ	VEHICLE AND MACHINERY E	67,513.	67,288.	217.	8.
•	All other expenses	134,655.	120,647.	9,918.	4,090.
5	Total functional expenses. Add lines 1 through 24e	7,546,221.	6,689,758.	401,262.	455,201.
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			}	

Form 990 (2018)
Part X | Balance Sheet

<b>7</b> 8	ILV	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	*******		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,341,663.	1	5,256,519
	2	Savings and temporary cash investments	1,298,013.	2	1,180,779
	3	Pledges and grants receivable, net	913,942.	3	1,081,678
	4	Accounts receivable, net		4	<u> </u>
	5	Loans and other receivables from current and former officers, directors,			
	]	trustees, key employees, and highest compensated employees. Complete	İ		
	ĺ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			[
i	i	employers and sponsoring organizations of section 501(c)(9) voluntary			[
2		employees' beneficiary organizations (see instr). Complete Part It of Sch L		6	
21000	7	Notes and loans receivable, net	9,168,638.	7	10,472,369
•	В	Inventories for sale or use	3,380.	8	16,532
	9	Prepaid expenses and deferred charges	28,420.	9	616,256
	10a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 2,819,797.			
	Þ	Less: accumulated depreciation 10b  1,155,117.	1,757,145.	10c	1,664,680
	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	4,191,733
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,473,095.	15	7,114,438
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,984,296.	16	31,594,984
ı	17	Accounts payable and accrued expenses	63,479.	17	181,404
١	18	Grants payable		18	
١	19	Deferred revenue		19	
١	20	Tax-exempt bond liabilities		20	
ı	21	Escrow or custodial account liability. Complete Part IV of Schedule D	494,812.	21	146,954
· [	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.		ĺ	
١		Complete Part II of Schedule L		22	
١	23	Secured mortgages and notes payable to unrelated third parties		23	
1		Unsecured notes and loans payable to unrelated third parties		24	
-		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	63,465.	25	6,022,743.
	26	Total (jabilities, Add lines 17 through 25	621,756.	26	6,351,101.
Т		Organizations that follow SFAS 117 (ASC 958), check here			
-		complete lines 27 through 29, and lines 33 and 34.			
:		Unrestricted net assets	21,841,889.	27	23,355,143.
	28	Temporarily restricted net assets	1,520,651.	28	1,888,740.
	29	Permanently restricted net assets		29	
1		Organizations that do not follow SFAS 117 (ASC 958), check here			<u> </u>
-		and complete lines 30 through 34,			
-		Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund	-	31	
		Retained earnings, endowment, accumulated income, or other funds	_	32	
		Total net assets or fund balances	23,362,540.	33	25,243,883.
		Total liabilities and net assets/fund balances	23,984,296.		31,594,984.

	1990 (2018) HABITAT FOR HUMANITY OF BROWARD, INC.	59-2	320573	۱ ۵	40
Pŧ	rt XI Reconciliation of Net Assets		920373	<u> </u>	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
				******	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,94	7.5	564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,54		
3	revariue less expenses. Subtract line 2 from line 1	3	1,40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,36		
5	Net unrealized gains (losses) on investments	5		<del>- / -</del>	
6	Donated services and use of facilities	6	48	0 7	00.
7	Investment expenses	7		<del>• , •</del>	<del>, , , , .</del>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	<del> </del>			<del></del>
	column (B))	10	25,24	ว ต	223
Pa	rt XII Financial Statements and Reporting	<u> 10  </u>	27,24	<del>~,_</del>	
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
		*****	1+1,	Yes	-=
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				'''
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	Ο,	2a		l x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		228		<del>  ^</del>
	separate basis, consolidated basis, or both:	ori a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			x	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		<u>2b</u>		├
	consolidated basis, or both:	e basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				Ì
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	TRYIGHT OF Compilation of its financial statements and calculate as an included as a second			37	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		2c	<u>_X</u>	<u> </u>
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	aule O,			Ī
		gie Audit			
b	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		3a		<u>x</u> _
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	_,		

Form **990** (2018)

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

Department of the Treasury Internal Revenue Service

Total

# **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

Open to Public Inspection

Name of the organization Employer identification number HABITAT FOR HUMANITY OF BROWARD. 59-2320573 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 L 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment Income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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.  $\perp$  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) No Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF BROWARD, INC. 59-2320573 Page 2

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

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

Sec	ction A. Public Support	· <del></del>				_	
Cale	ndar year (or fiscal year beginning in)	(#) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					<u> </u>	
	membership fees received. (Do not						
	include any "unusual grants.")	2,462,115.	3,356,401.	1,841,017.	3,199,382.	3,665,995.	14,525,910.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	f					
	or expended on its behalf						
3	The value of services or facilities					<del>" .</del>	
	furnished by a governmental unit to		Ĭ				
	the organization without charge						
4	Total. Add lines 1 through 3	2,462,115.	3,356,401.	1,841,017.	3,199,382.	3,666,995.	14,525,910.
	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	J	i				
	amount shown on line 11,						
	column (f)	1					2,751,106.
6	Public support. Subtract line 5 from line 4.		1				11,774,804,
Sec	tion B. Total Support		•	<u> </u>			<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2,462,115.	3,356,401.	1,841,017.	3,199,382.	3,666,995.	14,525,910.
	Gross income from interest,					<u> </u>	
	dividends, payments received on	•	İ				
	securities loans, rents, royalties,		i				
	and income from similar sources		1,900.	965.	1,872.	2,706.	7,443.
9	Net income from unrelated business						.,
_	activities, whether or not the			1	l		
	business is regularly carried on						
10	Other income, Do not include gain			<u>_</u>			
	or loss from the sale of capital			ļ			
	assets (Explain in Part VI.)	28,575.	40,515.		2,386.	34.274.	105,750.
11	Total support, Add lines 7 through 10	,	,		,	+ - <b>.</b> :. :	14,639,103.
	Gross receipts from related activities,	etc (see instructio	ne)			12 17	,037,661.
	First five years. If the Form 990 is for	·	•		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stop	-		.,	-	* * * * *	▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (lin	ne 6, column (f) div	rided by line 11, or	olumn (f))		14	80.43 %
15	Public support percentage from 2017	Schedule A, Part I	l, line 14	•••		15	81.06 %
	33 1/3% support test - 2018. If the of					ore, check this bo	ox and
	stop here. The organization qualifies a	-					
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qualit	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	•					
	meets the "facts-and-circumstances" 1			•	•	-	. —
h	10% -facts-and-circumstances test	_					•
_	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
	The state of the s						or 990-FZ) 2018

(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.)

Se	ction A. Public Support	CION, PICASE COI	ipiete i ait it./			<del>.</del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	-		1	(4,2011	(0) 2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.				<del> </del>		<del>-</del>
	merchandise sold or services per-			•		Ì	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			<del></del>	<u> </u>	<del>-</del>	
•	are not an unrelated trade or bus-			•	ł	ļ	
	iness under section 513						
					<u> </u>		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1	ļ	
_	or expended on its behalf	<u></u> _					
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge			<u>.</u>			
	Total. Add lines 1 through 5		<u> </u>	<u> </u>		1	
<b>7</b> a	Amounts included on lines 1, 2, and	-					
	3 received from disqualified persons					l	
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						
	Public support. (Subtract line 7c from line 6.)					-	
Sec	tion B. Total Support		<u></u>				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	4-) 0040	(6 T-1-)
	Amounts from line 6	1472014	(6) 2515	(0) 2010	(4) 2017	(e) 2018	(f) Total
10a	Gross income from interest,		-			-	
	dividends, payments received on				•		
	securities loans, rents, royalties,						
L	and income from similar sources Unrelated business taxable income						
0							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b			<u>-</u>	<u> </u>		
13	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is					l i	
	regularly carried on					<u></u>	
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.)				•		
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth to	x vear as a sectio	n 501(c)(3) organiz:	ation
	aleanic this base and atom beaus		***************************************				<b>.</b>
Sec	tion C. Computation of Public						
15	Public support percentage for 2018 (lir	18 8, column (f), c	divided by line 13, a	column (f))		15	%
	Public support percentage from 2017	•	184 45	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
	tion D. Computation of Inves				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	/**
	Investment income percentage for 201			ne 13. column (fi)	-	17	%
	Investment income percentage from 2					18	<del></del>
	33 1/3% support tests - 2018. If the c						
	more than 33 1/3%, check this box an	-					
b	33 1/3% support tests - 2017. If the o			, ,			
_	line 18 is not more than 33 1/3%, chec					•	<u> </u>
20	Private foundation, if the organization						<b>[</b>  -
		on not unbull d	DOM OF 1815 17, 130	, or low, whech th	IN SOV WILL SEE BE		

# Part IV Supporting Organizations

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

O A A	II Supporting On	
SOCTION A B	II SIIDDAMIDA I W	448IJ48IABA
ABARALI L'A	II GUDDUI IIIIU GI	Jankauvus

			Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing	"	1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4=	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you chacked 12a or 12b in Part I, answer (b) and (c) below.	48	'	
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		
	despite being controlled or supervised by or in connection with its supported organizations.	46		
c	Did the organization support any foreign supported organization that does not have an IRS determination	-		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		_	
	answer (b) and (c) 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	1 1		
	was accomplished (such as by amendment to the organizing document).	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's controt?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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	1 1		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	[	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	96		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
(Qa	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	- 1 - 1		

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sch	edule A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF BROWARD, INC. 59-2:	32057	73 p	age 5
•••	art IV Supporting Organizations (continued)			
11	Life the experience account of the control of the c		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	1	ľ	
٠	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	1		1
h	A family member of a person described in (a) above?	11a		Ļ
		11b	┞	ــــــ
Sec	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u>l</u>	<u>L.</u>
			Т.	Τ.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ĺ	
	controlled the organization's activities. If the organization had more than one supported organization,	ŀ		l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ł	
	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	<u>'</u>		├
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			-110
	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).	١.,		
Sec	tion 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	i		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	and a second of a			
	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 in (2), 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	i		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee Instructions			
ä	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations, Complete Ilne 3 below.			
-	The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see insi		.1	
2	Activities Test. Answer (a) and (b) below.	rucuons 		
_	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		- 1	
	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	1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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		l	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ľ	
	trustees of each of the supported organizations? 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		
			_	_

Sch	edule A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF	F BRO	WARD, INC.	59-2320573 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust o	on Nov. 20, 1970 (explain	n in Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete.	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	<del>-</del>	
_2	Recoveries of prior-year distributions	2	<del></del> -	
_3_	Other gross income (see instructions)	3	· <del>-</del>	· ·
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		7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	_	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
<u> </u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other		7.4.	· · · · · · · · · · · · · · · · · · ·
	factors (explain in detail in Part VI):	ŀ		
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 1-1/2% of line 3 (for greater amount,			· · · · · · · · · · · · · · · · · · ·
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 8)	8		
Sect	Ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
6	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ily integra	ted Type III supporting	organization (see
	inchu(chiona)			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Sch	edule A (Form 990 or 990-EZ) 2018 HABITAT FOR F	IUMANITY OF BRO	OWARD, INC.	59-2320573 Page 7
_	- 13bo m Houst anctionally integrated 308	(a)(3) Supporting Org	janizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex-	empt purposes		
2	i i i i i i i i i i i i i i i i i i i			
_	organizations, in excess of income from activity			<u>                                     </u>
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organizatio	กร	
	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6_	Other distributions (describe in Part VI), See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.		·	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	/8	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u></u>	
Sect	Ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(Iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2018			<u> </u>
<u>a</u>	From 2013			
<u> </u>	From 2014			
c	From 2015			<del>-</del>
<u>d</u>	From 2016			
8	From 2017			<u></u>
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ì	Carryover from 2013 not applied (see instructions)			<del></del>
_i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· <del>-</del> · - · - · · - · · · · · · · · · · · ·	
4	Distributions for 2018 from Section D,	-		
	line 7: \$			
а	Applied to underdistributions of prior years			
ь	Applied to 2018 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j	<u>.</u>		-
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
Ь	Excess from 2015			· · · · · ·
c	Excess from 2016			
d	Excess from 2017	·		
	Excess from 2018			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Arona sac or sa	V-EZ, 2018	11277	AI FU	K HUM	TALLE	UF	BKOM.	AKD,	INC.	<u>59-2320573</u>	Page 8
Fait VI		Section D.	ines 2 and	3 Part IV	Saction F	Free 1e	20. 25. 2	nic, ra	ntiv, Sec	TION B, MNes 1	17b; Part III, line 12; and 2; Part IV, Section	
	(See instruction	ns.)			C, M 100 £,	J, 2010 6		mpiete ti	ırs part te	or any addition	nal information.	
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# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	1,286,850.	994,068
	1,011,000.	718,218
	620,000.	327,218
	555,000.	262,218
	476,000.	183,218
	433,730.	140,948
	418,000.	125,218
		······································
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· · · · · · · · · · · · · · · · · · ·		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		· · · ·
tal Excess Contributions to Schedule A, Part II, Line 5		2,751,106

# Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	HABITAT FOR HUMANITY OF BROWARD, INC.	59-2320573					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501 (c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special f	Rule. See instructions.					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali my one contributor. Complete Parts I and II. See instructions for determining a contribute						
Special Rules							
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from					
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filling 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.						
year, contributio is checked, ente purpose, Don't (	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled there the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because in table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., It received <i>nonexclusively</i>					
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•					

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

Employer identification number

# HABITAT FOR HUMANITY OF BROWARD, INC.

59-2320573

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	· · · · · · · · · · · · · · · · · · ·	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 330,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>410,000.</u>	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 4		\$ <u>80,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>80,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>200,000</u> .	Person X Payroll

	6	****	,	,	9001	• /	
Mama	nf a	nization	_				_

Employer identification number

HABITAT	<u>FOR</u>	HUMANITY	OF	BROWARD,	INC.

	TO TOK HOMANIII OF BROWARD, INC.		<u>9-2</u> 320573
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		_ \$ <u>80,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	-		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$80,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		- _ \$ <u>80,000.</u>	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$80,000 <u>.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$80,00 <u>0.</u>	Person X Payroll
23452 11-08-1	18	Schedule B (Com-	900 000 E7 or 000 DE (2010)

Name of organization

Employer identification number

# HABITAT FOR HUMANITY OF BROWARD, INC.

59-2320573

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- - s <u>357,546.</u>	Person X Payroll
(a) No.	(b) Name, address, and Z:P + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# HABITAT FOR HUMANITY OF BROWARD, INC.

59-2320573

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>=</b>   <b>s</b>	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>_</b>   <b>s</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_   _   s	
(s) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  s	

Schedule B	(Form 990,	990-EZ,	or 990-PF	(2018)
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Page 4

Name of o	organization		Employer identification number
HABIT	AT FOR HUMANITY OF BRO	WARD, INC.	59-2320573
Part III	Exclusively religious, charitable, etc., contril from any one contributor. Complete columns completing Pert III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	taj through (ej and the tollowing line entr 4s, charitable, etc., contributions of \$4 mm A= 2.	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ì		(e) Transfer of gift	
}	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

### **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 Open to Public Inspection

Name of the organization

HARTTAT FOR HUMANITY OF BROWARD TNC Employer identification number 59-2320573

Par		d Funds or Other Similar Fun	ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		ILL Fdd
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate value of contributions to (during year)		<del> </del>
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 v	<del>-</del>	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		· — — —
_	impermissible private benefit?		
Pa			0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ea		istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	
	day of the tax year,		Held at the End of the Tax Yea
a	Total number of conservation easements		22
b	Total acreage restricted by conservation easements		<b>2</b> b
c	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic stru	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		 of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing or	onservation easements during the year
_	<b>•</b>	·	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	rvation easements during the year
•	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		•
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under SFAS 116 (AS		itement and balance sheet works of art,
•••	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		.,
h	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art, historica
Ū	treasures, or other similar assets held for public exhibition, ex	ducation, or research in furtherance of	public service, provide the following amount
			, , , , , , , , , , , , , , , , , , ,
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
_	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tre-	as was ar other similar accets for finan	ocial nain, provide
2			inner Store it bet a store
	the following amounts required to be reported under SFAS 1		<b>&gt;</b> \$
a	Revenue included on Form 990, Part VIII, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

	dule D (Form 990) 2018 HABITAT	FOR HUMAN						59-23 ar Asse	20573	Page 2
3	Using the organization's acquisition, access									
	(check all that apply):	•			•		<b>_</b>			,,,,,,,
8	Public exhibition		d 🗀	Loan or exc	hange progr	ams				
b	Scholarly research		. 🗀							
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							$\square$	39Y	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa								·	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not i	included			
	on Form 990, Part X?					*****			Yes	X No
ь	If "Yes," explain the arrangement in Part XIII									
									Amount	
C	Beginning balance					***********	. 1c			
d	Additions during the year						. 1d			
•	Distributions during the year						, 1 <del>0</del>			
f	Ending balance					******	, <u>1f</u>			
	Did the organization include an amount on F						ty?		Yes	No
_ь	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanati	on has been	provided on	Part XIII				X
Pa	t V Endowment Funds. Complete		swered	"Yes" on Fo					<del></del>	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back {	d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		Ļ			<b> </b> .				
ь	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
e	Other expenditures for facilities									
	and programs		<b>_</b>		ļ					
f	Administrative expenses					<b></b> -∔				
9	End of year balance				L					
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:					
a	Board designated or quasi-endowment		<b>_</b> %							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	-								
За	Are there endowment funds not in the posse	ission of the organiz	ation th	at are neid a	ina aaministe	erea for th	ie organiz	ation	Ti.	T N-
	by:									es No
	(i) unrelated organizations									+-
_	(iii) related organizations If "Yes" on line 3a(ii), are the related organizations									+-
	Describe in Part XIII the intended uses of the				••••	·····			3b	<del></del>
Pa	t VI Land, Buildings, and Equipm		DANINGIAL	ICE ICIS.						
	Complete if the organization answere		0 Part IV	/ line 11a 5	See Form 994	D Part X I	line 10			
	Description of property	(a) Cost or o			or other		cumulate	и Г	(d) Book	/ah se
	secondition property	basis (investi			(other)		reciation	~	144 DOOK	1000
1a	Land	<del></del>			<u></u>			<del> -</del>		
	Buildings			2.57	1,212.	9	85,7	91.	1,585	.421.
	Leasehold improvements				· ·					· ·
d	Equipment			24	8,585.	1	69,3	26.	79	,259.
	Other .									
	. Add lines 1a through 1e. (Column (d) must s		X, colur	nn (B), line 1	10c.)				1,664	,680.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HABITAT FOR	HUMANITY	OF BROWARD, INC.	59-2320573 Page
Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
{1} Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	·		
(B)	. <u> </u>		
(C)			
(D)	. <u> </u>		
<u>(E)</u>			
<u>(F)</u>			
_(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) INVESTMENT IN HFHI NMTC			
(2) LEVERAGE LENDER 2018-1,	4 101 7	33 0000	
(3) LLC	4,191,7	33. COST	
(4)			
(5)			<del> ,,</del>
(6)			
(8)			
(9)	4,191,7	33	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	4,191,7	33.	
	F 000 P	/ E 44-2 G E 000 G	W Burner
Complete if the organization answered "Yes"	on Form 990, Part IV Description	7, Ine 110. See Porm 990, Part 7	(b) Book value
TOWNS AND TENNE BOD SAFE	- Description	<del></del>	7,114,438
			7,114,430
(2)			
(3)			
(4)	<b></b> .		
(6)		<del>.</del>	
(6)	<del></del>	<del></del>	
(7)		···· · · ·	
(8)	·	··· <b>-</b> ··	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	151	<del></del>	7,114,438
Part X Other Liabilities.	7 10./		
Complete if the organization answered "Yes"	on Form 990 Part I)	V line 11e or 11f See Form 990	Part X. line 25.
(a) Description of lightifu	and will page and the	(b) Book value	
(1) Federal income taxes		• • • • • • • • • • • • • • • • • • • •	
(2) DUE TO HFHI NMTC SUB-CDE	III, LLC	6,022,743.	
(3)		-	
(4)			

1,	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO HFHI NMTC SUB-CDE III, LLC	6,022,743.	
(3)	-		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
lotal.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,022,743.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

Concides the operatization assument "Yes" on Form 990, Part IV, knot 12s.  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part IVI, line 12. 2 Amounts included on fine 1 but not on Form 990, Part IVI, line 12. 2 Amounts included on fine 1 but not on Form 990, Part IVI, line 12. 2	Schedule D (Form 990) 2018 HADITAL FOR HUMANITI OF BR				<u> 23205/3 Pag</u>	e 4
1 Total recenue, gains, and other support per audited financial statements 2 Announts included on line 1 but not on Form 900, Pert VIII, line 12: a Not cursalized gains (pause) on investments b Dorrated sources and use of includes c Recoveries of piot year gaints c Recoveries of piot year gaints d Other (Recoveries in Pert XIII) a Add Inne 2s through 2st 3 Subtract the zear from 900, Pert VIII, line 12, but not on line 1: a Investment recenses not not cluded on Form 990, Pert VIII, line 7b b Cities (Describe in Pert XIII) c Add lines 4st and 8d of the Children of Form 990, Pert VIII, line 7b b Cities (Describe in Pert XIII) c Add lines 4st and 8d of the Children of Form 990, Pert VIII, line 7b b Cities (Describe in Pert XIII) c Add lines 4st and 8d of the Children of Form 990, Pert VIII, line 7b c Inglitered and Add lines 3 and 4st, (This must equal Form 990, Pert VIII, line 7b c Inglitered and Add lines 3 and 4st, (This must equal Form 990, Pert VIII, line 7b c Inglitered and Add lines 3 and 4st, (This must equal Form 990, Pert VIII, line 7b c Inglitered and 1st and 1s			n Revenue per R	eturr	1.	
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832054 10-29-18 Schedule D (Form 990) 2018		CHINI				_

832054 10-29-18

Part XIII   Supplemental Information (continued)
AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN
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AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT
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SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE ORGANIZATION HAD NO
MATERIAL UNRECOGNIZED TAX BENEFITS AND NO ADJUSTMENTS TO ITS FINANCIAL
POSITION, ACTIVITIES OR CASH FLOWS WERE REQUIRED.
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#### SCHEDULE G (Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

HARTMAN POD HIMANTNY OF BROWARD TWO

Employer identification number

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Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
<ul> <li>Indicate whether the organization rais a</li></ul>	e Solicitar  f Solicitar g Special  or oral agreement with any individual lart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclusive)	non-g gover iising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	traj of	(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			
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Total  3 List all states in which the organization		eriore.		n ne han hann natific	d it is everent from n	egistration
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundralsing 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 SPIRIT OF NONE (add col. (a) through HUMANITY col. (c)) (event type) (event type) (total number) 59,908. 59,908. 1 Gross receipts 340. 340. 2 Less: Contributions 59,568. 3 Gross income (line 1 minus line 2) 59,568. 4 Cash prizes 5 Noncash prizes **Direct Expenses** 20,712. 20,712. 6 Rent/facility costs Food and beverages 8 Entertainment 6,124. 6.124. 9 Other direct expenses 10 Direct expanse summary. Add lines 4 through 9 in column (d) 26,836. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Garning. 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. (b) Puil tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 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? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF BROWARD, INC.

Schedule G (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF BROWARD,	INC. 59-	2320573 Page 8
11 Does the organization conduct gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other e		
to administer charitable gaming?	•	Yes No
13 Indicate the percentage of garning activity conducted in:		
a The organization's facility		13a 9
b An outside facility		
14 Enter the name and address of the person who prepares the organization's garning/special events be		
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:		
on res, enter numbered and addition of the party.		
Name		<u> </u>
Address >		
16 Gaming manager information:		
Name		
Control of the Contro		
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 procee		☐ Yes ☐ N
retain the state gaming license?		Tes III
b Enter the amount of distributions required under state law to be distributed to other exempt organizations.	itions 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, colu	mes (iii) and (v): and F	Part III lines 9 9h 10h
Supplemental Information. Provide the explanations required by Part I, line 2b, colu 15b, 15c, 18, and 17b, as applicable. Also provide any additional information. See instruction		ZIT IN, III 100 0, 00, 100
130, 130, 10, and 170, as applicable. Also provide any additional information, coefficients		
	<u></u>	
<u> </u>		
832083 10-09-18	Schedule G (Fo	rm 990 or 990-EZ) 20

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	HABITAT E	OR	HUMANITY	OF	BROWARD,	INC.	59-2320573 Page 4
Part IV	Supplemental Infor	mation (continue	d)					
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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

**2018** 

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF BROWARD, INC.

Employer identification number 59-2320573

Pa	rt 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	( <b>d)</b> Method of de noncash contribu		ınts	
1	Art - Works of art			· ····· · · · · · · · · · · · · · · ·		· ·-		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							_
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							_
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	·						
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
18	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory				·			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BUILDING MATE)	X	44	0.	TRADE ESTIM	ATE		
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
					,	Ye	3	<u>No</u>
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat	e of the initia	al contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?			**   *   * * * * * * * * * * * * * * *	30a	4	<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	4	X
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32a	4	<u> </u>
b								
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	ecked,		-	
	describe in Part II.							

Schedule M (Form 990) 2018 HABITAT FOR HUMANITY OF BROWARD, INC. 59-2320573	Page 2
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.	n rte
SCHEDULE M, LINE 33:	
RESTORE	
THE ORGANIZATION DOES NOT ADJUST INVENTORY FOR CONTRIBUTIONS OF GOODS	
TO THE RESTORE. IN ADDITION, THE ORGANIZATION DOES NOT RECORD	
CONTRIBUTED MATERIALS USED IN CONSTRUCTION. THEREFORE, NO AMOUNTS CAN	
BE LISTED FOR NON-CASH DONATIONS TO THE RESTORE OR FOR CONSTRUCTION.	
	<del></del>

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Schedule M (Form 990) 2018

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization  HABITAT FOR HUMANITY OF BROWARD, INC.	Employer identification number 59-2320573
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
AFFORDABLE HOUSING.	
<del> </del>	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE MANAGEMENT OF THE ORGANIZ	ATION PRIOR TO
FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES ALL OFFICERS AND DIRECTORS TO F	ILL OUT AN ANNUAL
CONFLICT OF INTEREST STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF OFFICERS AND TOP MANAGEMENT IS REVIEWED A	ND APPROVED BY THE
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM PRIOR YEAR	
	. <u> </u>