

2024

Accommodations Tax Funds Request Application

Organization Name: Habitat for Humanity of the Lowcountry

Project/Event Name: Land Purchase to Build Workforce Housing

Executive Summary

2024 Accommodations Tax Funds Request Application

Date Received: 09/01/2023

Time Received: 12:47 PM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Habitat for Humanity of the Lowcountry

Project/Event Name: Land Purchase to Build Workforce Housing

Contact Name: Brenda Dooley

Title: CEO

Address: PO Box 2747, Bluffton, SC 29910

Email Address: brendadooley@habitatthi.org

Contact Phone: 843-681-5864

Event Date:

Event Location:

Total Budget: \$500,000.00

Grant Requested: \$150,000.00

Provide a brief summary on the intended use of the grant and how the money would be used. (100 words or less)

Hilton Head Regional Habitat for Humanity is requesting \$150,000 for the Atax Grant. As affordable housing on the island is not readily available, all the funds from this grant will go to purchasing land on Hilton Head Island so we can build more affordable homes on the island for the area's growing workforce. We are looking for lots that are build ready so we can move quickly with construction. Habitat for Humanity is a proven way to not only increase the supply of affordable housing, but to bring families out of poverty.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

Many families that live in Habitat homes are employed by the service industry. While these front line workers are extremely important to visitors having a wonderful experience while visiting the island, they are also earn much less than the average monthly income of Hilton Head Island residents. It is important to build housing for them, especially as more opportunities grow off the island. To secure service industry employees, and make vacations memorable, Habitat must have access to build ready land.

A. Total Number of Physical Tourists Served: 60975

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served:

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

C. Total Number of Physical Residents Served: 390

A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.

D. Total Number of Physical Patrons Served (A+B+C=D): 61,365

How was the Number of Visitors/Tourists Documented? (250 words or less)

For tourism, we used the estimation that one service worker is needed for ever 41 people. For residents we used the estimation that for each resident of the island 2.5 members of the workforce are needed. The local chamber estimates that 2,500,000 visitors come to the island annually. If this number is divided by 41, the total is 60,975. For residents, when using the Census information from 2021 that says 38,076 people live on the island and divided that down by number of member needed in the workforce, you get a total of 390 residents being served. This totals to 61,365.

It is important to note that we used the addition of only one family as multiplying by 10 families would probably lead to a good bit of duplication or guests and residents served. So in actuality, if we were able to build 10 homes, these homeowners would serve many more tourists and residents.

B. DESCRIPTION OF OPERATIONS:

1. For state reporting purposes, give a brief description of the organization. (250 words or less)

Habitat for Humanity's mission is "Seeking to put God's love into action, Habitat for Humanity brings people together to build affordable homes, communities, and hope." Habitat for Humanity of the Lowcountry is the DBA of Hilton Head Regional Habitat. The affiliate partners with families in need of an affordable home of their own; fostering stability, self-reliance, and a strong sense of community. Affordable housing on the Hilton Head Island has all but disappeared. This puts a burden on low-income/workforce families who are trying to work and live in this area. Habitat for Humanity is addressing this by creating a pathway for home ownership for these families. To become a family partner (a homebuyer through Habitat), the family must go through an intensive application process, attend home-ownership classes, and perform at least 300 hours of sweat equity. At

completion of the build, they purchase the home with a no-interest mortgage which has a monthly payment plan at 30% or less of their household income. To date, HHRHFH has completed 124 homes in Jasper and in southern Beaufort Counties.

All the funds from this grant will go to purchasing land on Hilton Head Island so we can build more affordable homes on the island for the area's growing workforce. We hope to be able to find a one-acre plot that we can purchase to add 8-10 Habitat homes.

2. Describe in detail how the requested grant funding would be used? *(250 words or less)*

The final outcome of the grants fund would be to create up to 10 new affordable houses on Hilton Head Island for low-income/workforce families. The funds would be used just to purchase the land. The homes would be built through Habitat fundraising. This current year, we already have the funds secured to build six houses, and this is typical of our fundraising efforts. These funds are raised through events, mailings, social media, grants, and general donations. The past few years have shown that many donors are more likely to give to projects that are on the Hilton Head Island. Each house costs more than \$110,000 to build. After securing the land, it would take us approximately 12-18 months to fundraise the remaining costs for building the homes and to complete construction. Habitat for Humanity of the Lowcountry serves families earning between 30% and 80% of the average median household in Beaufort and Jasper Counties. We do not discriminate based on age, race, ethnicity, religion, or any other status.

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? *(100 words or less)*

We currently have land in Ridgeland and Hardeeville where we could spend our time raising money for infrastructure and beginning to build there. While that is a great option, we know that the need is the greatest on Hilton Head.

4. What is expected economic impact and benefit to the Island's tourism? *(100 words or less)*

As stated before, a vibrant tourism industry needs a vibrant workforce. The workforce on the island is shrinking as members have found opportunities in Bluffton and surrounding communities. To grow the workforce, we must provide homes that families can live in and own. While a rental market might seem more expedient, the long term affects will not produce families with permanent connections to the island. That can only be

accomplished through homeownership. Habitat builds homes so families can live here, play here, and work here.

5. In order to comply with the State's Tourism Expenditure Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	0 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	0 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	100 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
Total:	100 %

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)

Habitat for Humanity is the only organization in our area that is currently building affordable housing suitable for our workforce. However, we do collaborate with many organizations and businesses to prepare our homebuyers. We have experts in the banking, finance, construction, insurance and other professional services meet with them so that they will become successful homeowners. We also partner with other non-profit services so that we are making sure all of their needs are met.

7. Additional comments. (250 words or less)

Assuming the land is build-ready, we could have our first two families complete our program and be in their new homes within ten months. By the end of the 12th month, we will begin to finish one home per month.

We are excited local Senator Tom Davis sponsored and shepherded S284 through the legislature this year, specifically to allocate funds towards workforce housing, that it became law, and we are now eligible for ATAX funds.

C. FUNDING:

1. Please describe how the organization is currently funded. (100 words or less)

Habitat for Humanity is currently funded by the generosity of many businesses and individuals throughout Beaufort and Jasper counties. Our ReStore is one of the most successful ReStores in the country and provided \$750,000 in profit that goes to support the organization. We have an amazing record of receiving grants from local foundations and businesses. We do have a couple of events that provide funds. The houses each have their own source of funding whether that be from different gated communities, individuals, or churches.

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

_____	Government Sources	_____	Private Contributions, Donations and Grants
10	Corporate Support, Sponsors	70	
_____	Ticket Sales, or Sales and Services	_____	Membership, Dues, Subscriptions
20		_____	Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes **X** No

If so, please list top 3 sources and amounts.

Affiliated Agency Grant	\$500,000.00
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D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **July** End Month: **June**

Financial Statement Requirements:

1. The upcoming fiscal year's **operating budget** for the organization.

Budget Provided: **Yes**

2. The previous two fiscal years and current year-to-date **profit and loss reports** for the organization.

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

FY 2023- Previous FY 1

FY 2022- Previous FY 2

3. The previous two fiscal years and current year-to-date **balance sheets**.

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

FY 2023 - Previous FY 1

FY 2022 - Previous FY 2

4. The previous two years and current year **IRS Form 990 or 990T**.

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 2

FY 2021 - Previous FY 1

FY 2020 - Previous FY 2

FY 2021 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

2. Indicate whether your organization follows Town procurement guidelines or has its own

procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. *(200 words or less)*

3. What impact did this have on the success of the organization/event and how did it benefit the community? *(200 words or less)*

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? *(200 words or less)*

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. *(1300 words or less)*

Signature: Brenda Dooley

Title/Position: CEO

Mailing Address: PO Box 2747, Bluffton, SC 29910

Email Address: brendadooley@habitathhi.org

Office Phone Number: 843-681-5864

Home Phone Number:

Habitat for Humanity of the Lowcountry

dba Hilton Head Regional Habitat for Humanity

Budget Summary FYE June 30, 2024

Source of Cash

Contributions Individuals	301,000
Contributions Businesses	85,000
Contributions Churches	111,000
Grants and LCOG	249,500
Transfers from Int'l	7,200
Sale to Homeowners	700,000
Special Events Income	220,000
ReStore Income	1,900,000
Other Income	42,200
	<u>3,615,900</u>
1600 Mortgage Receipts	255,000 ✓
Total	3,870,900

Use of Cash

Wages & Benefits	1,384,470 ✓
Management & General	236,244
Other Program Services	207,894
ReStore Expense	308,408
Fundraising Expense	50,200
Insurance	52,545
Cost of Consstruction	982,900 ✓
	<u>3,222,661</u>
2510 Notes Payable	168,136 ✓
Total	3,390,797

Habitat for Humanity of the Lowcountry

dba Hilton Head Regional Habitat for Humanity

Budget Summary FYE June 30, 2024

Source of Cash

Contributions Individuals	301,000
Contributions Businesses	85,000
Contributions Churches	111,000
Grants and LCOG	249,500
Transfers from Int'l	7,200
Sale to Homeowners	700,000
Special Events Income	220,000
ReStore Income	1,900,000
Other Income	42,200
	<u>3,615,900</u>
1600 Mortgage Receipts	255,000 ✓
Total	3,870,900

Use of Cash

Wages & Benefits	1,384,470 ✓
Management & General	236,244
Other Program Services	207,894
ReStore Expense	308,408
Fundraising Expense	50,200
Insurance	52,545
Cost of Construction	982,900 ✓
	<u>3,222,661</u>
2510 Notes Payable	168,136 ✓
Total	3,390,797

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

	Jul '21 - Jun 22
Ordinary Income/Expense	
Income	
4010 · \$ Contributions Individuals	
4010.33 · Patricia Carey Wirth House	58,662.24
4010.32 · Adopt-A-Home Silletti	15,000.00
4010.01 · Individual Donations	27,763.01
4010.11 · Adopt-A-Home Colleton	73,758.96
4010.18 · Adopt-A-Home Women's Build	23,700.00
Total 4010 · \$ Contributions Individuals	198,884.21
4020 · \$ Contributions Businesses	
4020.18 · Adopt-A-Home Publix	12,500.00
4020.08 · Adopt-A-Home Realtors	28,428.82
4020.09 · Adopt-A-Home Oldfield	41,417.39
4020.13 · Corp. Donations	15,193.22
Total 4020 · \$ Contributions Businesses	97,539.43
4030 · \$ Contributions Churches	
4030.12 · Thrivent Faith House	55,626.08
4030.05 · Adopt-A-Home Faith House	22,525.43
Total 4030 · \$ Contributions Churches	78,151.51
4040 · \$ Contributions/Transfers HFHI	
4040.01 · Habitat Intl.	10,454.55
Total 4040 · \$ Contributions/Transfers HFHI	10,454.55
4050 · \$ Contrib./Grants Government	
4050.01 · Grants	24,002.00
Total 4050 · \$ Contrib./Grants Government	24,002.00
4060 · \$ Grants - Other	
4060.05 · Community Foundation Escrow Ass	0.00
4060.04 · Other	0.00
Total 4060 · \$ Grants - Other	0.00
4200 · Sale to Homeowners	480,000.00
4300 · Special Events Income Net	
4310 · Special Event Income Gross	
4310.31 · Direct Mail 2021	83,049.26
Total 4310 · Special Event Income Gross	83,049.26
Total 4300 · Special Events Income Net	83,049.26

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

01/06/23

Accrual Basis

	Jul '21 - Jun 22
4500 · Other Program Income	
4510 · Rental Income	12,000.00
4520 · Miscellaneous Program Income	16,821.81
Total 4500 · Other Program Income	28,821.81
4600 · Other Non-Program Income	
4610 · Interest Income	
4610.01 · Interest Income	173,654.12
4610 · Interest Income - Other	16.20
Total 4610 · Interest Income	173,670.32
Total 4600 · Other Non-Program Income	173,670.32
4999 · Uncategorized Income	
4913.04 · HOA Assessment	190.00
4999.10 · Other Inc	20,255.25
Total 4999 · Uncategorized Income	20,445.25
Total Income	1,195,018.34
Gross Profit	1,195,018.34
Expense	
8500.00 · Depreciation Expense	57,035.90
5000 · Program Services	
5102 · Cost of Construction from CIP	
5102.00 · Cost of new construction	945,439.96
5102.15 · Cons't- Sheds	3,609.67
5102.16 · Cons't-Tools	3,283.63
5102.32 · Cons't-Gen. Expense	88,729.43
Total 5102 · Cost of Construction from CIP	1,041,062.69
5104 · Liability Insurance	
5104.02 · Insurance - Auto	5,272.00
5104.04 · Insurance - Builder's Risk	595.00
5104.05 · Insurance - D&O	1,440.00
5104.06 · Insurance - General Liability	7,221.50
5104.08 · Insurance - Property & Liabilit	12,065.50
5104.09 · Insurance - Volunteer Accident	308.00
5104.10 · Insurance - Volunteer Disabilit	147.00
5104.11 · Insurance - Worker's Comp	19,907.80
5104.13 · Insurance - Umbrella	2,054.00
Total 5104 · Liability Insurance	49,010.80

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

01/06/23

Accrual Basis

	Jul '21 - Jun 22
5150 · Land & Acquisition Costs	
5150.07 · Association Fees	1,575.00
5150.03 · Surveys/Appraisals	43,071.00
Total 5150 · Land & Acquisition Costs	44,646.00
5200 · Other Mission Specific Costs	
5200.24 · ASO Annual Dues	7,500.00
5200.22 · Interest Synovus Loan	30,752.76
5200.06 · Family Services Salary	48,173.80
5200.07 · Family Selection - Sled, etc.	2,440.83
5200.11 · Tithe - HFH International	23,200.00
5200.12 · Loan Servicing	14,679.93
5200 · Other Mission Specific Costs - Other	21,994.83
Total 5200 · Other Mission Specific Costs	148,742.15
5260 · Salary & Wages Other	
5260.01 · Payroll	139,245.85
Total 5260 · Salary & Wages Other	139,245.85
5280 · Other Employee Benefits	
5280.01 · Medical	45,167.17
Total 5280 · Other Employee Benefits	45,167.17
5360 · Occupancy Expense	
5360.04 · Property Taxes	2,865.85
Total 5360 · Occupancy Expense	2,865.85
5490 · Other Expenses	
5490.07 · Security Lights Brendan Woods	3,217.80
5490.11 · Security Lights New Ridge	294.06
Total 5490 · Other Expenses	3,511.86
Total 5000 · Program Services	1,474,252.37
5999 · (Uncategorized expenses)	220,876.82
5999.16 · *Payroll Expenses	0.00
7000 · Management and General	
7260 · Salary, & Wages Other	111,883.34
7290 · Payroll Taxes	
7290.01 · Employer P/R Taxes	45,678.73
Total 7290 · Payroll Taxes	45,678.73

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

01/06/23

Accrual Basis

	Jul '21 - Jun 22
7310 · Accounting Fees	9,200.00
7320 · Legal Fees	15,825.00
7330 · Supplies	
7330.04 · Office Operating Expense	29,788.96
Total 7330 · Supplies	29,788.96
7340 · Telephone and Fax	7,773.91
7360 · Occupancy Expense	
7360.01 · Office Rent	26,000.00
7360.03 · Utilities	2,458.77
7360.06 · Janitorial & maintenance	15,736.32
Total 7360 · Occupancy Expense	44,195.09
7370 · Equipment Costs	
7370.02 · Office - Copier Rental	1,733.48
7370.04 · Office Equipment	444.35
Total 7370 · Equipment Costs	2,177.83
Total 7000 · Management and General	266,522.86
8000 · Fundraising	
8000.01 · Fundraising Supplies	239.08
8000.02 · Mailing Cost	145.50
8000.06 · Fundraiser-Postage	3,098.34
8000.15 · Fundraising Expenses	25,666.53
8400 · Conference, Convention & Mtg.	
8402 · Conference Expenses	3,302.25
Total 8400 · Conference, Convention & Mtg.	3,302.25
Total 8000 · Fundraising	32,451.70
Total Expense	2,051,139.65
Net Ordinary Income	-856,121.31
Other Income/Expense	
Other Income	
9400 · Retail store income	
9410.01 · \$ Contributions to retail store	50,461.88
9410.02 · Gross sales- Bluffton	1,395,764.77
Total 9400 · Retail store income	1,446,226.65
Total Other Income	1,446,226.65

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

July 2021 through June 2022

01/06/23

Accrual Basis

	<u>Jul '21 - Jun 22</u>
Other Expense	
9260 · ReStore Salary & Wages	
9260.01 · Hourly wages	196,488.47
9260.02 · Salaried personnel	88,895.29
9260.03 · Overtime hourly rate	20,158.04
	<hr/>
Total 9260 · ReStore Salary & Wages	305,541.80
9340 · Transportation	
9340.02 · Gasoline	8,305.15
9340.03 · Truck insurance	12,455.00
9340.04 · Other expenses	5,712.19
	<hr/>
Total 9340 · Transportation	26,472.34
9360 · Occupancy	
9360.08 · Interest Plantation Park Mtge.	41,315.55
9360.01 · Operating Expense	93,070.24
9360.02 · Utilities	25,779.26
9360.05 · Repairs & maintenance	21,305.96
9360.06 · Telephone	5,067.41
	<hr/>
Total 9360 · Occupancy	186,538.42
Total Other Expense	<hr/> 518,552.56
Net Other Income	<hr/> 927,674.09
Net Income	<hr/> <hr/> 71,552.78

Hilton Head Regional Habitat for Humanity, Inc

08/18/23

Profit & Loss

Accrual Basis

July 2023

	Jul 23
Ordinary Income/Expense	
Income	
4010 · \$ Contributions Individuals	
4010.37 · Adopt -A -Home Golf Tournament	3,350.89
4010.36 · Estill	7,000.00
4010.01 · Individual Donations	3,113.14
4010.11 · Adopt-A-Home Colleton	1,000.00
Total 4010 · \$ Contributions Individuals	14,464.03
4020 · \$ Contributions Businesses	
4020.08 · Adopt-A-Home Realtors	3,827.97
Total 4020 · \$ Contributions Businesses	3,827.97
4030 · \$ Contributions Churches	
4030.05 · Adopt-A-Home Faith House	2,385.39
Total 4030 · \$ Contributions Churches	2,385.39
4050 · \$ Contrib./Grants Government	
4050.01 · Grants	90,938.32
Total 4050 · \$ Contrib./Grants Government	90,938.32
4060 · \$ Grants - Other	
4060.04 · Other	5,000.00
Total 4060 · \$ Grants - Other	5,000.00
4300 · Special Events Income Net	
4310 · Special Event Income Gross	
4310.02 · Charity Event Proceeds	5,380.00
Total 4310 · Special Event Income Gross	5,380.00
Total 4300 · Special Events Income Net	5,380.00
4600 · Other Non-Program Income	
4610 · Interest Income	
4610.01 · Interest Income	1,928.23
Total 4610 · Interest Income	1,928.23
Total 4600 · Other Non-Program Income	1,928.23
Total Income	123,923.94
Gross Profit	123,923.94
Expense	
5000 · Program Services	
5102 · Cost of Construction from CIP	
5102.35 · Construction Repair Program	156.14
5102.16 · Cons't-Tools	146.26
5102.32 · Cons't-Gen. Expense	9,078.48
Total 5102 · Cost of Construction from CIP	9,380.88
5104 · Liability Insurance	
5104.05 · Insurance - D&O	285.25
5104.06 · Insurance - General Liability	1,188.00
5104.07 · Insurance - Health Insurance	3,799.63
5104.08 · Insurance - Property & Liabilit	1,081.00
5104.09 · Insurance - Volunteer Accident	30.25
5104.10 · Insurance - Volunteer Disabilit	14.00
5104.11 · Insurance - Worker's Comp	1,780.79
5104.12 · Gen.Liability & Builders Risk	105.00
5104.13 · Insurance - Umbrella	292.50
Total 5104 · Liability Insurance	8,576.42

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2023

	Jul 23
5150 · Land & Acquisition Costs	
5150.03 · Surveys/Appraisals	600.00
Total 5150 · Land & Acquisition Costs	600.00
5200 · Other Mission Specific Costs	
5200.07 · Family Selection - Sled, etc.	6,057.65
5200.12 · Loan Servicing	0.00
5200 · Other Mission Specific Costs - Other	2,018.35
Total 5200 · Other Mission Specific Costs	8,076.00
5260 · Salary & Wages Other	
5260.01 · Payroll	13,000.00
Total 5260 · Salary & Wages Other	13,000.00
5280 · Other Employee Benefits	
5280.01 · Medical	-33.18
5280 · Other Employee Benefits - Other	21.16
Total 5280 · Other Employee Benefits	-12.02
5490 · Other Expenses	
5490.07 · Security Lights Brendan Woods	283.58
5490.11 · Security Lights New Ridge	45.04
Miscellaneous-Wood Shop	178.56
5490 · Other Expenses - Other	-178.56
Total 5490 · Other Expenses	328.62
Total 5000 · Program Services	39,949.90
5999.16 · *Payroll Expenses	5,145.07
7000 · Management and General	
7260 · Salary, & Wages Other	22,229.25
7290 · Payroll Taxes	
7290.01 · Employer P/R Taxes	5,799.11
Total 7290 · Payroll Taxes	5,799.11
7310 · Accounting Fees	3,500.00
7320 · Legal Fees	1,238.00
7330 · Supplies	
7330.04 · Office Operating Expense	11,263.06
Total 7330 · Supplies	11,263.06
7340 · Telephone and Fax	746.76
7360 · Occupancy Expense	
7360.03 · Utilities	84.59
7360.06 · Janitorial & maintenance	-235.41
Total 7360 · Occupancy Expense	-150.82
7370 · Equipment Costs	
7370.02 · Office - Copier Rental	203.30
Total 7370 · Equipment Costs	203.30
Total 7000 · Management and General	44,828.66

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

08/18/23

July 2023

Accrual Basis

	Jul 23
8000 · Fundraising	
8000.15 · Fundraising Expenses	284.15
Total 8000 · Fundraising	284.15
Total Expense	90,207.78
Net Ordinary Income	33,716.16
Other Income/Expense	
Other Income	
9400 · Retail store income	
9410.02 · Gross sales- Bluffton	119,406.02
9410.12 · Gross Sales - Beaufort	38,068.34
Total 9400 · Retail store income	157,474.36
Total Other Income	157,474.36
Other Expense	
9260 · ReStore Salary & Wages	
9260.01 · Hourly wages	21,307.80
9260.02 · Salaried personnel	18,860.59
9260.03 · Overtime hourly rate	1,998.00
Total 9260 · ReStore Salary & Wages	42,166.39
9340 · Transportation - Bluffton	
9340.02 · Gasoline - Bluffton	682.39
Total 9340 · Transportation - Bluffton	682.39
9341 · Transportation - Beaufort	
9341.14 · Other Expense - Beaufort	107.06
9341.12 · Gasoline - Beaufort	159.30
Total 9341 · Transportation - Beaufort	266.36
9360 · Occupancy - Bluffton	
9360.01 · Operating Expense - Bluffton	1,718.39
9360.02 · Utilities - Bluffton	2,724.98
9360.05 · Repairs & maintenance-Bluffton	6,138.12
9360.06 · Telephone - Bluffton	421.43
9360.08 · Interest Plantation Park Mtge.	3,207.27
9360.09 · Marketing - Bluffton	450.00
Total 9360 · Occupancy - Bluffton	14,660.19
9361 · Occupancy - Beaufort	
9361.11 · Operating Expense - Beaufort	164.00
9361.16 · Telephone - Beaufort	240.26
9361.19 · Marketing - Beaufort	245.00
Total 9361 · Occupancy - Beaufort	649.26
Total Other Expense	58,424.59
Net Other Income	99,049.77
Net Income	132,765.93

Hilton Head Regional Habitat for Humanity, Inc

09/01/23

Profit & Loss

Accrual Basis

July 2022 through June 2023

	Jul '22 - Jun 23
Ordinary Income/Expense	
Income	
4010 · \$ Contributions Individuals	
4010.35 · Repair Program	14,400.00
4010.36 · Estill	34,727.10
4010.01 · Individual Donations	156,367.45
4010.11 · Adopt-A-Home Colleton	94,882.86
4010.18 · Adopt-A-Home Women's Build	10,500.00
Total 4010 · \$ Contributions Individuals	310,877.41
4020 · \$ Contributions Businesses	
4020.18 · Adopt-A-Home Publix	12,500.00
4020.08 · Adopt-A-Home Realtors	8,379.76
4020.09 · Adopt-A-Home Oldfield	67,970.84
4020.13 · Corp. Donations	642.10
Total 4020 · \$ Contributions Businesses	89,492.70
4030 · \$ Contributions Churches	
4030.05 · Adopt-A-Home Faith House	35,067.40
Total 4030 · \$ Contributions Churches	35,067.40
4040 · \$ Contributions/Transfers HFHI	
4040.01 · Habitat Intl.	1,349.00
Total 4040 · \$ Contributions/Transfers HFHI	1,349.00
4060 · \$ Grants - Other	
4060.08 · Home Depot Foundation	149,500.00
4060.07 · Community Foundation Home Repai	60,000.00
4060.04 · Other	103,520.00
4060.02 · Heritage Classic Foundation	600.00
Total 4060 · \$ Grants - Other	313,620.00
4200 · Sale to Homeowners	320,000.00
4300 · Special Events Income Net	
4310 · Special Event Income Gross	
4310.32 · Direct Mail 2022	113,285.28
4310.31 · Direct Mail 2021	500.00
Total 4310 · Special Event Income Gross	113,785.28
Total 4300 · Special Events Income Net	113,785.28
4500 · Other Program Income	
4520 · Miscellaneous Program Income	-39,258.92
Total 4500 · Other Program Income	-39,258.92
4600 · Other Non-Program Income	
4610 · Interest Income	
4610.01 · Interest Income	21,625.26
Total 4610 · Interest Income	21,625.26
Total 4600 · Other Non-Program Income	21,625.26
4999 · Uncategorized Income	
4913.04 · HOA Assessment	325.00
Total 4999 · Uncategorized Income	325.00
Total Income	1,166,883.13
Gross Profit	1,166,883.13

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

09/01/23

July 2022 through June 2023

Accrual Basis

	Jul '22 - Jun 23
Expense	
5000 · Program Services	
5102 · Cost of Construction from CIP	
5102.36 · Construction Home Depot Project	122,421.43
5102.35 · Construction Repair Program	41,690.24
5102.00 · Cost of new construction	670,128.60
5102.15 · Cons't- Sheds	971.14
5102.16 · Cons't-Tools	722.51
5102.30 · Infrastructure	462.50
5102.32 · Cons't-Gen. Expense	55,766.76
Total 5102 · Cost of Construction from CIP	892,163.18
5104 · Liability Insurance	
5104.01 · Insurance	2,357.00
5104.02 · Insurance - Auto	6,206.00
5104.04 · Insurance - Builder's Risk	210.00
5104.05 · Insurance - D&O	1,530.00
5104.06 · Insurance - General Liability	7,660.00
5104.07 · Insurance - Health Insurance	31,975.21
5104.08 · Insurance - Property & Liabilit	12,984.50
5104.09 · Insurance - Volunteer Accident	289.50
5104.10 · Insurance - Volunteer Disabilit	133.00
5104.11 · Insurance - Worker's Comp	-11,625.55
5104.12 · Gen.Liability & Builders Risk	455.00
5104.13 · Insurance - Umbrella	2,011.00
Total 5104 · Liability Insurance	54,185.66
5150 · Land & Acquisition Costs	
5150.03 · Surveys/Appraisals	3,750.00
Total 5150 · Land & Acquisition Costs	3,750.00
5200 · Other Mission Specific Costs	
5200.24 · ASO Annual Dues	7,500.00
5200.22 · Interest Synovus Loan	16,211.05
5200.06 · Family Services Salary	49,330.68
5200.07 · Family Selection - Sled, etc.	406.38
5200.11 · Tithe - HFH International	27,500.00
5200.12 · Loan Servicing	16,169.00
5200 · Other Mission Specific Costs - Other	2,999.14
Total 5200 · Other Mission Specific Costs	120,116.25
5260 · Salary & Wages Other	
5260.01 · Payroll	158,125.69
Total 5260 · Salary & Wages Other	158,125.69
5280 · Other Employee Benefits	
5280.01 · Medical	14,634.91
5280 · Other Employee Benefits - Other	105.80
Total 5280 · Other Employee Benefits	14,740.71
5360 · Occupancy Expense	
5360.04 · Property Taxes	2,095.48
Total 5360 · Occupancy Expense	2,095.48

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

July 2022 through June 2023

09/01/23

Accrual Basis

	Jul '22 - Jun 23
5490 · Other Expenses	
5490.07 · Security Lights Brendan Woods	3,021.04
5490.11 · Security Lights New Ridge	465.83
5490 · Other Expenses - Other	183.56
Total 5490 · Other Expenses	3,670.43
5498 · Expenses-Other	998.00
Total 5000 · Program Services	1,249,845.40
5999.16 · *Payroll Expenses	65,196.00
6560 · Payroll Expenses	0.45
7000 · Management and General	
7260 · Salary, & Wages Other	
7260.01 · Payroll	-143,784.82
7260 · Salary, & Wages Other - Other	221,175.32
Total 7260 · Salary, & Wages Other	77,390.50
7290 · Payroll Taxes	
7290.01 · Employer P/R Taxes	53,404.47
Total 7290 · Payroll Taxes	53,404.47
7310 · Accounting Fees	9,450.00
7320 · Legal Fees	10,914.19
7330 · Supplies	
7330.04 · Office Operating Expense	76,774.32
7330 · Supplies - Other	1,211.01
Total 7330 · Supplies	77,985.33
7340 · Telephone and Fax	6,647.03
7360 · Occupancy Expense	
7360.03 · Utilities	2,998.71
7360.06 · Janitorial & maintenance	17,588.69
Total 7360 · Occupancy Expense	20,587.40
7370 · Equipment Costs	
7370.02 · Office - Copier Rental	2,669.00
7370.04 · Office Equipment	4,375.41
Total 7370 · Equipment Costs	7,044.41
7400 · Conference, Convention & Mtg.	
7400.01 · Conference Expenses	565.03
Total 7400 · Conference, Convention & Mtg.	565.03
Total 7000 · Management and General	263,988.36
8000 · Fundraising	
8000.01 · Fundraising Supplies	212.52
8000.02 · Mailing Cost	254.20
8000.06 · Fundraiser-Postage	3,500.96
8000.15 · Fundraising Expenses	31,508.22
8260 · Salary & Wages Fundraising	
8260.01 · Salary & Wages Fundraising	54,194.24
Total 8260 · Salary & Wages Fundraising	54,194.24

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

09/01/23

July 2022 through June 2023

Accrual Basis

	Jul '22 - Jun 23
8330 · Supplies	
8330.01 · Fundraising Supplies	606.07
Total 8330 · Supplies	606.07
Total 8000 · Fundraising	90,276.21
Total Expense	1,669,306.42
Net Ordinary Income	-502,423.29
Other Income/Expense	
Other Income	
9400 · Retail store income	
9410.02 · Gross sales- Bluffton	1,544,969.85
Total 9400 · Retail store income	1,544,969.85
Total Other Income	1,544,969.85
Other Expense	
9260 · ReStore Salary & Wages	
9260.01 · Hourly wages	244,468.79
9260.02 · Salaried personnel	88,926.92
9260.03 · Overtime hourly rate	28,415.10
Total 9260 · ReStore Salary & Wages	361,810.81
9340 · Transportation - Bluffton	
9340.01 · Truck purchase - Bluffton	80,000.00
9340.02 · Gasoline - Bluffton	7,814.71
9340.03 · Truck insurance - Bluffton	17,328.00
9340.04 · Other expenses - Bluffton	16,819.71
Total 9340 · Transportation - Bluffton	121,962.42
9360 · Occupancy - Bluffton	
9360.01 · Operating Expense - Bluffton	162,642.15
9360.02 · Utilities - Bluffton	26,679.77
9360.05 · Repairs & maintenance-Bluffton	23,305.06
9360.06 · Telephone - Bluffton	4,788.47
9360.08 · Interest Plantation Park Mtge.	39,844.94
9360.09 · Marketing - Bluffton	1,900.00
Total 9360 · Occupancy - Bluffton	259,160.39
Total Other Expense	742,933.62
Net Other Income	802,036.23
Net Income	299,612.94

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

	Jul '21 - Jun 22
Ordinary Income/Expense	
Income	
4010 · \$ Contributions Individuals	
4010.33 · Patricia Carey Wirth House	58,662.24
4010.32 · Adopt-A-Home Silletti	15,000.00
4010.01 · Individual Donations	27,763.01
4010.11 · Adopt-A-Home Colleton	73,758.96
4010.18 · Adopt-A-Home Women's Build	23,700.00
Total 4010 · \$ Contributions Individuals	198,884.21
4020 · \$ Contributions Businesses	
4020.18 · Adopt-A-Home Publix	12,500.00
4020.08 · Adopt-A-Home Realtors	28,428.82
4020.09 · Adopt-A-Home Oldfield	41,417.39
4020.13 · Corp. Donations	15,193.22
Total 4020 · \$ Contributions Businesses	97,539.43
4030 · \$ Contributions Churches	
4030.12 · Thrivent Faith House	55,626.08
4030.05 · Adopt-A-Home Faith House	22,525.43
Total 4030 · \$ Contributions Churches	78,151.51
4040 · \$ Contributions/Transfers HFHI	
4040.01 · Habitat Intl.	10,454.55
Total 4040 · \$ Contributions/Transfers HFHI	10,454.55
4050 · \$ Contrib./Grants Government	
4050.01 · Grants	24,002.00
Total 4050 · \$ Contrib./Grants Government	24,002.00
4060 · \$ Grants - Other	
4060.05 · Community Foundation Escrow Ass	0.00
4060.04 · Other	0.00
Total 4060 · \$ Grants - Other	0.00
4200 · Sale to Homeowners	480,000.00
4300 · Special Events Income Net	
4310 · Special Event Income Gross	
4310.31 · Direct Mail 2021	83,049.26
Total 4310 · Special Event Income Gross	83,049.26
Total 4300 · Special Events Income Net	83,049.26

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

July 2021 through June 2022

01/06/23

Accrual Basis

	<u>Jul '21 - Jun 22</u>
4500 · Other Program Income	
4510 · Rental Income	12,000.00
4520 · Miscellaneous Program Income	16,821.81
Total 4500 · Other Program Income	28,821.81
4600 · Other Non-Program Income	
4610 · Interest Income	
4610.01 · Interest Income	173,654.12
4610 · Interest Income - Other	16.20
Total 4610 · Interest Income	173,670.32
Total 4600 · Other Non-Program Income	173,670.32
4999 · Uncategorized Income	
4913.04 · HOA Assessment	190.00
4999.10 · Other Inc	20,255.25
Total 4999 · Uncategorized Income	20,445.25
Total Income	1,195,018.34
Gross Profit	1,195,018.34
Expense	
8500.00 · Depreciation Expense	57,035.90
5000 · Program Services	
5102 · Cost of Construction from CIP	
5102.00 · Cost of new construction	945,439.96
5102.15 · Cons't- Sheds	3,609.67
5102.16 · Cons't-Tools	3,283.63
5102.32 · Cons't-Gen. Expense	88,729.43
Total 5102 · Cost of Construction from CIP	1,041,062.69
5104 · Liability Insurance	
5104.02 · Insurance - Auto	5,272.00
5104.04 · Insurance - Builder's Risk	595.00
5104.05 · Insurance - D&O	1,440.00
5104.06 · Insurance - General Liability	7,221.50
5104.08 · Insurance - Property & Liabilit	12,065.50
5104.09 · Insurance - Volunteer Accident	308.00
5104.10 · Insurance - Volunteer Disabilit	147.00
5104.11 · Insurance - Worker's Comp	19,907.80
5104.13 · Insurance - Umbrella	2,054.00
Total 5104 · Liability Insurance	49,010.80

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
July 2021 through June 2022

01/06/23

Accrual Basis

	Jul '21 - Jun 22
5150 · Land & Acquisition Costs	
5150.07 · Association Fees	1,575.00
5150.03 · Surveys/Appraisals	43,071.00
Total 5150 · Land & Acquisition Costs	44,646.00
5200 · Other Mission Specific Costs	
5200.24 · ASO Annual Dues	7,500.00
5200.22 · Interest Synovus Loan	30,752.76
5200.06 · Family Services Salary	48,173.80
5200.07 · Family Selection - Sled, etc.	2,440.83
5200.11 · Tithe - HFH International	23,200.00
5200.12 · Loan Servicing	14,679.93
5200 · Other Mission Specific Costs - Other	21,994.83
Total 5200 · Other Mission Specific Costs	148,742.15
5260 · Salary & Wages Other	
5260.01 · Payroll	139,245.85
Total 5260 · Salary & Wages Other	139,245.85
5280 · Other Employee Benefits	
5280.01 · Medical	45,167.17
Total 5280 · Other Employee Benefits	45,167.17
5360 · Occupancy Expense	
5360.04 · Property Taxes	2,865.85
Total 5360 · Occupancy Expense	2,865.85
5490 · Other Expenses	
5490.07 · Security Lights Brendan Woods	3,217.80
5490.11 · Security Lights New Ridge	294.06
Total 5490 · Other Expenses	3,511.86
Total 5000 · Program Services	1,474,252.37
5999 · (Uncategorized expenses)	220,876.82
5999.16 · *Payroll Expenses	0.00
7000 · Management and General	
7260 · Salary, & Wages Other	111,883.34
7290 · Payroll Taxes	
7290.01 · Employer P/R Taxes	45,678.73
Total 7290 · Payroll Taxes	45,678.73

Hilton Head Regional Habitat for Humanity, Inc
Profit & Loss
 July 2021 through June 2022

01/06/23

Accrual Basis

	Jul '21 - Jun 22
7310 · Accounting Fees	9,200.00
7320 · Legal Fees	15,825.00
7330 · Supplies	
7330.04 · Office Operating Expense	29,788.96
Total 7330 · Supplies	29,788.96
7340 · Telephone and Fax	7,773.91
7360 · Occupancy Expense	
7360.01 · Office Rent	26,000.00
7360.03 · Utilities	2,458.77
7360.06 · Janitorial & maintenance	15,736.32
Total 7360 · Occupancy Expense	44,195.09
7370 · Equipment Costs	
7370.02 · Office - Copier Rental	1,733.48
7370.04 · Office Equipment	444.35
Total 7370 · Equipment Costs	2,177.83
Total 7000 · Management and General	266,522.86
8000 · Fundraising	
8000.01 · Fundraising Supplies	239.08
8000.02 · Mailing Cost	145.50
8000.06 · Fundraiser-Postage	3,098.34
8000.15 · Fundraising Expenses	25,666.53
8400 · Conference, Convention & Mtg.	
8402 · Conference Expenses	3,302.25
Total 8400 · Conference, Convention & Mtg.	3,302.25
Total 8000 · Fundraising	32,451.70
Total Expense	2,051,139.65
Net Ordinary Income	-856,121.31
Other Income/Expense	
Other Income	
9400 · Retail store income	
9410.01 · \$ Contributions to retail store	50,461.88
9410.02 · Gross sales- Bluffton	1,395,764.77
Total 9400 · Retail store income	1,446,226.65
Total Other Income	1,446,226.65

Hilton Head Regional Habitat for Humanity, Inc

Profit & Loss

July 2021 through June 2022

01/06/23

Accrual Basis

	<u>Jul '21 - Jun 22</u>
Other Expense	
9260 · ReStore Salary & Wages	
9260.01 · Hourly wages	196,488.47
9260.02 · Salaried personnel	88,895.29
9260.03 · Overtime hourly rate	20,158.04
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Total 9260 · ReStore Salary & Wages	305,541.80
9340 · Transportation	
9340.02 · Gasoline	8,305.15
9340.03 · Truck insurance	12,455.00
9340.04 · Other expenses	5,712.19
	<hr/>
Total 9340 · Transportation	26,472.34
9360 · Occupancy	
9360.08 · Interest Plantation Park Mtge.	41,315.55
9360.01 · Operating Expense	93,070.24
9360.02 · Utilities	25,779.26
9360.05 · Repairs & maintenance	21,305.96
9360.06 · Telephone	5,067.41
	<hr/>
Total 9360 · Occupancy	186,538.42
Total Other Expense	<hr/> 518,552.56
Net Other Income	<hr/> 927,674.09
Net Income	<hr/> <hr/> 71,552.78

Hilton Head Regional Habitat for Humanity, Inc
 Balance Sheet
 As of July 31, 2023

08/04/2023

Jul 31, 2023

ASSETS

Current Assets

Checking/Savings

1015 · Operating Funds

1015.13 · Coastal States MMA	935,702.40
1015.23 · Synovus Bank Operating	619,862.03
1015.24 · Synovus Bank MMA	384,938.67
1015.25 · Sharonview Federal Credit Union	931.99
1015.26 · Sharon View MMA #1	212,132.90
1015.27 · Sharonview MMA #2	130,090.39
1015.29 · Coastal States Operating III	75,082.98
1015.30 · Truist #6451	141,120.48
1015.31 · First Federal #0465	10,000.00
1015.32 · First Federal #2488	176,652.25
1015.33 · First Federal #4266	0.00
1015.34 · Raymond James	498,571.63

Total 1015 · Operating Funds 3,185,085.72

Total Checking/Savings 3,185,085.72

Accounts Receivable

1110 · Accounts Receivable

1110.01 · Allowance for A/R Escrow	-54,224.00
1110 · Accounts Receivable - Other	70,516.37

Total 1110 · Accounts Receivable 16,292.37

Total Accounts Receivable 16,292.37

Other Current Assets

1259 · Inventory - ReStore

1259.01 · ReStore Inventory	105,124.00
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Total 1259 · Inventory - ReStore 105,124.00

1240 · Prepaid Insurance 26,880.00

1245 · Refundable Deposits 2,000.00

1250 · Inventory - Land & Lot

1253.06 · Investment - Colony Drive	82,988.47
1252.01 · Investment - Rice Shire	384,999.83
1254.01 · Investment- Honey Hill	1,017,500.00
Beaufort Land	320,000.00

Total 1250 · Inventory - Land & Lot 1,805,488.30

1255 · Inventory - Building Materials

1255.01 · Inventory, const. materials	4,350.00
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Total 1255 · Inventory - Building Materials 4,350.00

1300 · Construction In Process 415,656.11

Total Other Current Assets 2,375,790.78

Total Current Assets 5,560,876.50

Jul 31, 2023

	<u>Jul 31, 2023</u>
Fixed Assets	
1420.01 · ReStore Bldg.18 Plantation Park	1,377,531.47
612/616 Paris Island Gateway	460,725.92
Total 1420.01 ReStore Buildings	1,838,257.39
1428.01 · Computer Equipment	86,292.80
1426.00 · Vehicles	188,236.45
1410 · Land Used by Affiliate	
1410.01 · Land ReStore Bldg.18 Plan. Park	350,000.00
1410 · Land Used by Affiliate - Other	15,484.00
Total 1410 · Land Used by Affiliate	365,484.00
1420 · Buildings Used by Affiliate	
1425 · Depreciation - Buildings	-470,496.66
1420 · Buildings Used by Affiliate - Other	136,109.49
Total 1420 · Buildings Used by Affiliate	-334,387.17
1430 · Equipment & Furniture Major	
1435 · Depreciation Equip. & Furn.	-198,305.25
Total 1430 · Equipment & Furniture Major	-198,305.25
Total Fixed Assets	1,945,578.22
Other Assets	
1610 · Mortgages Receivable	
1610.01 · Mortgage Notes Receivable	5,649,812.74
1620 · Unamortized Mortgage Discount	-2,747,456.81
Total 1610 · Mortgages Receivable	2,902,355.93
Total Other Assets	2,902,355.93
TOTAL ASSETS	8,463,232.43

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

2101 · *Payroll Liabilities	26,747.00
2210 · Homeowner Escrow Deposits	-27,445.12
2220 · Home Deposits and Downpayments	26,048.40

Total Current Liabilities **25,350.28**

Long Term Liabilities

2510 · Notes Payable	
2518 · . Note Payable - Synovous	502,607.59
2515 · Note Payable Bank of the Ozarks	1,095,997.10
Truist ReStore Mtge - Beaufort	278,924.45
Total 2510 · Notes Payable	1,598,604.69

Total Long Term Liabilities **1,598,604.69**

Total Liabilities **1,623,954.97**

ASSETS

Current Assets

Checking/Savings

1015 · Operating Funds

1015.29 · Coastal States Operating III	68,142.06
1015.27 · Sharonview MMA #2	129,241.87
1015.26 · Sharon View MMA #1	210,749.27
1015.25 · Sharonview Federal Credit Union	992.20
1015.24 · Synovus Bank MMA	384,003.85
1015.23 · Synovus Bank Operating	525,966.25
1015.13 · Coastal States MMA	934,144.52

Total 1015 · Operating Funds 2,253,240.02

Total Checking/Savings 2,253,240.02

Accounts Receivable

1110 · Accounts Receivable

1110.01 · Allowance for A/R Escrow	-27,523.00
1110 · Accounts Receivable - Other	44,165.62

Total 1110 · Accounts Receivable 16,642.62

Total Accounts Receivable 16,642.62

Other Current Assets

1259 · Inventory - ReStore

1259.01 · ReStore Inventory	104,682.00
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Total 1259 · Inventory - ReStore 104,682.00

1240 · Prepaid Insurance 20,040.00

1245 · Refundable Deposits 2,000.00

1250 · Inventory - Land & Lot

1253.06 · Investment - Colony Drive	82,988.47
1252.01 · Investment - Rice Shire	384,999.83
1254.01 · Investment- Honey Hill	1,017,500.00

Total 1250 · Inventory - Land & Lot 1,485,488.30

1255 · Inventory - Building Materials

1255.01 · Inventory, const. materials	4,350.00
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Total 1255 · Inventory - Building Materials 4,350.00

1300 · Construction In Process 141,512.95

Total Other Current Assets 1,758,073.25

Total Current Assets 4,027,955.89

Fixed Assets

1420.01 · ReStore Bldg.18 Plantation Park 1,377,531.47

1428.01 · Computer Equipment 86,292.80

1426.00 · Vehicles 148,675.13

1410 · Land Used by Affiliate

1410.01 · Land ReStore Bldg.18 Plan. Park	350,000.00
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1410 · Land Used by Affiliate - Other	15,484.00
Total 1410 · Land Used by Affiliate	365,484.00
1420 · Buildings Used by Affiliate	
1425 · Depreciation - Buildings	-280,023.85
1420 · Buildings Used by Affiliate - Other	136,109.49
Total 1420 · Buildings Used by Affiliate	-143,914.36
1430 · Equipment & Furniture Major	
1435 · Depreciation Equip. & Furn.	-198,305.25
Total 1430 · Equipment & Furniture Major	-198,305.25
Total Fixed Assets	1,635,763.79
Other Assets	
1610 · Mortgages Receivable	
1610.01 · Mortgage Notes Receivable	3,776,086.26
1620 · Unamortized Mortgage Discount	-1,641,262.95
Total 1610 · Mortgages Receivable	2,134,823.31
Total Other Assets	2,134,823.31
TOTAL ASSETS	7,798,542.99
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2101 · *Payroll Liabilities	22,906.61
2210 · Homeowner Escrow Deposits	-69,257.30
2220 · Home Deposits and Downpayments	10,445.25
Total Other Current Liabilities	-35,905.44
Total Current Liabilities	-35,905.44
Long Term Liabilities	
2510 · Notes Payable	
2518 · . Note Payable - Synovous	509,898.46
2515 · Note Payable Bank of the Ozarks	1,099,635.60
Total 2510 · Notes Payable	1,609,534.06
Total Long Term Liabilities	1,609,534.06
Total Liabilities	1,573,628.62
Equity	
3200 · Temporarily Restricted	1,713,500.00
3100 · Retained Earnings	4,194,432.78
Net Income	316,981.59
Total Equity	6,224,914.37
TOTAL LIABILITIES & EQUITY	7,798,542.99

Hilton Head Regional Habitat for Humanity, Inc

02/03/23

Balance Sheet

Accrual Basis

As of June 30, 2022

	Jun 30, 22
ASSETS	
Current Assets	
Checking/Savings	
1015 · Operating Funds	
1015.27 · Sharonview MMA #2	125,830.62
1015.26 · Sharon View MMA #1	205,186.66
1015.25 · Sharonview Federal Credit Union	991.22
1015.24 · Synovus Bank MMA	381,659.18
1015.23 · Synovus Bank Operating	112,095.60
1015.13 · Coastal States MMA	846,688.48
1015.14 · Coastal States Operating	14,946.23
1015.28 · Coastal States Operating II	-712.00
Total 1015 · Operating Funds	1,686,685.99
Total Checking/Savings	1,686,685.99
Accounts Receivable	
1110 · Accounts Receivable	
1110.01 · Allowance for A/R Escrow	-27,523.00
1110 · Accounts Receivable - Other	44,165.62
Total 1110 · Accounts Receivable	16,642.62
Total Accounts Receivable	16,642.62
Other Current Assets	
1259 · Inventory - ReStore	
1259.01 · ReStore Inventory	104,682.00
Total 1259 · Inventory - ReStore	104,682.00
1510 · Due From Amerinational	11,538.73
1240 · Prepaid Insurance	20,040.00
1245 · Refundable Deposits	2,000.00
1250 · Inventory - Land & Lot	
1253.06 · Investment - Colony Drive	82,988.47
1253.04 · Investment - Alex Patterson Roa	26,877.35
1252.01 · Investment - Rice Shire	384,999.83
1254.01 · Investment- Honey Hill	1,017,500.00
Total 1250 · Inventory - Land & Lot	1,512,365.65
1255 · Inventory - Building Materials	
1255.01 · Inventory, const. materials	4,350.00
Total 1255 · Inventory - Building Materials	4,350.00
1300 · Construction In Process	597,080.05
Total Other Current Assets	2,252,056.43
Total Current Assets	3,955,385.04
Fixed Assets	
1420.01 · ReStore Bldg.18 Plantation Park	1,377,531.47
1428.01 · Computer Equipment	86,292.80
1426.00 · Vehicles	148,675.13
1410 · Land Used by Affiliate	
1410.01 · Land ReStore Bldg.18 Plan. Park	350,000.00
1410 · Land Used by Affiliate - Other	15,484.00
Total 1410 · Land Used by Affiliate	365,484.00
1420 · Buildings Used by Affiliate	
1425 · Depreciation - Buildings	-280,023.85
1420 · Buildings Used by Affiliate - Other	136,109.49
Total 1420 · Buildings Used by Affiliate	-143,914.36

Hilton Head Regional Habitat for Humanity, Inc

Balance Sheet

As of June 30, 2022

	<u>Jun 30, 22</u>
1430 · Equipment & Furniture Major	
1435 · Depreciation Equip. & Furn.	-198,305.25
Total 1430 · Equipment & Furniture Major	<u>-198,305.25</u>
Total Fixed Assets	1,635,763.79
Other Assets	
1610 · Mortgages Receivable	
1610.01 · Mortgage Notes Receivable	3,726,058.15
1620 · Unamortized Mortgage Discount	-1,641,262.95
Total 1610 · Mortgages Receivable	<u>2,084,795.20</u>
Total Other Assets	2,084,795.20
TOTAL ASSETS	<u>7,675,944.03</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2010 · Accounts Payable	60,309.15
Total Accounts Payable	60,309.15
Other Current Liabilities	
2210 · Homeowner Escrow Deposits	-40,092.64
2220 · Home Deposits and Downpayments	11,045.25
Total Other Current Liabilities	<u>-29,047.39</u>
Total Current Liabilities	31,261.76
Long Term Liabilities	
2510 · Notes Payable	
2518 · Note Payable - Synovous	594,809.59
2515 · Note Payable Bank of the Ozarks	1,141,939.90
Total 2510 · Notes Payable	<u>1,736,749.49</u>
Total Long Term Liabilities	1,736,749.49
Total Liabilities	1,768,011.25
Equity	
3200 · Temporarily Restricted	1,713,500.00
3100 · Retained Earnings	4,122,880.00
Net Income	71,552.78
Total Equity	<u>5,907,932.78</u>
TOTAL LIABILITIES & EQUITY	<u>7,675,944.03</u>

Jul 31, 2023

Equity	
3200 · Temporarily Restricted	1,876,342.76
3000 · Opening Bal Equity	101,000.00
3100 · Retained Earnings	4,729,297.26
Net Income	132,637.44
Total Equity	6,839,277.46
TOTAL LIABILITIES & EQUITY	8,463,232.43

EXTENDED TO MAY 15, 2023

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC		D Employer identification number 57-0916245
	Doing business as		E Telephone number (843) 681-5864
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2747		G Gross receipts \$ 2,641,245.
	City or town, state or province, country, and ZIP or foreign postal code BLUFFTON, SC 29910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: BRENDA DOOLEY 21 BRENDAN LANE, BLUFFTON, SC 29910		H(c) Group exemption number

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

J Website: **WWW.HABITATHHI.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1986** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE POVERTY HOUSING AND HOMELESSNESS BY CONSTRUCTING MODEST, BUT ADEQUATE HOMES AT REDUCED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	400
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 610,103.	Current Year 519,722.
	9 Program service revenue (Part VIII, line 2g)	1,910,104.	1,875,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	22,514.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.
19 Revenue less expenses. Subtract line 18 from line 12	255,374.	71,553.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,749,757.	End of Year 7,716,036.
	21 Total liabilities (Part X, line 26)	1,913,377.	1,808,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,836,380.	5,907,933.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	BRENDA DOOLEY, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DAVID A SMITH	Preparer's signature	Date
	Firm's name MARTIN SMITH & COMPANY, CPAS, PA Firm's address 1212 HAYWOOD ROAD, BLDG 100 GREENVILLE, SC 29615-2200	Check if self-employed <input type="checkbox"/>	PTIN P00045703 Firm's EIN 26-0793942 Phone no. 864.232.1040

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

57-0916245 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO LIVE. HILTON HEAD REGIONAL HABITAT FOR HUMANITY AFFILIATE ADHERES TO A STRICT

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

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

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 \$ 2,286,295. including grants of \$) (Revenue \$ 1,875,765.) HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLACE TO LIVE BUILD SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITAT HOUSES ARE MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER FAMILY'S NEEDS, BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE COSTS AFFORDABLE. BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWNERS, EMPLOYING EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST, USING DONATED CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NO-PROFIT LOANS, HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCOURAGES SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW THAT STRONG AND STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT AND GROWTH. WHEN A

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,286,295.

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

57-0916245 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	13		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **BRENDA DOOLEY - (843) 681-5864**
21 BRENDAN LANE, BLUFFTON, SC 29910

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA DOOLEY EXECUTIVE DIRECTOR	40.00			X				88,000.	0.	10,787.
(2) REIF MARLER CHAIRMAN	5.00	X		X				0.	0.	0.
(3) GEORGIA BOELKE VICE CHAIR	5.00	X		X				0.	0.	0.
(4) MAUREEN RILEY SECRETARY	5.00	X		X				0.	0.	0.
(5) PAUL H CALE TREASURER	5.00	X		X				0.	0.	0.
(6) LAURA ANN BUSH MEMBER AT LARGE	5.00	X						0.	0.	0.
(7) TOM DEMINT MEMBER AT LARGE	5.00	X						0.	0.	0.
(8) RONA FRENCH MEMBER AT LARGE	5.00	X						0.	0.	0.
(9) MARGARET HUGHES MEMBER AT LARGE	5.00	X						0.	0.	0.
(10) MICHAEL LEWIS MEMBER AT LARGE	5.00	X						0.	0.	0.
(11) CAROL RIVERS MEMBER AT LARGE	5.00	X						0.	0.	0.
(12) VICTORIA SMALLS MEMBER AT LARGE	5.00	X						0.	0.	0.
(13) CARLA NICHOLE TODD MEMBER AT LARGE	5.00	X						0.	0.	0.
(14) HARRY WILLIAMS MEMBER AT LARGE	5.00	X						0.	0.	0.

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	16,200.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	503,522.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		519,722.			
Program Service Revenue	2 a RESTORE SALES	Business Code 453310	1,395,765.	1,395,765.		
	b HOME SALES	531930	480,000.	480,000.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,875,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		173,670.	173,670.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 16,200. of contributions reported on line 1c). See Part IV, line 18	8a	22,817.			
		b Less: direct expenses	8b	9,938.		
		c Net income or (loss) from fundraising events		12,879.		12,879.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER	Business Code 900099	49,271.	49,271.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		49,271.			
12 Total revenue. See instructions		2,631,307.	2,098,706.	0.	12,879.	

HILTON HEAD REGIONAL HABITAT FOR

HUMANITY, INC

Form 990 (2021)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,000.	44,000.	44,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	468,671.	377,215.	91,456.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,167.	34,176.	10,991.	
10 Payroll taxes	45,679.	34,564.	11,115.	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,825.		15,825.	
c Accounting	9,200.		9,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	162,541.	109,794.	30,233.	22,514.
14 Information technology				
15 Royalties				
16 Occupancy	108,720.	70,595.	38,125.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	72,069.	72,069.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,036.	57,036.		
23 Insurance	49,011.	49,011.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF CONSTRUCTION	1,085,709.	1,085,709.		
b MORTGAGE DISCOUNTS	220,877.	220,877.		
c FAMILY SERVICES	87,289.	87,289.		
d CONTRIBUTIONS	23,200.	23,200.		
e All other expenses SEE SCH O	20,760.	20,760.		
25 Total functional expenses. Add lines 1 through 24e	2,559,754.	2,286,295.	250,945.	22,514.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	963,543.	1	127,321.
	2	727,028.	2	1,559,365.
	3		3	
	4	42,631.	4	68,274.
	5		5	
	6		6	
	7	1,895,428.	7	2,084,795.
	8	2,407,337.	8	2,218,478.
	9	18,990.	9	20,039.
	10a	2,114,093.		
	10b	478,329.		
		1,692,800.	10c	1,635,764.
	11		11	
	12		12	
	13		13	
	14		14	
15	2,000.	15	2,000.	
16	7,749,757.	16	7,716,036.	
Liabilities	17	40,141.	17	60,309.
	18		18	
	19	14,695.	19	11,045.
	20		20	
	21		21	
	22		22	
	23	1,858,541.	23	1,736,749.
	24		24	
	25		25	
	26	1,913,377.	26	1,808,103.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	3,987,195.	27	4,307,552.
	28	1,849,185.	28	1,600,381.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29		29	
	30		30	
	31		31	
32	5,836,380.	32	5,907,933.	
33	7,749,757.	33	7,716,036.	

EXTENDED TO MAY 15, 2023

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC		D Employer identification number 57-0916245
	Doing business as		E Telephone number (843) 681-5864
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2747		G Gross receipts \$ 2,641,245.
	City or town, state or province, country, and ZIP or foreign postal code BLUFFTON, SC 29910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: BRENDA DOOLEY 21 BRENDAN LANE, BLUFFTON, SC 29910		H(c) Group exemption number

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

J Website: **WWW.HABITATHHI.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1986** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE POVERTY HOUSING AND HOMELESSNESS BY CONSTRUCTING MODEST, BUT ADEQUATE HOMES AT REDUCED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	400
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 610,103.	Current Year 519,722.
	9 Program service revenue (Part VIII, line 2g)	1,910,104.	1,875,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	22,514.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.
19 Revenue less expenses. Subtract line 18 from line 12	255,374.	71,553.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,749,757.	End of Year 7,716,036.
	21 Total liabilities (Part X, line 26)	1,913,377.	1,808,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,836,380.	5,907,933.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	BRENDA DOOLEY, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DAVID A SMITH	Preparer's signature	Date
	Firm's name MARTIN SMITH & COMPANY, CPAS, PA Firm's address 1212 HAYWOOD ROAD, BLDG 100 GREENVILLE, SC 29615-2200	Check if self-employed <input type="checkbox"/>	PTIN P00045703 Firm's EIN 26-0793942 Phone no. 864.232.1040

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO LIVE. HILTON HEAD REGIONAL HABITAT FOR HUMANITY AFFILIATE ADHERES TO A STRICT

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

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

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 \$ 2,286,295. including grants of \$) (Revenue \$ 1,875,765.) HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLACE TO LIVE BUILD SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITAT HOUSES ARE MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER FAMILY'S NEEDS, BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE COSTS AFFORDABLE. BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWNERS, EMPLOYING EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST, USING DONATED CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NO-PROFIT LOANS, HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCOURAGES SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW THAT STRONG AND STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT AND GROWTH. WHEN A

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,286,295.

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BRENDA DOOLEY - (843) 681-5864**
21 BRENDAN LANE, BLUFFTON, SC 29910

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA DOOLEY EXECUTIVE DIRECTOR	40.00			X			88,000.	0.	10,787.	
(2) REIF MARLER CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) GEORGIA BOELKE VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) MAUREEN RILEY SECRETARY	5.00	X		X			0.	0.	0.	
(5) PAUL H CALE TREASURER	5.00	X		X			0.	0.	0.	
(6) LAURA ANN BUSH MEMBER AT LARGE	5.00	X					0.	0.	0.	
(7) TOM DEMINT MEMBER AT LARGE	5.00	X					0.	0.	0.	
(8) RONA FRENCH MEMBER AT LARGE	5.00	X					0.	0.	0.	
(9) MARGARET HUGHES MEMBER AT LARGE	5.00	X					0.	0.	0.	
(10) MICHAEL LEWIS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(11) CAROL RIVERS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(12) VICTORIA SMALLS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(13) CARLA NICHOLE TODD MEMBER AT LARGE	5.00	X					0.	0.	0.	
(14) HARRY WILLIAMS MEMBER AT LARGE	5.00	X					0.	0.	0.	

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	16,200.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	503,522.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		519,722.			
Program Service Revenue	2 a RESTORE SALES	Business Code 453310	1,395,765.	1,395,765.		
	b HOME SALES	531930	480,000.	480,000.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,875,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		173,670.	173,670.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 16,200. of contributions reported on line 1c). See Part IV, line 18	8a	22,817.			
		b Less: direct expenses	8b	9,938.		
		c Net income or (loss) from fundraising events		12,879.		12,879.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER	Business Code 900099	49,271.	49,271.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		49,271.			
12 Total revenue. See instructions		2,631,307.	2,098,706.	0.	12,879.	

HILTON HEAD REGIONAL HABITAT FOR

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,000.	44,000.	44,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	468,671.	377,215.	91,456.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,167.	34,176.	10,991.	
10 Payroll taxes	45,679.	34,564.	11,115.	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,825.		15,825.	
c Accounting	9,200.		9,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	162,541.	109,794.	30,233.	22,514.
14 Information technology				
15 Royalties				
16 Occupancy	108,720.	70,595.	38,125.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	72,069.	72,069.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,036.	57,036.		
23 Insurance	49,011.	49,011.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF CONSTRUCTION	1,085,709.	1,085,709.		
b MORTGAGE DISCOUNTS	220,877.	220,877.		
c FAMILY SERVICES	87,289.	87,289.		
d CONTRIBUTIONS	23,200.	23,200.		
e All other expenses SEE SCH O	20,760.	20,760.		
25 Total functional expenses. Add lines 1 through 24e	2,559,754.	2,286,295.	250,945.	22,514.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

HILTON HEAD REGIONAL HABITAT FOR
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	963,543.	1	127,321.
	2 Savings and temporary cash investments	727,028.	2	1,559,365.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	42,631.	4	68,274.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6
	7 Notes and loans receivable, net	1,895,428.	7	2,084,795.
	8 Inventories for sale or use	2,407,337.	8	2,218,478.
	9 Prepaid expenses and deferred charges	18,990.	9	20,039.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,114,093.		
	b Less: accumulated depreciation	10b 478,329.		
		1,692,800.	10c	1,635,764.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,000.	15	2,000.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,749,757.	16	7,716,036.	
Liabilities	17 Accounts payable and accrued expenses	40,141.	17	60,309.
	18 Grants payable		18	
	19 Deferred revenue	14,695.	19	11,045.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,858,541.	23	1,736,749.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,913,377.	26	1,808,103.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,987,195.	27	4,307,552.
	28 Net assets with donor restrictions	1,849,185.	28	1,600,381.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,836,380.	32	5,907,933.	
33 Total liabilities and net assets/fund balances	7,749,757.	33	7,716,036.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,631,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,559,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,836,380.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,907,933.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,631,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,559,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,836,380.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,907,933.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

EXTENDED TO MAY 15, 2023

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC		D Employer identification number 57-0916245
	Doing business as		E Telephone number (843) 681-5864
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2747		G Gross receipts \$ 2,641,245.
	City or town, state or province, country, and ZIP or foreign postal code BLUFFTON, SC 29910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: BRENDA DOOLEY 21 BRENDAN LANE, BLUFFTON, SC 29910		H(c) Group exemption number

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

J Website: **WWW.HABITATHHI.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1986** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE POVERTY HOUSING AND HOMELESSNESS BY CONSTRUCTING MODEST, BUT ADEQUATE HOMES AT REDUCED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	400
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 610,103.	Current Year 519,722.
	9 Program service revenue (Part VIII, line 2g)	1,910,104.	1,875,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	22,514.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.
19 Revenue less expenses. Subtract line 18 from line 12	255,374.	71,553.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,749,757.	End of Year 7,716,036.
	21 Total liabilities (Part X, line 26)	1,913,377.	1,808,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,836,380.	5,907,933.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	BRENDA DOOLEY, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DAVID A SMITH	Preparer's signature	Date
	Firm's name MARTIN SMITH & COMPANY, CPAS, PA Firm's address 1212 HAYWOOD ROAD, BLDG 100 GREENVILLE, SC 29615-2200	Check if self-employed <input type="checkbox"/>	PTIN P00045703 Firm's EIN 26-0793942 Phone no. 864.232.1040

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO LIVE. HILTON HEAD REGIONAL HABITAT FOR HUMANITY AFFILIATE ADHERES TO A STRICT

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

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

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 \$ 2,286,295. including grants of \$) (Revenue \$ 1,875,765.) HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLACE TO LIVE BUILD SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITAT HOUSES ARE MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER FAMILY'S NEEDS, BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE COSTS AFFORDABLE. BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWNERS, EMPLOYING EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST, USING DONATED CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NO-PROFIT LOANS, HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCOURAGES SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW THAT STRONG AND STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT AND GROWTH. WHEN A

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,286,295.

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	21	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BRENDA DOOLEY - (843) 681-5864**
21 BRENDAN LANE, BLUFFTON, SC 29910

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

57-0916245 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA DOOLEY EXECUTIVE DIRECTOR	40.00			X			88,000.	0.	10,787.	
(2) REIF MARLER CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) GEORGIA BOELKE VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) MAUREEN RILEY SECRETARY	5.00	X		X			0.	0.	0.	
(5) PAUL H CALE TREASURER	5.00	X		X			0.	0.	0.	
(6) LAURA ANN BUSH MEMBER AT LARGE	5.00	X					0.	0.	0.	
(7) TOM DEMINT MEMBER AT LARGE	5.00	X					0.	0.	0.	
(8) RONA FRENCH MEMBER AT LARGE	5.00	X					0.	0.	0.	
(9) MARGARET HUGHES MEMBER AT LARGE	5.00	X					0.	0.	0.	
(10) MICHAEL LEWIS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(11) CAROL RIVERS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(12) VICTORIA SMALLS MEMBER AT LARGE	5.00	X					0.	0.	0.	
(13) CARLA NICHOLE TODD MEMBER AT LARGE	5.00	X					0.	0.	0.	
(14) HARRY WILLIAMS MEMBER AT LARGE	5.00	X					0.	0.	0.	

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							88,000.	0.	10,787.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							88,000.	0.	10,787.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2021)

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	16,200.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	503,522.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		519,722.			
Program Service Revenue	2 a RESTORE SALES	Business Code 453310	1,395,765.	1,395,765.		
	b HOME SALES	531930	480,000.	480,000.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,875,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		173,670.	173,670.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 16,200. of contributions reported on line 1c). See Part IV, line 18	8a	22,817.			
		b Less: direct expenses	8b	9,938.		
		c Net income or (loss) from fundraising events		12,879.		12,879.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER	Business Code 900099	49,271.	49,271.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		49,271.			
12 Total revenue. See instructions		2,631,307.	2,098,706.	0.	12,879.	

HILTON HEAD REGIONAL HABITAT FOR

HUMANITY, INC

Form 990 (2021)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,000.	44,000.	44,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	468,671.	377,215.	91,456.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,167.	34,176.	10,991.	
10 Payroll taxes	45,679.	34,564.	11,115.	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,825.		15,825.	
c Accounting	9,200.		9,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	162,541.	109,794.	30,233.	22,514.
14 Information technology				
15 Royalties				
16 Occupancy	108,720.	70,595.	38,125.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	72,069.	72,069.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,036.	57,036.		
23 Insurance	49,011.	49,011.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF CONSTRUCTION	1,085,709.	1,085,709.		
b MORTGAGE DISCOUNTS	220,877.	220,877.		
c FAMILY SERVICES	87,289.	87,289.		
d CONTRIBUTIONS	23,200.	23,200.		
e All other expenses SEE SCH O	20,760.	20,760.		
25 Total functional expenses. Add lines 1 through 24e	2,559,754.	2,286,295.	250,945.	22,514.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	963,543.	1	127,321.
	2	727,028.	2	1,559,365.
	3		3	
	4	42,631.	4	68,274.
	5		5	
	6		6	
	7	1,895,428.	7	2,084,795.
	8	2,407,337.	8	2,218,478.
	9	18,990.	9	20,039.
	10a	2,114,093.		
	10b	478,329.		
		1,692,800.	10c	1,635,764.
	11		11	
	12		12	
	13		13	
	14		14	
15	2,000.	15	2,000.	
16	7,749,757.	16	7,716,036.	
Liabilities	17	40,141.	17	60,309.
	18		18	
	19	14,695.	19	11,045.
	20		20	
	21		21	
	22		22	
	23	1,858,541.	23	1,736,749.
	24		24	
	25		25	
	26	1,913,377.	26	1,808,103.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	3,987,195.	27	4,307,552.
	28	1,849,185.	28	1,600,381.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29		29	
	30		30	
	31		31	
32	5,836,380.	32	5,907,933.	
33	7,749,757.	33	7,716,036.	

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Form 990 (2021)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,631,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,559,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,836,380.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,907,933.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2747 City or town, state or province, country, and ZIP or foreign postal code BLUFFTON, SC 29910 F Name and address of principal officer: BRENDA DOOLEY 90 MAIN STREET, SUITE C, HILTON HEAD ISLAND,	D Employer identification number 57-0916245 E Telephone number (843) 681-5864 G Gross receipts \$ 2,712,726. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HABITATHHI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ELIMINATE POVERTY HOUSING AND HOMELESSNESS BY CONSTRUCTING MODEST, BUT ADEQUATE HOMES AT REDUCED 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">378,611.</td> <td align="right">610,103.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">296,153.</td> <td align="right">1,910,104.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">829.</td> <td align="right">166,714.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">873,235.</td> <td align="right">17,311.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,548,828.</td> <td align="right">2,704,232.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	378,611.	610,103.	9 Program service revenue (Part VIII, line 2g)	296,153.	1,910,104.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	829.	166,714.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	873,235.	17,311.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,548,828.	2,704,232.						
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td align="right">796,263.</td> <td align="right">703,481.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,133.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td align="right">507,152.</td> <td align="right">1,745,377.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td align="right">1,303,415.</td> <td align="right">2,448,858.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td align="right">245,413.</td> <td align="right">255,374.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	796,263.	703,481.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,133.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	507,152.	1,745,377.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,303,415.	2,448,858.	19 Revenue less expenses. Subtract line 18 from line 12	245,413.	255,374.
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,303,415.	2,448,858.																								
19 Revenue less expenses. Subtract line 18 from line 12	245,413.	255,374.																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td align="right">7,763,419.</td> <td align="right">7,749,757.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td align="right">2,182,414.</td> <td align="right">1,913,377.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right">5,581,005.</td> <td align="right">5,836,380.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	7,763,419.	7,749,757.	21 Total liabilities (Part X, line 26)	2,182,414.	1,913,377.	22 Net assets or fund balances. Subtract line 21 from line 20	5,581,005.	5,836,380.												
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Part II Signature Block

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

Sign Here	Signature of officer BRENDA DOOLEY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID A SMITH	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00045703
	Firm's name ▶ MARTIN SMITH & COMPANY, CPAS, PA Firm's address ▶ 1212 HAYWOOD ROAD, BLDG 100 GREENVILLE, SC 29615-2200	Firm's EIN ▶ 26-0793942 Phone no. 864.232.1040

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO LIVE. HILTON HEAD REGIONAL HABITAT FOR HUMANITY AFFILIATE ADHERES TO A STRICT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,131,674. including grants of \$) (Revenue \$ 2,712,726.) HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLACE TO LIVE BUILD SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITAT HOUSES ARE MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER FAMILY'S NEEDS, BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE COSTS AFFORDABLE. BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWNERS, EMPLOYING EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST, USING DONATED CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NO-PROFIT LOANS, HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCOURAGES SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW THAT STRONG AND STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT AND GROWTH. WHEN A

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,131,674.

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

HILTON HEAD REGIONAL HABITAT FOR
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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	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 income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BRENDA DOOLEY - (843) 681-5864**
90 MAIN STREET, SUITE C, HILTON HEAD ISLAND, SC 29926

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA DOOLEY EXECUTIVE DIRECTOR	40.00			X				79,099.	0.	0.
(2) CHARLES LOBAUGH CHAIRMAN	5.00	X		X				0.	0.	0.
(3) GEORGIA BOELKE VICE CHAIR	5.00	X		X				0.	0.	0.
(4) MAUREEN RILEY SECRETARY	5.00	X		X				0.	0.	0.
(5) DONNA BELMONTE TREASURER	5.00	X		X				0.	0.	0.
(6) PAUL H CALE MEMBER AT LARGE	5.00	X						0.	0.	0.
(7) TOM DEMINT MEMBER AT LARGE	5.00	X						0.	0.	0.
(8) MARTIN GERSTEN MEMBER AT LARGE	5.00	X						0.	0.	0.
(9) MICHAEL LEWIS MEMBER AT LARGE	5.00	X						0.	0.	0.
(10) REIF MARLER MEMBER AT LARGE	5.00	X						0.	0.	0.
(11) BIANCA MARTINEZ MEMBER AT LARGE	5.00	X						0.	0.	0.
(12) JENNIFER MORROW MEMBER AT LARGE	5.00	X						0.	0.	0.
(13) CAROL RIVERS MEMBER AT LARGE	5.00	X						0.	0.	0.
(14) LINDA CROSS ROBERTSON MEMBER AT LARGE	5.00	X						0.	0.	0.
(15) MIKE VACARRO MEMBER AT LARGE	5.00	X						0.	0.	0.
(16) HARRY WILLIAMS MEMBER AT LARGE	5.00	X						0.	0.	0.

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							79,099.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							79,099.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	31,276.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	578,827.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		610,103.			
	Program Service Revenue	2 a	RESTORE SALES	Business Code 453310	1,430,104.	1,430,104.	
b		HOME SALES	531930	480,000.	480,000.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,910,104.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		166,714.	166,714.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 31,276. of contributions reported on line 1c). See Part IV, line 18		10,080.				
			8,494.				
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events		1,586.		1,586.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	Business Code 900099	15,725.	15,725.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		15,725.			
12	Total revenue. See instructions		2,704,232.	2,092,543.	0.	1,586.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,099.	39,550.	39,549.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	527,350.	398,529.	128,821.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	48,612.	35,116.	13,496.	
10 Payroll taxes	48,420.	34,977.	13,443.	
11 Fees for services (nonemployees):				
a Management				
b Legal	16,776.		16,776.	
c Accounting	8,800.		8,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	111,461.	59,845.	30,483.	21,133.
14 Information technology				
15 Royalties				
16 Occupancy	119,067.	74,384.	44,683.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	84,504.	84,504.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,077.	64,077.		
23 Insurance	53,435.	53,435.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF CONSTRUCTION	922,650.	922,650.		
b MORTGAGE DISCOUNTS	240,221.	240,221.		
c FAMILY SERVICES	78,463.	78,463.		
d CONTRIBUTIONS	27,500.	27,500.		
e All other expenses	18,423.	18,423.		
25 Total functional expenses. Add lines 1 through 24e	2,448,858.	2,131,674.	296,051.	21,133.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	891,128.	1	963,543.
	2 Savings and temporary cash investments	626,831.	2	727,028.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	58,875.	4	42,631.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,742,046.	7	1,895,428.
	8 Inventories for sale or use	2,666,080.	8	2,407,337.
	9 Prepaid expenses and deferred charges	19,582.	9	18,990.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,114,093.		
	b Less: accumulated depreciation	10b 421,293.		
	11 Investments - publicly traded securities	1,756,877.	10c	1,692,800.
	12 Investments - other securities. See Part IV, line 11		11	
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,000.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,763,419.	15	2,000.	
		16	7,749,757.	
Liabilities	17 Accounts payable and accrued expenses	27,182.	17	40,141.
	18 Grants payable		18	
	19 Deferred revenue	15,999.	19	14,695.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,960,818.	23	1,858,541.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	178,415.	25	0.
	26 Total liabilities. Add lines 17 through 25	2,182,414.	26	1,913,377.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,680,781.	27	3,987,195.
	28 Net assets with donor restrictions	1,900,224.	28	1,849,185.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,581,005.	32	5,836,380.
	33 Total liabilities and net assets/fund balances	7,763,419.	33	7,749,757.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,704,232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,448,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	255,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,581,005.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,836,380.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	527,753.	340,204.	466,225.	360,960.	620,183.	2,315,325.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,201,941.	1,134,093.	824,478.	865,729.	1,910,104.	5,936,345.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,729,694.	1,474,297.	1,290,703.	1,226,689.	2,530,287.	8,251,670.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						8,251,670.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1,729,694.	1,474,297.	1,290,703.	1,226,689.	2,530,287.	8,251,670.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	146,627.	171,724.	265,092.	301,482.	166,714.	1,051,639.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	146,627.	171,724.	265,092.	301,482.	166,714.	1,051,639.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,563.	25.			15,725.	36,313.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,896,884.	1,646,046.	1,555,795.	1,528,171.	2,712,726.	9,339,622.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	88.35 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	87.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	11.26 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	11.34 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

HILTON HEAD REGIONAL HABITAT FOR

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

HILTON HEAD REGIONAL HABITAT FOR

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

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

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

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

2020

Name of the organization

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Employer identification number

57-0916245

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Employer identification number 57-0916245
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Employer identification number 57-0916245
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Employer identification number 57-0916245
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Employer identification number 57-0916245
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2020

Open to Public Inspection

Name of the organization HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC Employer identification number 57-0916245

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, and monitoring expenses.

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

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art collections and required amounts for revenue and assets.

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		365,484.		365,484.
b Buildings		1,513,641.	241,213.	1,272,428.
c Leasehold improvements				
d Equipment		234,968.	180,080.	54,888.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,692,800.

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Schedule D (Form 990) 2020

57-0916245 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,712,726.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	8,494.
e	Add lines 2a through 2d	2e	8,494.
3	Subtract line 2e from line 1	3	2,704,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,704,232.

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

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

1	Total expenses and losses per audited financial statements	1	2,457,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	8,494.
e	Add lines 2a through 2d	2e	8,494.
3	Subtract line 2e from line 1	3	2,448,858.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,448,858.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF FASB ASC. THIS GUIDANCE ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AND DISCLOSURE.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990

FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990 8,494.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990

FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990 8,494.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC** Employer identification number **57-0916245**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

HILTON HEAD REGIONAL HABITAT FOR

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	41,356.			41,356.
	2 Less: Contributions	31,276.			31,276.
	3 Gross income (line 1 minus line 2)	10,080.			10,080.
Direct Expenses	4 Cash prizes	900.			900.
	5 Noncash prizes	654.			654.
	6 Rent/facility costs	2,240.			2,240.
	7 Food and beverages	3,952.			3,952.
	8 Entertainment				
	9 Other direct expenses	748.			748.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,494.
11 Net income summary. Subtract line 10 from line 3, column (d)				1,586.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

HILTON HEAD REGIONAL HABITAT FOR

Schedule G (Form 990 or 990-EZ) 2020

HUMANITY, INC

57-0916245 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Employer identification number
57-0916245

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

COSTS TO THE BUYER

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

NON-PROSELYTIZING POLICY AND WILL NOT OFFER ASSISTANCE ON THE EXPRESSED
OR IMPLIED CONDITION THAT PEOPLE MUST ADHERE TO OR CONVERT TO A
PARTICULAR FAITH OR LISTEN AND RESPOND TO MESSAGING DESIGNED TO INDUCE
CONVERSION TO A PARTICULAR FAITH.

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

HOME FOSTERS INSTEAD OF HINDERS HEALTH AND SAFETY, FAMILIES CAN
FLOURISH. OWNING AN AFFORDABLE HOME ALSO ALLOWS HOMEOWNERS TO LIFT UP
THEIR ENTIRE FAMILY BY SAVING FOR THEIR FUTURES AND INVESTING IN
EDUCATIONAL OPPORTUNITIES, BOLSTERING JOB OPPORTUNITIES AND CAREER
GROWTH. DURING FISCAL YEAR 2021, HILTON HEAD REGIONAL HABITAT FOR
HUMANITY CLOSED ON SIX HOUSES SERVING 18 INDIVIDUALS AND ALSO MANAGED
THE SERVICING (SOME OUTSOURCED; SOME IN-HOUSE) OF 89 MORTGAGES.

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

THE BOARD OF DIRECTORS IS PROVIDED A DRAFT COPY OF THE TAX RETURN, A COPY
OF THE ANNUAL FINANCIAL STATEMENTS, AN EXPLANATION OF THE RETURN, WITH ANY
QUESTIONS OR CONCERNS BEING RESOLVED PRIOR TO THE FILING OF THE RETURN.

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

OFFICERS, DIRECTORS AND KEY EMPLOYEES REVIEW THE CONFLICT OF INTEREST
POLICY AT THE ANNUAL ORGANIZATIONAL MEETING, AT WHICH TIME APPROPRIATE

Name of the organization HILTON HEAD REGIONAL HABITAT FOR
HUMANITY, INC

Employer identification number
57-0916245

DISCLOSURE TAKES PLACE.

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

THE ORGANIZATION'S KEY EMPLOYEES' COMPENSATION IS SUBJECT TO APPROVAL BY
THE BOARD OF DIRECTORS.

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

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS TO ANYONE THAT REQUESTS SUCH INFORMATION
EITHER IN PERSON OR THROUGH THE MAIL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

1.

GENERAL DISCLOSURES

HABITAT HILTON HEAD IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. WE
COMMUNICATE WITH OUR SUPPORTERS, DONORS AND PROSPECTIVE DONORS BY
EMAIL, POSTAL MAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST
CONTRIBUTIONS TO OUR CAUSE AND TO EDUCATE THE PUBLIC ABOUT HABITAT
HILTON HEAD'S YEAR-ROUND PROGRAMS, VOLUNTEER OPPORTUNITIES AND OTHER
EVENTS IN LOCAL COMMUNITIES AND AROUND THE WORLD. THESE EFFORTS HELP
ADVANCE OUR MISSION TO PUT GOD'S LOVE INTO ACTION BY BRINGING PEOPLE
TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE. AS A RESULT, IN
ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDELINES AND
INTERNAL REVENUE SERVICE GUIDANCE, HABITAT HILTON HEAD ALLOCATES A
PORTION OF OUR FUNDRAISING COSTS TO PROGRAM SERVICES. AS A NONPROFIT
ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR
DONORS' MONEY IS SPENT AS EFFICIENTLY AND EFFECTIVELY AS POSSIBLE.

Name of the organization	HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Employer identification number	57-0916245
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ADDITIONALLY, WE HAVE CERTAIN EXPENSES THAT CANNOT BE BILLED SEPARATELY FOR EACH FUNCTIONAL AREA. RENT, UTILITIES, INFORMATION TECHNOLOGY AND OTHER COSTS ARE GROUPED TOGETHER. WE ALLOCATE THESE COSTS IN COMPLIANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OR GAAP, ACROSS THE PROGRAM (INCLUDING HABITAT RESTORES), MANAGEMENT AND GENERAL, AND FUNDRAISING CATEGORIES. FINALLY, SOME STAFF MEMBERS HAVE RESPONSIBILITIES THAT CROSS OVER FUNCTIONAL AREAS. TO CALCULATE THE TIME ALLOCATION, HABITAT HILTON HEAD DIVIDES THE NUMBER OF HOURS SPENT ON A PROJECT OUTSIDE OF A STAFF MEMBER'S DESIGNATED EXPENSE CATEGORY BY THE TOTAL HOURS WORKED DURING THAT PERIOD AND ALLOCATES THAT PERCENTAGE OF COSTS TO THE APPROPRIATE EXPENSE CATEGORY.

990 PAGE 11, PART X, LINE 7, COLUMN B

MORTGAGES RECEIVABLE:

IF THE FAIR MARKET VALUE OF A HOME SOLD EXCEEDS THE FIRST MORTGAGE, THE ORGANIZATION OBTAINS A SECOND MORTGAGE FOR THE AMOUNT BY WHICH FAIR MARKET VALUE EXCEEDS THE FIRST MORTGAGE AMOUNT. THE SECOND MORTGAGE IS TO PROTECT THE VALUE OF THE COLLATERAL AND IS NOT RECORDED IN THE BOOKS AND RECORDS OF THE ORGANIZATION. THE SECOND MORTGAGE IS FORGIVABLE BASED ON THE SPECIFIED TERMS OF THE MORTGAGE AGREEMENT. SUCH TERMS GENERALLY CALL FOR FORGIVENESS BEGINNING IN YEAR TEN OF \$1,000 OF THE SECOND MORTGAGE BALANCE ANNUALLY, OR FORGIVENESS BEGINNING IN YEAR FIVE OF 5% OF THE ORIGINAL SECOND MORTGAGE AMOUNT ANNUALLY. THE SECOND MORTGAGE WOULD BE EXERCISED AND COLLECTED ONLY IF THE HOME WAS SOLD, OR THE FIRST MORTGAGE WAS REFINANCED BEFORE THE SECOND MORTGAGE HAD BEEN FULLY FORGIVEN. TO DATE, THE ORGANIZATION HAS RARELY COLLECTED UNDER A SECOND MORTGAGE AGREEMENT. AT JUNE 30, 2021, THE ORGANIZATION HAD APPROXIMATELY \$4,000,000 IN SUCH SECOND MORTGAGE BALANCES WHICH HAD NOT

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HILTON HEAD REGIONAL HABITAT FOR HUMANITY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2747

City or town, state or province, country, and ZIP or foreign postal code
BLUFFTON, SC 29910

D Employer identification number
57-0916245

E Telephone number
(843) 681-5864

F Name and address of principal officer:
BRENDA DOOLEY
90 MAIN STREET SUITE C
HILTON HEAD ISLAND, SC 29926

G Gross receipts \$ 1,729,520

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HABITATHHI.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986 **M** State of legal domicile: SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ELIMINATE POVERTY HOUSING AND HOMELESSNESS BY CONSTRUCTING MODEST, BUT ADEQUATE HOMES AT REDUCED COSTS TO THE BUYER

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	27
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	466,225	378,611
9 Program service revenue (Part VIII, line 2g)	261,630	296,153
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,462	829
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	824,478	873,235
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,555,795	1,548,828
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	778,834	796,263
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,161		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	547,431	507,152
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,326,265	1,303,415
19 Revenue less expenses. Subtract line 18 from line 12	229,530	245,413

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,470,722	7,763,419
21 Total liabilities (Part X, line 26)	2,135,131	2,182,414
22 Net assets or fund balances. Subtract line 21 from line 20	5,335,591	5,581,005

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-04-01

BRENDA DOOLEY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00045703

Firm's name ▶ MARTIN SMITH & COMPANY CPAS PA Firm's EIN ▶ 26-0793942

Firm's address ▶ 1212 HAYWOOD ROAD BLDG 100 Greenville, SC 296152200 Phone no. (864) 232-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ORGANIZATION CONSTRUCTS AND SELLS HOMES TO QUALIFYING PERSONS AND SELLS BUILDING MATERIALS TO RAISE FUNDS FOR THE HOMES.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,007,114 including grants of \$) (Revenue \$ 1,187,868)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,007,114

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	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		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes/No' and a column for numerical answers.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PATRICIA WIRTH 90 MAIN STREET SUITE C HILTON HEAD ISLAND, SC 29926 (843) 681-5864

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGIA BOEHLKE CHAIRMAN	5.00	X		X				0	0	0
(2) MARTIN GERSTEN VICE CHAIR	5.00	X		X				0	0	0
(3) WERNER SICVOL SECRETARY	5.00	X		X				0	0	0
(4) DONNA BELMONTE TREASURER	5.00	X		X				0	0	0
(5) CHARLES LOBAUGH MEMBER AT LARGE	5.00	X						0	0	0
(6) BLAINE LOTZ MEMBER AT LARGE	5.00	X						0	0	0
(7) BEVERLY MALONEY MEMBER AT LARGE	5.00	X						0	0	0
(8) ELIZABETH JENNIFER MORROW MEMBER AT LARGE	5.00	X						0	0	0
(9) MAUREEN RILEY MEMBER AT LARGE	5.00	X						0	0	0
(10) MAYRA RIVERS-VAZQUEZ MEMBER AT LARGE	5.00	X						0	0	0
(11) LINDA CROSS ROBINSON MEMBER AT LARGE	5.00	X						0	0	0
(12) ALLYN SCHNEIDER MEMBER AT LARGE	5.00	X						0	0	0
(13) MICHAEL VACARRO MEMBER AT LARGE	5.00	X						0	0	0
(14) PATRICIA CAREY WIRTH PRESIDENT/CEO	40.00			X				108,242	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	17,651				
	d Related organizations	1d					
	e Government grants (contributions)	1e	26,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	334,960				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			378,611			
Program Service Revenue	2a MORTGAGE INTEREST INCOME ON PROGR	Business Code					
		531930	184,762	184,762			
	b MISC INCOME	531930	111,391	111,391			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		296,153					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		829			829	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	4,500				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	4,500				
	d Net rental income or (loss)		4,500			4,500	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 17,651 of contributions reported on line 1c). See Part IV, line 18		8,120				
		b Less: direct expenses	5,114				
		c Net income or (loss) from fundraising events		3,006			3,006
	9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		1,041,307					
	b Less: cost of goods sold	175,578					
	c Net income or (loss) from sales of inventory		865,729	865,729			
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,548,828	1,161,882	0	8,335	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,242	54,120	54,122	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	580,506	469,812	110,694	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	53,956	41,045	12,911	
10 Payroll taxes	53,559	40,743	12,816	
11 Fees for services (non-employees):				
a Management				
b Legal	13,476		13,476	
c Accounting	9,886		9,886	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	90,002	75,403		14,599
14 Information technology				
15 Royalties				
16 Occupancy	68,676	28,480	40,196	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	70,230	70,230		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,084	64,084		
23 Insurance	44,585	44,585		
24 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 O.)				
a CONTRIB & FAMILY SERVIC	49,916	49,916		
b MAINTENANCE	38,670	38,670		
c MISCELLANEOUS EXPENSES	37,790	10,189	27,039	562
d PICKUP & DELIVERY EXPEN	19,025	19,025		
e All other expenses	812	812		
25 Total functional expenses. Add lines 1 through 24e	1,303,415	1,007,114	281,140	15,161
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	809,540	1	891,128
	2 Savings and temporary cash investments	544,534	2	626,831
	3 Pledges and grants receivable, net	74,408	3	58,875
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,839,444	7	1,742,046
	8 Inventories for sale or use	2,359,881	8	2,666,080
	9 Prepaid expenses and deferred charges	19,954	9	19,582
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,114,093		
	b Less: accumulated depreciation	357,216		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,000	15	2,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,470,722	16	7,763,419	
Liabilities	17 Accounts payable and accrued expenses	59,027	17	27,182
	18 Grants payable		18	
	19 Deferred revenue	15,100	19	15,999
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,061,004	23	1,960,818
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	178,415
	26 Total liabilities. Add lines 17 through 25	2,135,131	26	2,182,414
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,532,138	27	3,680,781
	28 Net assets with donor restrictions	1,803,453	28	1,900,224
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,335,591	32	5,581,005	
33 Total liabilities and net assets/fund balances	7,470,722	33	7,763,419	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,548,828
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,303,415
3	Revenue less expenses. Subtract line 2 from line 1	3	245,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,335,591
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,581,005

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 57-0916245

Name: HILTON HEAD REGIONAL HABITAT FOR
HUMANITY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION CONSTRUCTS AND SELLS HOMES TO QUALIFYING PERSONS AND SELLS BUILDING MATERIALS TO RAISE FUNDS FOR THE HOMES.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HILTON HEAD REGIONAL HABITAT FOR HUMANITY INC

Employer identification number
57-0916245

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	918,296	527,753	340,204	466,225	360,960	2,613,438
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,490,744	1,201,941	1,134,093	824,478	865,729	5,516,985
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,409,040	1,729,694	1,474,297	1,290,703	1,226,689	8,130,423
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						8,130,423

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	2,409,040	1,729,694	1,474,297	1,290,703	1,226,689	8,130,423
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	169,585	146,627	171,724	265,092	301,482	1,054,510
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	169,585	146,627	171,724	265,092	301,482	1,054,510
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,562	20,563	25			111,150
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,669,187	1,896,884	1,646,046	1,555,795	1,528,171	9,296,083

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	87.460 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	88.870 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	11.340 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	9.560 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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 in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
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 the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 57-0916245

Name: HILTON HEAD REGIONAL HABITAT FOR
HUMANITY INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
HILTON HEAD REGIONAL HABITAT FOR HUMANITY INC

Employer identification number
57-0916245

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		365,484		365,484
b Buildings		1,513,641	202,401	1,311,240
c Leasehold improvements				
d Equipment		234,968	154,815	80,153
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,756,877

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE (PPP FUNDS - CARES ACT)	178,415
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	178,415

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,729,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	180,692	
e	Add lines 2a through 2d		2e	180,692
3	Subtract line 2e from line 1		3	1,548,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,548,828

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

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

1	Total expenses and losses per audited financial statements		1	1,484,107
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	180,692	
e	Add lines 2a through 2d		2e	180,692
3	Subtract line 2e from line 1		3	1,303,415
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,303,415

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 57-0916245

Name: HILTON HEAD REGIONAL HABITAT FOR
HUMANITY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF FASB ASC. THIS GUIDANCE ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DEREGISTRATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AND DISCLOSURE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990 175,578. FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990 5,114.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990 175,578. FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990 5,114.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	25,771			25,771
2	Less: Contributions	17,651			17,651
3	Gross income (line 1 minus line 2)	8,120			8,120
Direct Expenses	4 Cash prizes	1,600			1,600
	5 Noncash prizes				
	6 Rent/facility costs	1,121			1,121
	7 Food and beverages	1,780			1,780
	8 Entertainment				
	9 Other direct expenses	613			613
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,114
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				3,006

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(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

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

HILTON HEAD REGIONAL HABITAT FOR HUMANITY INC

Employer identification number

57-0916245

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS IS PROVIDED A DRAFT COPY OF THE TAX RETURN, A COPY OF THE ANNUAL FINANCIAL STATEMENTS, AN EXPLANATION OF THE RETURN, WITH ANY QUESTIONS OR CONCERNS BEING RESOLVED PRIOR TO THE FILING OF THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY AT THE ANNUAL ORGANIZATIONAL MEETING, AT WHICH TIME APPROPRIATE DISCLOSURE TAKES PLACE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S KEY EMPLOYEES' COMPENSATION IS SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO ANYONE THAT REQUESTS SUCH INFORMATION EITHER IN PERSON OR THROUGH THE MAIL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	MORTGAGE DISCOUNTS: PROGRAM SERVICE EXPENSES 812. TOTAL EXPENSES 812.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ROUNDING 1.

Habitat for Humanity of the Lowcountry
REGULAR MEETING OF BOARD OF DIRECTORS

August 24, 2023

Present in person: Reif Marler – Chair, , Laura Ann Bush, Paul Cale, Tom DeMint, Luke Jabara, Pam Newman, Carol Rivers, Harry Williams

Present via zoom: Kevin Anton Carson Broom, Michael Lewis, Meredith Oliver

Board Members Excused: Tim Holt, Deborah Martin, and Victoria Smalls

Staff Present: Brenda Dooley, Jeb Bush, Jonathon Collins, John Murray, Elena, Adele, Susan Madison, Jan Hunter

Opening:

Reif Marler called the meeting to order at 12:03 p.m. and Laura provided the opening prayer.

Brenda led us in a round of introductions.

Approval of Consent Agenda:

Paul made a motion to approve the consent agenda, the motion was seconded by Carol. The motion passed.

Chair's Comments:

Reif said that he had discussion for new business later in the meeting.

Executive Director's Comment

Brenda mentioned Jeb had passed his CFRE exam. Brenda asked Bluffton members to bring their old binders. Brenda said that she had Reif had submitted to HFHI on Habitat 2.0. The Land Acquisition Committee that the committee voted to passed on purchasing land on St. Helena Island. She said she was looking for a volunteer to be the point person when land opportunities become available. Discussion ensued about how to find someone with suggestions. Brenda gave an update on the Estill project.

Old Business:

I. Merger Update

Brenda discussed that merger is going well with a little surprise. We have new phone systems that has everything connected. Staff are doing a great job of merging and working together.

New Business:

I. ReStores Update

Jonathon gave an update on the Bluffton ReStore. He gave an update on how much they did in retail sales and profit. Did \$119,000 in July with over \$70,000 in profit. He gave an update about purchasing appliances.

John gave an update on the Beaufort ReStore. He discussed the upcoming expansion of the ReStore. Last year we did more than \$500,000 in sales and returned \$38,000 in profit. Working with Jonathan to partner to do pickups on Fridays. We have about 20 volunteers that help run the store. They have an amazing bookstore and also sell books online. He brought up the woodshop and how it has transformed over the years.

II. Grant Submissions

Jeb discussed who the Abney Fund was and that we would be applying for \$15,000 towards either home repairs or for the Forino project.

He also discussed the Hilton Head Island ATAX grant to be used to purchase land.

Harry made a motion to approve the affiliate applying for funds from the Abney Foundation and Hilton Head ATAX, the motion was seconded by Luke. The motion passed.

Jeb also gave an update on the golf tournament.

III. Quality Assurance

Brenda discussed that HFHI requires us ensure that all board members have had a chance to view it and everyone said they were.

IV. Sweat Equity Policy

Brenda said that the affiliates sweat equity policies were different and after discussing with staff and the family selection committee she suggested the organization to revise any previous sweat equity policies from either of the old affiliates and create this new one. The new one requires 300 hours for single adult families and 400 hours for two adult families. There also is an option to allow 100 hours for new volunteers (family support partners can contribute whether they are new or old to volunteering with the organization). Families should commit to at least 25 hours per month, with five being

at the ReStore. There would be no maximum number of hours families can complete. Families must commit to doing 40 hours of work on their own home.

Harry motioned to approve the policy. Tom seconded the motion. The motion carried.

V. October/November Meetings

The board decided to combine the October and November meeting and hold it on November 9th.

Reif said the board needed to move into executive session to discuss salaries.

Pam moved to begin Executive Session. Laura second the motion. The motion passed.

Tom, Paul

Adjournment:

After the board came out of executive session, Tom moved to adjourn the meeting; seconded by Paul. The motion carried and the meeting adjourned at 1:35pm.



We build strength, stability, self-reliance and shelter.

August 7, 2023

Habitat for Humanity of the Lowcountry
P.O. Box 2747
Bluffton, SC 29910

RE: Habitat for Humanity of the Lowcountry ("Affiliate"), EIN: 57-0916245; Tax Exempt Verification

To whom it may concern:

This letter confirms that the Affiliate listed above is a subordinate under the group tax exemption of Habitat for Humanity International, Inc. ("HFHI"), and therefore the Affiliate is tax exempt under Section 501(c)(3) of the Internal Revenue Code.

The IRS has assigned group exempt number ("GEN") 8545 to HFHI for all its designated affiliates. Please provide this GEN to prospective donors, foundations and other grant organizations when requested, and note that it is also required on certain IRS forms.

Please be aware that when donors search the IRS database, they will see only HFHI's name associated with the number.

This letter shall serve as proof of your affiliate's inclusion under HFHI's group exemption bearing GEN 8545. Thus, please provide a copy of this letter, as well as the enclosed copy of HFHI's tax exempt determination letter, demonstrating HFHI's tax exempt status and group exemption, to any donor requesting proof of your affiliate's tax-exempt status.

Thank you for your continued work supporting Habitat's mission. If you need additional copies of this letter or have additional questions, please contact the Affiliate Support Center.

In partnership,

A handwritten signature in blue ink, appearing to read "Aaron Lewis".

Aaron Lewis
Assistant Secretary and Deputy General Counsel



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
December 1, 2021
Employer ID number:
91-1914868
Person to contact:
Name: K Gleason
ID number: 0203083
Telephone: 877-829-5500

HABITAT FOR HUMANITY INTERNATIONAL INC
HABITAT FOR HUMANITY INTRNL PARENT
% LEGAL DEPARTMENT
322 W LAMAR STREET
AMERICUS, GA 31709

Dear Sir or Madam:

This is in response to your request dated February 17, 2021, for information about your tax-exempt status.

We issued a determination letter to you on January 1987, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

For information about filing requirements visit www.irs.gov/charities. Specifically, IRC Section 6033(j) provides that if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

If you have questions, you can call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Keep a copy of this letter for your records.

Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements