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@habitathhi.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 employeed 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 Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

Total:	100	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
4 - Tourism-Related Public Services 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.	0	%
3 - Tourism-Related Facilities 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.	100	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	0	%

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

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

Yes <u>X</u> No ____

If so, please list top 3 sources and amounts.

Affiliated Agency Grant

\$500,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **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 Balanace 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 expenditue of ATAX grant funds.

- Sollow 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 fundsused? 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
	3,615,900
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
	3,222,661
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
	3,615,900
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
	3,222,661
2510 Notes Payable	168,136
Total	3,390,797

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	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	04,000,00
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
-	

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	Jul '21 - Jun 22
4500 · Other Program Income 4510 · Rental Income	10 000 00
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

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	Jul '21 - Jun 22
5150 · Land & Acquisition Costs 5150.07 · Association Fees 5150.03 · Surveys/Appraisals	1,575.00 43,071.00
Total 5150 · Land & Acquisition Costs	44,646.00
5200 · Other Mission Specific Costs 5200.24 · ASO Annual Dues 5200.22 · Interest Synovus Loan 5200.06 · Family Services Salary 5200.07 · Family Selection - Sled, etc. 5200.11 · Tithe - HFH International 5200.12 · Loan Servicing 5200 · Other Mission Specific Costs - Other	7,500.00 30,752.76 48,173.80 2,440.83 23,200.00 14,679.93 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 5490.11 · Security Lights New Ridge	3,217.80 294.06
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 7000 · Management and General 7260 · Salary, & Wages Other	0.00 111,883.34
7290 · Payroll Taxes 7290.01 · Employer P/R Taxes	45,678.73
Total 7290 · Payroll Taxes	45,678.73

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

7310 · Accounting Fees 9,200.00 7320 · Legal Fees 15,825.00 7330 · Supplies 29,788.96 7340 · Telephone and Fax 7,773.91 7360.01 · Office Rent 26,000.00 7360.02 · Office Accouncy Expense 24,458.77 7360.01 · Office Rent 24,458.77 7360.01 · Office Accouncy Expense 44,195.09 7370 · Equipment Costs 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.04 · Office Equipment 444.35 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,309.8 8000.01 · Fundraising Supplies 239.08 8000.02 · Mailing Cost 145.50 8000.03 · Fundraising 23.02.25 Total 8000 · Conference, Convention & Mtg. 3,302.25 8400 · Conference, Convention & Mtg. 3,302.25 Total 8000 · Fundraising 3,302.25 Total 8000 · Fundraising 3,302.2		Jul '21 - Jun 22
7320 · Legal Fees 15,825.00 7330. Supplies 29,788.96 7340.04 · Office Operating Expense 29,788.96 7360.01 · Telephone and Fax 7,773.91 7360.02 · Occupancy Expense 26,000.00 7360.03 · Utilities 2,458.77 7360.04 · Utilities 2,458.77 7360.05 · Utilities 2,458.77 7360.06 · Janitorial & maintenance 15,736.32 Total 7360 · Occupancy Expense 44,195.09 7370 · Equipment Costs 2,177.83 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office Equipment 444.35 Total 7300 · Management and General 266,522.86 8000 · Fundraising 239.08 8000.02 · Mailing Cost 145.50 8000.02 · Mailing Cost 145.50 8000.02 · Mailing Cost 145.50 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Net Ordinary Income -856,121.31 Other Income/Expense 9400.0 · Retail store income 9400.0 · Retail store income	7310 · Accounting Fees	9,200.00
7330.04 · Office Operating Expense29,788.96Total 7330 · Supplies29,788.967340 · Telephone and Fax7,773.917360 · Occupancy Expense26,000.007360.03 · Utilities2,458.777360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment2443.5Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000.01 · Fundraising239.088000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses3,308.348000.02 · Mailing Cost3,302.25Total 8000 · Conference, Convention & Mtg.3,302.25Total 8000 · Conference, Convention & Mtg.3,302.25Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales - Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		,
Total 7330 · Supplies29,788.967340 · Telephone and Fax7,773.917360 · Occupancy Expense7,773.917360.01 · Office Rent26,000.007360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000.01 · Fundraising239.088000.02 · Mailing Cost145.508000.02 · Mailing Cost3,098.348000.15 · Fundraising Expenses3,098.348000.15 · Fundraising Expenses3,302.25Total 8000 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference I (Additione I (A		
7340 · Telephone and Fax7,773.917360 · Occupancy Expense26,000.007380.01 · Office Rent26,000.007380.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office · Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies3,098.348000.02 · Mailing Cost3,098.348000.05 · Fundraising Expenses3,302.25Total 8000 · Fundraising3,302.25Total 8000 · Fundraising32,451.70Std02 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70Std02 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70Total 8000 · Fundraising3,302.25Total 8000 · Fundraising3,2,451.70Std12 · Conference, Convention & Mtg.3,302.25Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales - Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7330.04 · Office Operating Expense	29,788.96
7360 · Occupancy Expense 26,000.00 7360.01 · Office Rent 2,458.77 7360.05 · Janitorial & maintenance 15,736.32 Total 7360 · Occupancy Expense 44,195.09 7370.2 Office Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office Equipment 444.35 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,177.83 Total 7000 · Management and General 266,522.86 8000 · Fundraising 239.08 8000.02 · Mailing Cost 145.50 8000.16 · Fundraising Expenses 25,666.53 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Net Ordinary Income -856,121.31 Other Income 9400 · Retail store income 440.26.65 9400 · Retail store income 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	Total 7330 · Supplies	29,788.96
7360.01 Office Rent 26,000.00 7360.03 Uillities 2,458.77 7360.06 Janitorial & maintenance 15,736.32 Total 7360 Occupancy Expense 44,195.09 7370.1 Equipment Costs 1,733.48 7370.02 Office Equipment 444.35 Total 7300 Equipment Costs 2,177.83 Total 7000 Management and General 266,522.86 8000.1 Fundraising 239.08 8000.01 Fundraising Supplies 239.08 8000.02 Mailing Cost 145.50 8000.16 Fundraising Expenses 25,666.53 8400 Conference, Convention & Mtg. 3,302.25 Total 8400 Conference, Convention & Mtg. 3,302.25 Total 8400 Fundraising 3,302.25 Total 8400 Fundraisin	7340 · Telephone and Fax	7,773.91
7360.03 · Utilities2,458.777360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.02 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies3,098.348000.15 · Fundraising Expenses3,098.348000 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising2,251.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7360 · Occupancy Expense	
7360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.02 · Mailing Cost145.508000.05 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Net Ordinary Income-856,121.31Other Income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7360.01 · Office Rent	26,000.00
Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs 7370.02 · Office - Copier Rental 7370.04 · Office Equipment1,733.48 444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8400 · Conference, Convention & Mtg. 8402 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising2,051,139.65Net Ordinary Income-856,121.31Other Income 9410.01 · \$ Contributions to retail store 9410.01 · \$ Contributions to retail store 9410.01 · \$ Conss sales · Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		
7370 · Equipment Costs 7370.02 · Office - Copier Rental 7370.04 · Office Equipment1,733.48 444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000. · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses 8400 · Conference, Convention & Mtg.3,098.348402 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income 9400 · Retail store income 9400 · Retail store income50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65	7360.06 · Janitorial & maintenance	15,736.32
7370.02Office - Copier Rental1,733.487370.04Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.05 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Cotal Expense2,051,139.65Net Ordinary Income-856,121.31Other Income9400 · Retail store income50,461.889410.01 · & Contributions to retail store50,461.889410.02 · Gross sales - Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7360 · Occupancy Expense	44,195.09
7370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses3,098.348000 · Conference, Convention & Mtg.3,302.258402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.32,451.70Total 8000 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65		
Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses 8400 · Conference, Convention & Mtg. 8402 · Conference, Convention & Mtg. 3,302.25239.08 145.50 3,098.34 25,666.53Total 8400 · Conference, Convention & Mtg. 8402 · Conference, Convention & Mtg.3,302.25 3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Net Ordinary Income2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 9410.01 · \$ Contributions to retail store 9410.01 · Retail store income1,446,226.65	7370.02 · Office - Copier Rental	1,733.48
Total 7000 · Management and General266,522.868000 · Fundraising 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.258402 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7370.04 · Office Equipment	444.35
8000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses 8400 · Conference, Convention & Mtg. 8402 · Conference Expenses239.08 145.50 3,098.34 25,666.53Total 8400 · Conference, Convention & Mtg. 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income 9400 · Retail store income 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7370 · Equipment Costs	2,177.83
8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7000 · Management and General	266,522.86
8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8000 · Fundraising	
8000.02 · Mailing Cost 145.50 8000.06 · Fundraiser-Postage 3,098.34 8000.15 · Fundraising Expenses 25,666.53 8400 · Conference, Convention & Mtg. 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 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		239.08
8000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		145.50
8400 · Conference, Convention & Mtg. 8402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 0ther Income50,461.889410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.881,346,226.651,446,226.65		3,098.34
8402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 0ther Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8000.15 · Fundraising Expenses	25,666.53
Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8400 · Conference, Convention & Mtg.	
Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.31Other Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8402 · Conference Expenses	3,302.25
Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.31Other Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 8400 · Conference, Convention & Mtg.	3,302.25
Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.319400 · Retail store income9400 · Retail store income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 8000 · Fundraising	32,451.70
Other Income/Expense Other Income 9400 · Retail store income 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	Total Expense	2,051,139.65
Other Income9400 · Retail store income9410.01 · \$ Contributions to retail store9410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Net Ordinary Income	-856,121.31
Other Income9400 · Retail store income9410.01 · \$ Contributions to retail store9410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Other Income/Expense	
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	•	
9410.02 · Gross sales- Bluffton 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	9400 · Retail store income	
Total 9400 · Retail store income 1,446,226.65	9410.01 · \$ Contributions to retail store	50,461.88
	9410.02 · Gross sales- Bluffton	1,395,764.77
Total Other Income 1,446,226.65	Total 9400 · Retail store income	1,446,226.65
	Total Other Income	1,446,226.65

01/06/23

Accrual Basis

	Jul '21 - Jun 22
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
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
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
Total 9360 · Occupancy	186,538.42
Total Other Expense	518,552.56
Net Other Income	927,674.09
Net Income	71,552.78

08/18/23 Accrual Basis

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

	Jul 23
Ordinary Income/Expense	
Income 4010 · \$ Contributions Individuals 4010.37 · Adopt -A -Home Golf Tournament	3,350.89 7,000.00
4010.36 · Estill 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 5102.32 · Cons't-Gen. Expense	146.26 9.078.48
Total 5102 · Cost of Construction from CIP	9,380.88
5104 · Liability Insurance 5104.05 · Insurance - D&O 5104.06 · Insurance - General Liability 5104.07 · Insurance - Health Insurance 5104.08 · Insurance - Property & Liabilit 5104.09 · Insurance - Volunteer Accident 5104.10 · Insurance - Volunteer Disabilit	285.25 1,188.00 3,799.63 1,081.00 30.25 14.00
5104.11 · Insurance - Worker's Comp 5104.12 · Gen.Liability & Builders Risk	1,780.79 105.00
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. 5200.12 · Loan Servicing 5200 · Other Mission Specific Costs - Other	6,057.65 0.00 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 5490.11 · Security Lights New Ridge Miscellaneous-Wood Shop	283.58 45.04 178.56	
5490 · Other Expenses - Other	-178.56	
Total 5490 · Other Expenses	328.62	
otal 5000 · Program Services	39,949.90	
5999.16 · *Payroll Expenses 7000 · Management and General 7260 · Salary, & Wages Other	5,145.07 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 7320 · Legal Fees 7330 · Supplies	3,500.00 1,238.00	
7330.04 · Office Operating Expense	11,263.06	
Total 7330 · Supplies	11,263.06	
7340 · Telephone and Fax 7360 · Occupancy Expense	746.76	
7360.03 · Utilities 7360.06 · Janitorial & maintenance	84.59 -235.41	
Total 7360 · Occupancy Expense	-150.82	
7370 · Equipment Costs 7370.02 · Office - Copier Rental	203.30	
Total 7370 · Equipment Costs	203.30	
Fotal 7000 · Management and General	44,828.66	

08/18/23 Accrual Basis

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

	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	440,400,00
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	4 740 00
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
et Income	132,765.93

09/01/23 Accrual Basis

	Jul '22 - Jun 23
Ordinary Income/Expense	
Income 4010 · \$ Contributions Individuals 4010.35 · Repair Program 4010.36 · Estill 4010.01 · Individual Donations 4010.11 · Adopt-A-Home Colleton 4010.18 · Adopt-A-Home Women's Build	14,400.00 34,727.10 156,367.45 94,882.86 10,500.00
Total 4010 · \$ Contributions Individuals	310,877.41
4020 · \$ Contributions Businesses 4020.18 · Adopt-A-Home Publix 4020.08 · Adopt-A-Home Realtors 4020.09 · Adopt-A-Home Oldfield 4020.13 · Corp. Donations	12,500.00 8,379.76 67,970.84 642.10
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 4060.07 · Community Foundation Home Repai 4060.04 · Other 4060.02 · Heritage Classic Foundation	149,500.00 60,000.00 103,520.00 600.00
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 4310.31 · Direct Mail 2021	113,285.28 500.00
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	
Total Income	1 166 883 13
	1,166,883.13
Gross Profit	1,166,883.13

09/01/23 Accrual Basis

	Jul '22 - Jun 23
Expense	
5000 · Program Services	
5102 · Cost of Construction from CIP	
	100 401 43
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	2 750 00
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	158 105 60
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
SUVV.VT Fruperty lakes	2,000.40
Total 5360 · Occupancy Expense	2,095.48

11:49 AM

09/01/23 Accrual Basis

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

09/01/23 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 9260.02 · Salaried personnel 9260.03 · Overtime hourly rate	244,468.79 88,926.92 28,415.10
Total 9260 · ReStore Salary & Wages	361,810.81
9340 · Transportation - Bluffton 9340.01 · Truck purchase - Bluffton 9340.02 · Gasoline - Bluffton 9340.03 · Truck insurance - Bluffton 9340.04 · Other expenses - Bluffton	80,000.00 7,814.71 17,328.00 16,819.71
Total 9340 · Transportation - Bluffton	121,962.42
9360 · Occupancy - Bluffton 9360.01 · Operating Expense - Bluffton 9360.02 · Utilities - Bluffton 9360.05 · Repairs & maintenance-Bluffton 9360.06 · Telephone - Bluffton 9360.08 · Interest Plantation Park Mtge. 9360.09 · Marketing - Bluffton	162,642.15 26,679.77 23,305.06 4,788.47 39,844.94 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

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	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	04,000,00
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
-	

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	Jul '21 - Jun 22	
4500 · Other Program Income 4510 · Rental Income	10 000 00	
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		
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	

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

	Jul '21 - Jun 22
5150 · Land & Acquisition Costs 5150.07 · Association Fees 5150.03 · Surveys/Appraisals	1,575.00 43,071.00
Total 5150 · Land & Acquisition Costs	44,646.00
5200 · Other Mission Specific Costs 5200.24 · ASO Annual Dues 5200.22 · Interest Synovus Loan 5200.06 · Family Services Salary 5200.07 · Family Selection - Sled, etc. 5200.11 · Tithe - HFH International 5200.12 · Loan Servicing 5200 · Other Mission Specific Costs - Other	7,500.00 30,752.76 48,173.80 2,440.83 23,200.00 14,679.93 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 5490.11 · Security Lights New Ridge	3,217.80 294.06
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 7000 · Management and General 7260 · Salary, & Wages Other	0.00 111,883.34
7290 · Payroll Taxes 7290.01 · Employer P/R Taxes	45,678.73
Total 7290 · Payroll Taxes	45,678.73

01/06/23

Accrual Basis

Hilton Head Regional Habitat for Humanity, Inc Profit & Loss

7310 · Accounting Fees 9,200.00 7320 · Legal Fees 15,825.00 7330 · Supplies 29,788.96 7340 · Telephone and Fax 7,773.91 7360.01 · Office Rent 26,000.00 7360.02 · Office Accouncy Expense 24,458.77 7360.01 · Office Rent 24,458.77 7360.01 · Office Accouncy Expense 44,195.09 7370 · Equipment Costs 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.04 · Office Equipment 444.35 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,309.8 8000.01 · Fundraising Supplies 239.08 8000.02 · Mailing Cost 145.50 8000.03 · Fundraising 23.02.25 Total 8000 · Conference, Convention & Mtg. 3,302.25 8400 · Conference, Convention & Mtg. 3,302.25 Total 8000 · Fundraising 3,302.25 Total 8000 · Fundraising 3,302.2		Jul '21 - Jun 22
7320 · Legal Fees 15,825.00 7330. Supplies 29,788.96 7340.04 · Office Operating Expense 29,788.96 7360.01 · Telephone and Fax 7,773.91 7360.02 · Occupancy Expense 26,000.00 7360.03 · Utilities 2,458.77 7360.04 · Utilities 2,458.77 7360.05 · Utilities 2,458.77 7360.06 · Janitorial & maintenance 15,736.32 Total 7360 · Occupancy Expense 44,195.09 7370 · Equipment Costs 2,177.83 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office Equipment 444.35 Total 7300 · Management and General 266,522.86 8000 · Fundraising 239.08 8000.02 · Mailing Cost 145.50 8000.02 · Mailing Cost 145.50 8000.02 · Mailing Cost 145.50 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Net Ordinary Income -856,121.31 Other Income/Expense 9400.0 · Retail store income 9400.0 · Retail store income	7310 · Accounting Fees	9,200.00
7330.04 · Office Operating Expense29,788.96Total 7330 · Supplies29,788.967340 · Telephone and Fax7,773.917360 · Occupancy Expense26,000.007360.03 · Utilities2,458.777360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment2443.5Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000.01 · Fundraising239.088000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses3,308.348000.02 · Mailing Cost3,302.25Total 8000 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising3,302.25Total 8000 · Fundraising3,302.25Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales · Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		,
Total 7330 · Supplies29,788.967340 · Telephone and Fax7,773.917360 · Occupancy Expense7,773.917360.01 · Office Rent26,000.007360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000.01 · Fundraising239.088000.02 · Mailing Cost145.508000.02 · Mailing Cost3,098.348000.15 · Fundraising Expenses3,098.348000.15 · Fundraising Expenses3,302.25Total 8000 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference Expenses3,302.25Total 8000 · Fundraising32,451.70S400 · Conference I (Additione I (A		
7340 · Telephone and Fax7,773.917360 · Occupancy Expense26,000.007380.01 · Office Rent26,000.007380.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office · Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies3,098.348000.02 · Mailing Cost3,098.348000.05 · Fundraising Expenses3,302.25Total 8000 · Fundraising3,302.25Total 8000 · Fundraising32,451.70Std02 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70Std02 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total 8000 · Fundraising32,451.70Total 8000 · Fundraising3,302.25Total 8000 · Fundraising3,2,451.70Std12 · Conference, Convention & Mtg.3,302.25Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales - Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7330.04 · Office Operating Expense	29,788.96
7360 · Occupancy Expense 26,000.00 7360.01 · Office Rent 2,458.77 7360.05 · Janitorial & maintenance 15,736.32 Total 7360 · Occupancy Expense 44,195.09 7370.2 Office Copier Rental 1,733.48 7370.02 · Office - Copier Rental 1,733.48 7370.02 · Office Equipment 444.35 Total 7370 · Equipment Costs 2,177.83 Total 7370 · Equipment Costs 2,177.83 Total 7000 · Management and General 266,522.86 8000 · Fundraising 239.08 8000.02 · Mailing Cost 145.50 8000.16 · Fundraising Expenses 25,666.53 8400 · Conference, Convention & Mtg. 3,302.25 Total 8400 · Conference, Convention & Mtg. 3,302.25 Net Ordinary Income -856,121.31 Other Income 9400 · Retail store income 440.26.65 9400 · Retail store income 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	Total 7330 · Supplies	29,788.96
7360.01 Office Rent 26,000.00 7360.03 Uillities 2,458.77 7360.06 Janitorial & maintenance 15,736.32 Total 7360 Occupancy Expense 44,195.09 7370.1 Equipment Costs 1,733.48 7370.02 Office Equipment 444.35 Total 7300 Equipment Costs 2,177.83 Total 7000 Management and General 266,522.86 8000.1 Fundraising 239.08 8000.01 Fundraising Supplies 239.08 8000.02 Mailing Cost 145.50 8000.16 Fundraising Expenses 25,666.53 8400 Conference, Convention & Mtg. 3,302.25 Total 8400 Conference, Convention & Mtg. 3,302.25 Total 8400 Fundraising 3,302.25 Total 8400 Fundraisin	7340 · Telephone and Fax	7,773.91
7360.03 · Utilities2,458.777360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.02 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies3,098.348000.15 · Fundraising Expenses3,098.348000 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising2,251.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7360 · Occupancy Expense	
7360.06 · Janitorial & maintenance15,736.32Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs1,733.487370.02 · Office - Copier Rental1,733.487370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising239.088000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.02 · Mailing Cost145.508000.05 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Net Ordinary Income-856,121.31Other Income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7360.01 · Office Rent	26,000.00
Total 7360 · Occupancy Expense44,195.097370 · Equipment Costs 7370.02 · Office - Copier Rental 7370.04 · Office Equipment1,733.48 444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8400 · Conference, Convention & Mtg. 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising2,051,139.65Net Ordinary Income-856,121.31Other Income 9410.01 · \$ Contributions to retail store 9410.01 · \$ Contributions to retail store 9410.01 · \$ Conss sales · Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		
7370 · Equipment Costs 7370.02 · Office - Copier Rental 7370.04 · Office Equipment1,733.48 444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000. · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses 8400 · Conference, Convention & Mtg.3,098.348402 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income 9400 · Retail store income 9400 · Retail store income50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65	7360.06 · Janitorial & maintenance	15,736.32
7370.02Office - Copier Rental1,733.487370.04Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.05 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Cotal Expense2,051,139.65Net Ordinary Income-856,121.31Other Income9400 · Retail store income50,461.889410.01 · & Contributions to retail store50,461.889410.02 · Gross sales - Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7360 · Occupancy Expense	44,195.09
7370.04 · Office Equipment444.35Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses3,098.348000 · Conference, Convention & Mtg.3,302.258402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.32,451.70Total 8000 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65		
Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses 8400 · Conference, Convention & Mtg. 8402 · Conference, Convention & Mtg. 3,302.25239.08 145.50 3,098.34 25,666.53Total 8400 · Conference, Convention & Mtg. 8402 · Conference, Convention & Mtg.3,302.25 3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Notal Expense 9400 · Fundraising2,051,139.65Net Ordinary Income 9410.01 · \$ Contributions to retail store 9410.01 · Retail store income50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65	7370.02 · Office - Copier Rental	1,733.48
Total 7000 · Management and General266,522.868000 · Fundraising 8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.258402 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	7370.04 · Office Equipment	444.35
8000 · Fundraising 8000.01 · Fundraising Supplies 8000.02 · Mailing Cost 8000.06 · Fundraiser-Postage 8000.15 · Fundraising Expenses 8400 · Conference, Convention & Mtg. 8402 · Conference Expenses239.08 145.50 3,098.34 25,666.53Total 8400 · Conference, Convention & Mtg. 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income 9400 · Retail store income 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.88 1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7370 · Equipment Costs	2,177.83
8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 7000 · Management and General	266,522.86
8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising22,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8000 · Fundraising	
8000.02 · Mailing Cost 145.50 8000.06 · Fundraiser-Postage 3,098.34 8000.15 · Fundraising Expenses 25,666.53 8400 · Conference, Convention & Mtg. 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 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		239.08
8000.06 · Fundraiser-Postage3,098.348000.15 · Fundraising Expenses25,666.538400 · Conference, Convention & Mtg.3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65		145.50
8400 · Conference, Convention & Mtg. 8402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 0ther Income50,461.889410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton50,461.881,346,226.651,446,226.65		3,098.34
8402 · Conference Expenses3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense 0ther Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8000.15 · Fundraising Expenses	25,666.53
Total 8400 · Conference, Convention & Mtg.3,302.25Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8400 · Conference, Convention & Mtg.	
Total 8000 · Fundraising32,451.70Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.31Other Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	8402 · Conference Expenses	3,302.25
Total Expense2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.31Other Income9400 · Retail store income9400 · Retail store income50,461.889410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 8400 · Conference, Convention & Mtg.	3,302.25
Net Ordinary Income-856,121.31Other Income/Expense Other Income-856,121.319400 · Retail store income9400 · Retail store income9410.01 · \$ Contributions to retail store50,461.889410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Total 8000 · Fundraising	32,451.70
Other Income/Expense Other Income 9400 · Retail store income 9410.01 · \$ Contributions to retail store 9410.02 · Gross sales- Bluffton 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	Total Expense	2,051,139.65
Other Income9400 · Retail store income9410.01 · \$ Contributions to retail store9410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Net Ordinary Income	-856,121.31
Other Income9400 · Retail store income9410.01 · \$ Contributions to retail store9410.02 · Gross sales- Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65	Other Income/Expense	
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	•	
9410.02 · Gross sales- Bluffton 1,395,764.77 Total 9400 · Retail store income 1,446,226.65	9400 · Retail store income	
Total 9400 · Retail store income 1,446,226.65	9410.01 · \$ Contributions to retail store	50,461.88
	9410.02 · Gross sales- Bluffton	1,395,764.77
Total Other Income 1,446,226.65	Total 9400 · Retail store income	1,446,226.65
	Total Other Income	1,446,226.65

01/06/23

Accrual Basis

	Jul '21 - Jun 22
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
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
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
Total 9360 · Occupancy	186,538.42
Total Other Expense	518,552.56
Net Other Income	927,674.09
Net Income	71,552.78

Hilton Head Regional Habitat for Humanity, Inc	
Balance Sheet As of July 31, 2023	08/04/2023
AS 01 JULY 51, 2025	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
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
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
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	1,038,257.35
1426.00 · Vehicles	188,236.45
1420.00 Venicles 1410 · Land Used by Affiliate	100,230.43
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	470 406 66
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	100 205 25
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	5 640 040 5 4
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
OTAL ASSETS	8,463,232.43
IABILITIES & 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
	_,

Hilton Head Regional Habitat for Humanity, Inc Balance Sheet As of June 30, 2023	12:55 PM 07/24/2023 Accrual Basis
_	
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
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
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	4,027,333.05
1420.01 · ReStore Bldg.18 Plantation Park	1,377,531.47
1428.01 · Computer Equipment	86,292.80
1428.00 · Vehicles	148,675.13
1420.00 · Venicles 1410 · Land Used by Affiliate	140,073.13
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
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 **Balance Sheet**

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 1015.28 · Coastal States Operating II	14,946.23 -712.00
Total 1015 · Operating Funds	1,686,685.99
Total Checking/Savings	1,686,685.99
Accounts Receivable	1,000,000.00
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	00 000 17
1253.06 · Investment - Colony Drive	82,988.47
1253.04 · Investment - Alex Patterson Roa 1252.01 · Investment - Rice Shire	26,877.35 384,999.83
1254.01 · Investment - Honey Hill	1,017,500.00
•	
Total 1250 · Inventory - Land & Lot 1255 · Inventory - Building Materials	1,512,365.65
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 1410 · Land Used by Affiliate - Other	350,000.00 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

	Jun 30, 22
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 1620 · Unamortized Mortgage Discount	3,726,058.15 -1,641,262.95
Total 1610 · Mortgages Receivable	2,084,795.20
Total Other Assets	2,084,795.20
TOTAL ASSETS	7,675,944.03
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	-29,047.39
Total Current Liabilities	31,261.76
Long Term Liabilities 2510 · Notes Payable 2518 · . Note Payable - Synovous 2515 · Note Payable Bank of the Ozarks	594,809.59 1,141,939.90
Total 2510 · Notes Payable	1,736,749.49
Total Long Term Liabilities	1,736,749.49
Total Liabilities	1,768,011.25
Equity 3200 · Temporarily Restricted 3100 · Retained Earnings Net Income	1,713,500.00 4,122,880.00 71,552.78
Total Equity	5,907,932.78
TOTAL LIABILITIES & EQUITY	7,675,944.03

OTAL LIABILITIES & EQUITY	8,463,232.43	
Total Equity	6,839,277.4	
Net Income	132,637.44	
3100 · Retained Earnings	4,729,297.26	
3000 · Opening Bal Equity	101,000.00	
3200 · Temporarily Restricted	1,876,342.76	
Equity		

Jul 31, 2023

			EXTENDED TO MAY 15, 2023		
	n	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forn	form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)			2021	
Depar	tment o	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
·····				JUN 30, 2022	
В С ар	heck if oplicab		forganization ON HEAD REGIONAL HABITAT FOR	D Employer identificati	on number
	Addre	**	NITY, INC		
]Name]chanç		usiness as	57-0916245	
]initial]return	¥	and street (or P.O. box if mail is not delivered to street address) Room/su		
]Final return		OX 2747		5864
	termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,641,245.
	Amen return	ded BLUF	FTON, SC 29910	H(a) Is this a group return	
	Applie distance		nd address of principal officer:BRENDA DOOLEY	for subordinates?	
	pendi	ZI BR	ENDAN LANE, BLUFFTON, SC 29910	H(b) Are all subordinates includ	
		empt status: L		527 If "No," attach a list.	See instructions
			HABITATHHI.ORG	H(c) Group exemption nu	
	_		X Corporation Trust Association Other ▶ L Y	ear of formation: 1986 M Sta	ate of legal domicile: SC
Pa	rt I	Summary			
e	1		e the organization's mission or most significant activities: TO ELIMI		
Activities & Governance	~		SNESS BY CONSTRUCTING MODEST, BUT ADE		
ver	2 3		x L if the organization discontinued its operations or disposed of m	1 1	
ဗီ	3 4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)	3	<u> </u>
s &	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		21
itie	6	Total number	of volunteers (estimate if necessary)	6	400
ctiv	- 7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
A	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	70 7b	0.
		·		Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	610,103.	519,722.
enu	9	Program servi	ce revenue (Part VIII, line 2g)	1,910,104.	1,875,765.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
səsu	15 16-	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.
		Total fundrais	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 22,514.	0.	0.
Expe	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.
	18	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.
	19		expenses. Subtract line 18 from line 12	255,374.	71,553.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	7,749,757.	7,716,036.
tAs	21	Total liabilities	; (Part X, line 26)	1,913,377.	1,808,103.
Pure la	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				owledge and belief, it is	
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Cianatur	a of officer		
Sign Signature of officer Date					
Here BRENDA DOOLEY, EXECUTIVE DIRECTOR					
		J 70001			

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	DAVID A SMITH			if self-employed P00045703	
Preparer	Firm's name 🍗 MARTIN SMITH & C		Firm'	Firm's EIN > 26-0793942	
Use Only	Firm's address 🖌 1212 HAYWOOD ROA	D, BLDG 100			
	GREENVILLE, SC 2	9615-2200	Phon	e no.864.232.1040	
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HILTON HEAD REGIONAL HABITAT FOR
	990 (2021) HUMANITY, INC 57-0916245 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
-	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
4	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.
	(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
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
) (nevenue 9)
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.
132002	Form 990 (2021) 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

HILTON HEAD REGIONAL HABITAT FOR Form 990 (2021) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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</i> "Yes," <i>complete Schedule C, Part I</i>	з		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			·
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		x
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a	+	<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		+
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2021) HUMANITY, INC 57-0916	245	Pa	ige 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Testimoresis	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	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X	1

Form	990 (2021) HUMANITY, INC	57-0916	245	Þ	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				age
		*********		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
	filed for the colonder year and a suith an within the second state of the second state	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the example the house could be the second		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		Х
b	If "Yes," enter the name of the foreign country		-14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
с	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or aifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the pavor?	7a		х
b	If "Ves" did the organization notify the dense of the yelve of the second	1 1.0	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		0a			-
b		0b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С	Enter the amount of reserves on hand	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

132005 12-09-21

57-0916245 HUMANITY, INC Page 6 Form 990 (2021) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 13 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision з 3 х of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х 8a a The governing body? Χ b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done ______ Χ Did the organization have a written whistleblower policy? 13 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15<u>a</u> Χ a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization b 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 Х 16a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Other (explain on Schedule O) Another's website _ Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 👘 20 BRENDA DOOLEY - (843) 681-5864 21 BRENDAN LANE, BLUFFTON, 29910 SC

Form 990 (2021)

57	7	0	9	1	6	2	45	Page	7
----	---	---	---	---	---	---	----	------	---

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

Employees, and Independent Contractors

Form 990 (2021)

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

HUMANITY, INC

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 report-

able 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)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruster			esnad		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onalt		oloye	com se		1099-NEC)		and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRENDA DOOLEY	40.00	Ē	Ë	2	¥.	포동	æ			
EXECUTIVE DIRECTOR				x				88,000.	0.	10,787.
(2) REIF MARLER	5.00							00,000.	V •	10,707.
CHAIRMAN		x		x				0.	Ο.	0.
(3) GEORGIA BOELKE	5.00							<u>_</u>	· ·	
VICE CHAIR		x		x				0.	0.	0.
(4) MAUREEN RILEY	5.00								V •	
SECRETARY		х		x				0.	0.	0.
(5) PAUL H CALE	5.00									
TREASURER		х		X				0.	0.	0.
(6) LAURA ANN BUSH	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) TOM DEMINT	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) RONA FRENCH	5.00									
MEMBER AT LARGE		Х						0.	Ο.	0.
(9) MARGARET HUGHES	5.00				1					
MEMBER AT LARGE		Х						0.	0.	0.
(10) MICHAEL LEWIS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) CAROL RIVERS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) VICTORIA SMALLS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) CARLA NICHOLE TODD	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(14) HARRY WILLIAMS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
		L				<u> </u>	L			
			 			<u> </u>				·
		Į		ł		ł				
122007 12 00 21			L		L	l				- 000 /

HILTON	HEAD	REGIONAL	HABITAT	FOR
--------	------	----------	---------	-----

Form 990 (2021) HUMANITY, INC

57-0916245 Page 8

	VII Section A. Officers, Directors, Trus	1			, and		gno	51.0	ompensated Employe	es (continued)				
	(A)	(B)			•	C) ition			(D)	(E)			(F)	
	Name and title	Average hours per		not cl		more	than		Reportable	Reportable			timate	
		week		, unles cer an					compensation from	compensatior from related	ו ו		nount other	of
		(list any	ector						the	organizations			pensa	tion
		hours for related	e or dir	98			sated		organization	(W-2/1099-MIS	c/		om th	
		organizations	trustee	al trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		-	anizat d relat	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler					nizati	
		line)	Indi	Insti	Officer	Key	High emp	Former						
												• ••• ••• •••		
<u> </u>														
			1											
1b	Subtotal		L			l			88,000.		0.	1	0,7	87
	Total from continuation sheets to Part V	II. Section A	•••••			•••••	•••••		0.		0.		<u>, , ,</u>	0.
d	Total (add lines 1b and 1c)	······			· · · · · · · ·				88,000.		0.	1	0,7	
	Total number of individuals (including but r								eceived more than \$100	,000 of reportable				
	compensation from the organization													0
3	Did the executive list and former of	ata i i i									г		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	, airector, trust such individual								•				х
4	For any individual listed on line 1a, is the si			 ompe	ensa	 atior	 1 and	 1 otl	her compensation from	the organization	····	3		Δ
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	alule	ə J f	for such individual			4		х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch	pers	son .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation f	rom	
	(A)	the calendar y	ear	enai	ng v	viun	or w	Itnir	the organization's tax	/ear.			••	
	Name and business	address	N	ONE	2				Description of s	ervices	C	(C ompei	nsatio	n
<u></u>								-+						
									······································					
2	Total number of independent contractors (\$100.000 of compensation from the organ		ot li	mite	d to		se lis)	stec	l above) who received n	nore than				

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 9

Form 990 (2021			UMANIT
Part VIII	Statement	of	Revenue

		Statement of Revenue Check if Schedule O contains a response of	or note to any lir	e in this Part VIII			
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
and Other Similar Amounts	b	Federated campaigns1aMembership dues1bFundraising events1c	16,200.				
Similar /	d e	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1					
nd Other			503,522.	510 500			
50(h	Total. Add lines 1a-1f		519,722.			
			Business Code				
		RESTORE SALES	453310	1,395,765.	1,395,765.		
e e	b	HOME SALES	531930	480,000.	480,000.		
Revenue	С						
	d						
2	е						
:	f	All other program service revenue					
		Total. Add lines 2a-2f	►	1,875,765.			
	3	Investment income (including dividends, intere other similar amounts)	st, and	173,670.	173,670.		
	4	Income from investment of tax-exempt bond p	roceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
			`				
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Other Revenue	с	Gain or (loss) 7c		1			
Å.	d	Net gain or (loss)	•		· · · ·		
P		Gross income from fundraising events (not					
훉ㅣ	υa	including \$16,200. of					
۲ I							
		contributions reported on line 1c). See	22 017				
		Part IV, line 18 8a					
		Less: direct expenses 8b	9,938.	10.000			1.0.000
	С	Net income or (loss) from fundraising events	<u></u>	12,879.			12,879
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	▶				
		Gross sales of inventory, less returns					1
		and allowances 10a					
	Ь	Less: cost of goods sold 10b					
					<u> </u>		
	C	Net income or (loss) from sales of inventory	1				
s			Business Code	10 071	10 071		
ရှိ ချ		OTHER	900099	49,271.	49,271.		
e a	b					L	
ella ever	С						
്ജി		All other revenue					
Aisce Re	d	Allouner revenue	L				
Miscellaneous Revenue		Total. Add lines 11a-11d	►	49,271	•		

Form 990 (2021)

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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 disgualified				
	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.	
	Lobbying			5,2001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
, a					
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13		162,541.	109,794.	30,233.	22,514
	Office expenses	102,341.	105,154.		22,014
14 15	Information technology				
15	Royalties	108,720.	70 505	20 125	
16		100,720.	70,595.	38,125.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,069.	72 000		
20	Interest	12,009.	72,069.		
21	Payments to affiliates	<u> </u>	E7 02C		
22	Depreciation, depletion, and amortization	57,036.	57,036.		
23		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.)				
а		1,085,709.	1,085,709.		
b	MORTGAGE DISCOUNTS	220,877.	220,877.		
с	EAMTLY OFFICEO	87,289.	87,289.		
d		23,200.	23,200.		
e		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 compaign and fundralaing activitation				

132010 12-09-21

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

57-0916245 Page 11

Part		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			963,543.	1	127,321.
		Savings and temporary cash investments			727,028.	2	1,559,365.
		Pledges and grants receivable, net				3	
		Accounts receivable, net			42,631.	4	68,274
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6	<u> </u>	
	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 Less: accumulated depreciation	10a	2,114,093.	1 600 000		1 635 764
	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		12			
	13	Investments - program-related. See Part IV, line	······	13			
	14	Intangible assets	2 000	14	2 000		
	15	Other assets. See Part IV, line 11		2,000.		2,000	
	16	Total assets. Add lines 1 through 15 (must equ	7,749,757.		60,309		
	17	Accounts payable and accrued expenses	40,141.		00,303		
	18	Grants payable	14 COE	18	11,045		
	19	Deferred revenue		14,695.		11,04:	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			1,858,541	22	1,736,749
	23	Secured mortgages and notes payable to unre			1,000,041		1,100,14.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				25	
		of Schedule D			1,913,377		1,808,10
	26	Total liabilities. Add lines 17 through 25		X	1,515,511	- 20	
ß		Organizations that follow FASB ASC 958, ch	eck ner	e 🕨 🖂			
Ĭ	07	and complete lines 27, 28, 32, and 33.			3,987,195	• 27	4,307,55
	27	Net assets without donor restrictions			1,849,185	• 28	1,600,38
2	28	Net assets with donor restrictions Organizations that do not follow FASB ASC					
2			930, Ch				
5		and complete lines 29 through 33.	c			29	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or e				30	
SS	30	Retained earnings, endowment, accumulated				31	·····
Net Assets or Fund balances	31				5,836,380		5,907,93
Z	32	Total net assets or fund balances			7,749,757		7,716,03
	33	Total liabilities and net assets/fund balances			<u> </u>		Form 990 (2

Form 990 (2021)

HUMANITY, INC

Form 990 (2021) Part X Balance Sheet

			EXTENDED TO MAY 15, 2023			
	n	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047	
Forn	J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021	
Depar	tment o	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public	
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection	
·····				JUN 30, 2022		
В С ар	heck if oplicab		forganization ON HEAD REGIONAL HABITAT FOR	D Employer identificati	on number	
	Addre	**	NITY, INC			
]Name]chanç		usiness as	57-0916245		
]initial]return	¥	and street (or P.O. box if mail is not delivered to street address) Room/su			
]Final return		OX 2747		5864	
	termir ated	j	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,641,245.	
	Amen return	ded BLUF	FTON, SC 29910	H(a) Is this a group return		
	Applie distance		nd address of principal officer:BRENDA DOOLEY	for subordinates?		
	pendi	ZI BR	ENDAN LANE, BLUFFTON, SC 29910	H(b) Are all subordinates includ		
		empt status: L		527 If "No," attach a list.	See instructions	
			HABITATHHI.ORG	H(c) Group exemption nu		
	_		X Corporation Trust Association Other ▶ L Y	ear of formation: 1986 M Sta	ate of legal domicile: SC	
Pa	rt I	Summary				
e	1		e the organization's mission or most significant activities: TO ELIMI			
Activities & Governance	~		SNESS BY CONSTRUCTING MODEST, BUT ADE			
ver	2 3		x L if the organization discontinued its operations or disposed of m	1 1		
ဗီ	4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)	3	<u> </u>	
s &	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		21	
itie	6	Total number	of volunteers (estimate if necessary)	6	400	
ctiv	- 7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.	
A	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	70 7b	0.	
		·		Prior Year	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h)	610,103.	519,722.	
enu	9	Program servi	ce revenue (Part VIII, line 2g)	1,910,104.	1,875,765.	
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.	
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14		to or for members (Part IX, column (A), line 4)	0.	0.	
səsu	15 16-	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.	
ben	iua b	Total fundrais	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 22,514.	0.	0.	
Expe	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.	
	18	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.	
	19		expenses. Subtract line 18 from line 12	255,374.	71,553.	
Net Assets or Fund Balances				Beginning of Current Year	End of Year	
sets alan	20	Total assets (Part X, line 16)	7,749,757.	7,716,036.	
tAs	21	Total liabilities	; (Part X, line 26)	1,913,377.	1,808,103.	
Pure	22	Net assets or	fund balances. Subtract line 21 from line 20	5,836,380.	5,907,933.	
Pa	irt II					
			I declare that I have examined this return, including accompanying schedules and sta		owledge and belief, it is	
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.		
		Cianatur	e of officer			
Sig		1		Date		
Her	е		IDA DOOLEY, EXECUTIVE DIRECTOR print name and title			
Type of print name and me						

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	DAVID A SMITH			if self-employed P00045703
Preparer	Firm's name 🍗 MARTIN SMITH & C		Firm's	s EIN 🖕 26-0793942
Use Only	Firm's address 🖌 1212 HAYWOOD ROA	D, BLDG 100		
	GREENVILLE, SC 2	9615-2200	Phon	e no.864.232.1040
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	19-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HILTON HEAD REGIONAL HABITAT FOR
	990 (2021) HUMANITY, INC 57-0916245 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
-	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
4	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.
	(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
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
) (nevenue 9)
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.
132002	Form 990 (2021) 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

HILTON HEAD REGIONAL HABITAT FOR Form 990 (2021) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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</i> "Yes," <i>complete Schedule C, Part I</i>	з		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			·
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		x
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a	+	<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		+
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2021) HUMANITY, INC 57-0916	245	Pa	ige 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Testimoresis	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	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X	1

Form	990 (2021) HUMANITY, INC	57-0916	245	Þ	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				ayev
		*********		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
	filed for the colonder year and a suith an within the second state of the second state	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the example the house could be the second		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		х
b	If "Yes," enter the name of the foreign country		-14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
с	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or aifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the pavor?	7a		х
b	If "Ves" did the organization notify the dense of the yelve of the second	1 1.0	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		0a			-
b		0b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С	Enter the amount of reserves on hand	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

132005 12-09-21

57-0916245 HUMANITY, INC Page 6 Form 990 (2021) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 13 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision з 3 х of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х 8a a The governing body? Χ b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done ______ Χ Did the organization have a written whistleblower policy? 13 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15<u>a</u> Χ a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization b 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 Х 16a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Other (explain on Schedule O) Another's website _ Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 👘 20 BRENDA DOOLEY - (843) 681-5864 21 BRENDAN LANE, BLUFFTON, 29910 SC

Form 990 (2021)

57	7	0	9	1	6	2	45	Page	7
----	---	---	---	---	---	---	----	------	---

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

Employees, and Independent Contractors

Form 990 (2021)

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

HUMANITY, INC

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 report-

able 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)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruster			esnad		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onalt		oloye	com se		1099-NEC)		and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRENDA DOOLEY	40.00	Ē	Ë	2	¥.	포동	æ			
EXECUTIVE DIRECTOR				x				88,000.	0.	10,787.
(2) REIF MARLER	5.00								V •	10,707.
CHAIRMAN		x		x				0.	Ο.	0.
(3) GEORGIA BOELKE	5.00							<u>_</u>	· ·	
VICE CHAIR		x		x				0.	0.	0.
(4) MAUREEN RILEY	5.00								V •	
SECRETARY		х		x				0.	0.	0.
(5) PAUL H CALE	5.00									
TREASURER		х		X				0.	0.	0.
(6) LAURA ANN BUSH	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) TOM DEMINT	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) RONA FRENCH	5.00									
MEMBER AT LARGE		Х						0.	Ο.	0.
(9) MARGARET HUGHES	5.00				1					
MEMBER AT LARGE		Х						0.	0.	0.
(10) MICHAEL LEWIS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) CAROL RIVERS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) VICTORIA SMALLS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) CARLA NICHOLE TODD	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(14) HARRY WILLIAMS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
		L				<u> </u>	L			
			 			<u> </u>				·
		Į		ł		ł				
122007 12 00 21			L		L	l				- 000 /

HILTON	HEAD	REGIONAL	HABITAT	FOR
--------	------	----------	---------	-----

Form 990 (2021) HUMANITY, INC

57-0916245 Page 8

	VII Section A. Officers, Directors, Trus	1			, and		gno	51.0	ompensated Employe	es (continued)				
	(A)	(B)			•	C) ition			(D)	(E)			(F)	
	Name and title	Average hours per		not cl		more	than		Reportable	Reportable			timate	
		week		, unles cer an					compensation from	compensatior from related	ו ו		nount other	of
		(list any	ector						the	organizations			pensa	tion
		hours for related	e or dir	98			sated		organization	(W-2/1099-MIS	c/		om th	
		organizations	trustee	al trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		-	anizat d relat	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler					nizati	
		line)	Indi	Insti	Officer	Key	High emp	Former						
												• •••••••••••••••		
<u> </u>														
			1											
1b	Subtotal		L			l			88,000.		0.	1	0,7	87
	Total from continuation sheets to Part V	II. Section A	•••••			•••••	•••••		0.		0.		<u>, , ,</u>	0.
d	Total (add lines 1b and 1c)	······			· · · · · · · ·				88,000.		0.	1	0,7	
	Total number of individuals (including but r								eceived more than \$100	,000 of reportable				
	compensation from the organization													0
3	Did the executive list and former of	ata i i i									г		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	, airector, trust such individual								•				х
4	For any individual listed on line 1a, is the si			 ompe	ensa	 atior	 1 and	 1 otl	her compensation from	the organization	····	3		Δ
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	alule	ə J f	for such individual			4		х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch	pers	son .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation f	rom	
	(A)	the calendar y	ear	enai	ng v	viun	or w	Itnir	the organization's tax	/ear.			••	
	Name and business	address	N	ONE	2				Description of s	ervices	C	(C ompei	nsatio	n
<u></u>								-						
									······································					
2	Total number of independent contractors (\$100.000 of compensation from the organ		ot li	mite	d to		se lis)	stec	l above) who received n	nore than				

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 9

Form 990 (2021			UMANIT
Part VIII	Statement	of	Revenue

		Statement of Revenue Check if Schedule O contains a response of	or note to any lir	e in this Part VIII			
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
and Other Similar Amounts	b	Federated campaigns1aMembership dues1bFundraising events1c	16,200.				
Similar /	d e	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1					
nd Other			503,522.	510 500			
50(h	Total. Add lines 1a-1f		519,722.			
			Business Code				
		RESTORE SALES	453310	1,395,765.	1,395,765.		
e e	b	HOME SALES	531930	480,000.	480,000.		
Revenue	С						
	d						
2	е						
:	f	All other program service revenue					
		Total. Add lines 2a-2f	►	1,875,765.			
	3	Investment income (including dividends, intere other similar amounts)	st, and	173,670.	173,670.		
	4	Income from investment of tax-exempt bond p	roceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
			`				
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Other Revenue	с	Gain or (loss) 7c		1			
Å.	d	Net gain or (loss)	•		· · · ·		
P		Gross income from fundraising events (not					
훉ㅣ	υa	including \$16,200. of					
۲ I							
		contributions reported on line 1c). See	22 017				
		Part IV, line 18 8a					
		Less: direct expenses 8b	9,938.	10.000			1.0.000
	С	Net income or (loss) from fundraising events	<u></u>	12,879.			12,879
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	▶				
		Gross sales of inventory, less returns					1
		and allowances 10a					
	Ь	Less: cost of goods sold 10b					
					<u> </u>		
	C	Net income or (loss) from sales of inventory	1				
s			Business Code	10 071	10 071		
စ္တိ ချ		OTHER	900099	49,271.	49,271.		
e a	b					L	
77 ZI	С						
്ജി		All other revenue					
Aisce Re	d	Allouner revenue	L				
Miscellaneous Revenue		Total. Add lines 11a-11d	►	49,271	•		

Form 990 (2021)

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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 disgualified				
	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.	
	Lobbying			5,2001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
, a					
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13		162,541.	109,794.	30,233.	22,514
	Office expenses	102,341.	105,154.		22,014
14 15	Information technology				
15	Royalties	108,720.	70 505	20 125	
16		100,720.	70,595.	38,125.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,069.	72 000		
20	Interest	12,009.	72,069.		
21	Payments to affiliates	<u> </u>	E7 02C		
22	Depreciation, depletion, and amortization	57,036.	57,036.		
23		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.)				
а		1,085,709.	1,085,709.		
b	MORTGAGE DISCOUNTS	220,877.	220,877.		
с	EAMILY OFFICE	87,289.	87,289.		
d		23,200.	23,200.		
e		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 compaign and fundralaing activitation				

132010 12-09-21

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

57-0916245 Page 11

Part		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			963,543.	1	127,321.
		Savings and temporary cash investments	727,028.	2	1,559,365.		
		Pledges and grants receivable, net		3			
		Accounts receivable, net	42,631.	4	68,274		
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	<u> </u>
	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 Less: accumulated depreciation	10a	2,114,093.	1 600 000		1 635 764
	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				12	
	13	Investments - program-related. See Part IV, line	11		······	13	
	14	Intangible assets			2 000	14	2 000
	15	Other assets. See Part IV, line 11	2,000.		2,000		
	16	Total assets. Add lines 1 through 15 (must equ	7,749,757.		60,309		
	17	Accounts payable and accrued expenses	40,141.		00,303		
	18	Grants payable		14 COE	18	11,045	
	19	Deferred revenue			14,695.		11,04:
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	1,858,541	22	1,736,749		
	23	Secured mortgages and notes payable to unre			1,000,041		1,100,14.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				25	
		of Schedule D			1,913,377		1,808,10
	26	Total liabilities. Add lines 17 through 25		X	1,515,511	- 20	
ß		Organizations that follow FASB ASC 958, ch	eck ner	e 🕨 🖂			
Ĭ	07	and complete lines 27, 28, 32, and 33.			3,987,195	• 27	4,307,55
	27	Net assets without donor restrictions	1,849,185	• 28	1,600,38		
2	28	Net assets with donor restrictions Organizations that do not follow FASB ASC					
2							
5		and complete lines 29 through 33.	c			29	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or e				30	
SS	30	Retained earnings, endowment, accumulated				31	·····
Net Assets or Fund balances	31				5,836,380		5,907,93
Z	32	Total net assets or fund balances			7,749,757		7,716,03
	33	Total liabilities and net assets/fund balances			<u> </u>		Form 990 (2

Form 990 (2021)

HUMANITY, INC

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) HUMANITY, INC	57-0	916245	Paç	_{je} 12
Par	t 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	2,63	$\frac{1,3}{2}$	<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,55	9,7	54.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,83	6,3	80.
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	5,90	<u>7,9</u>	33.
Pa	rt XII Financial Statements and Reporting				<u> </u>
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	L	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	•••••	3b		
			Forn	1 990	(2021)

Form	990 (2021) HUMANITY, INC	57-0	916245	Paç	_{je} 12
Par	t 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	2,63	$\frac{1,3}{2}$	<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,55	9,7	54.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,83	6,3	80.
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	5,90	<u>7,9</u>	33.
Pa	rt XII Financial Statements and Reporting				<u> </u>
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	L	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	•••••	3b		
			Forn	1 990	(2021)

			EXTENDED TO MAY 15, 2023					
	n	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047			
Forn	J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021			
Depar	tment o	of the Treasury	Do not enter social security numbers on this form as it may					
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat	t information. Inspection				
·····				JUN 30, 2022				
В С ар	heck if oplicab		forganization ON HEAD REGIONAL HABITAT FOR	D Employer identificati	on number			
	Addre	**	NITY, INC					
]Name]chanç		usiness as	57-0916245				
]initial]return	¥	and street (or P.O. box if mail is not delivered to street address) Room/su					
]Final return		OX 2747		5864			
	termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,641,245.			
	Amen return	ded BLUF	FTON, SC 29910	H(a) Is this a group return	· · · · · · · · · · · · · · · · · · ·			
	Applie distance		nd address of principal officer:BRENDA DOOLEY	for subordinates?				
	pendi	ZI BR	ENDAN LANE, BLUFFTON, SC 29910	H(b) Are all subordinates includ				
		empt status: L		527 If "No," attach a list.	See instructions			
			HABITATHHI.ORG	H(c) Group exemption nu				
	_		X Corporation Trust Association Other ▶ L Y	ear of formation: 1986 M Sta	ate of legal domicile: SC			
Pa	rt I	Summary						
e	1		e the organization's mission or most significant activities: TO ELIMI					
Activities & Governance	~		SNESS BY CONSTRUCTING MODEST, BUT ADE					
ver	2 3		x L if the organization discontinued its operations or disposed of m	1 1				
ဗီ	4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)	3	<u> </u>			
s &	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		21			
itie	6	Total number	of volunteers (estimate if necessary)	6	400			
ctiv	- 7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.			
A	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	70 7b	0.			
		·		Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	610,103.	519,722.			
enu	9	Program servi	ce revenue (Part VIII, line 2g)	1,910,104.	1,875,765.			
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	166,714.	173,670.			
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,311.	62,150.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,704,232.	2,631,307.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14		to or for members (Part IX, column (A), line 4)	0.	0.			
səsu	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	703,481.	647,517.			
ben	iua b	Total fundrais	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 22,514.	0.	0.			
Expe	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,377.	1,912,237.			
	18	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,448,858.	2,559,754.			
	19		expenses. Subtract line 18 from line 12	255,374.	71,553.			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)	7,749,757.	7,716,036.			
tAs	21	Total liabilities	; (Part X, line 26)	1,913,377.	1,808,103.			
Pure	22	Net assets or	fund balances. Subtract line 21 from line 20	5,836,380.	5,907,933.			
Pa	irt II							
			I declare that I have examined this return, including accompanying schedules and sta		owledge and belief, it is			
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.				
		Cianatur	e of officer					
Sig		1		Date				
Her	е		IDA DOOLEY, EXECUTIVE DIRECTOR print name and title					
		J 70001						

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	DAVID A SMITH			if self-employed P00045703					
Preparer	Firm's name 🍗 MARTIN SMITH & C		Firm's	s EIN 🖕 26-0793942					
Use Only									
	GREENVILLE, SC 2	9615-2200	Phon	e no.864.232.1040					
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No					
132001 12-0	19-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HILTON HEAD REGIONAL HABITAT FOR
	990 (2021) HUMANITY, INC 57-0916245 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
-	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
4	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.
	(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
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
) (nevenue 9)
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.
132002	Form 990 (2021) 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

HILTON HEAD REGIONAL HABITAT FOR Form 990 (2021) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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</i> "Yes," <i>complete Schedule C, Part I</i>	з		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			·
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		x
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a	+	<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		+
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2021) HUMANITY, INC 57-0916	245	Pa	ige 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Testimoresis	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	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X	1

Form	990 (2021) HUMANITY, INC	57-0916	245	Þ	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				ayev
		*********		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
	filed for the colonder year and a suith an within the second state of the second state	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the example the house could be the second		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		х
b	If "Yes," enter the name of the foreign country		-14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
с	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or aifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the pavor?	7a		х
b	If "Ves" did the organization notify the dense of the yelve of the second	1 1.0	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		0a			-
b		0b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С	Enter the amount of reserves on hand	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

132005 12-09-21

57-0916245 HUMANITY, INC Page 6 Form 990 (2021) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 13 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision з 3 х of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х 8a a The governing body? Χ b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done ______ Χ Did the organization have a written whistleblower policy? 13 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15<u>a</u> Χ a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization b 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 Х 16a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Other (explain on Schedule O) Another's website _ Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 👘 20 BRENDA DOOLEY - (843) 681-5864 21 BRENDAN LANE, BLUFFTON, 29910 SC

Form 990 (2021)

57	7	0	9	1	6	2	45	Page	7
----	---	---	---	---	---	---	----	------	---

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

Employees, and Independent Contractors

Form 990 (2021)

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

HUMANITY, INC

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 report-

able 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)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruster			esnad		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onalt		oloye	com se		1099-NEC)		and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRENDA DOOLEY	40.00	Ē	Ë	2	¥.	포동	æ			
EXECUTIVE DIRECTOR				x				88,000.	0.	10,787.
(2) REIF MARLER	5.00							00,000.	V •	10,707.
CHAIRMAN		x		x				0.	Ο.	0.
(3) GEORGIA BOELKE	5.00							<u>_</u>	· ·	
VICE CHAIR		x		x				0.	0.	0.
(4) MAUREEN RILEY	5.00								V •	
SECRETARY		х		x				0.	0.	0.
(5) PAUL H CALE	5.00									
TREASURER		х		X				0.	0.	0.
(6) LAURA ANN BUSH	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) TOM DEMINT	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) RONA FRENCH	5.00									
MEMBER AT LARGE		Х						0.	Ο.	0.
(9) MARGARET HUGHES	5.00				1					
MEMBER AT LARGE		Х						0.	0.	0.
(10) MICHAEL LEWIS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) CAROL RIVERS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) VICTORIA SMALLS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) CARLA NICHOLE TODD	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(14) HARRY WILLIAMS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
		L				<u> </u>	L			
			 			<u> </u>				·
		Į		ł		ł				
122007 12 00 21			L		L	l				- 000 /

HILTON	HEAD	REGIONAL	HABITAT	FOR
--------	------	----------	---------	-----

Form 990 (2021) HUMANITY, INC

57-0916245 Page 8

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A)	(B)			•	C) ition			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck		than		Reportable	Reportable			stimate	
		week					is bot pr/trus		compensation from	compensatior from related)	an	nount other	of
		(list any	ector						the	organizations	;	com	ipensa	ition
		hours for related	ordir	99			ated		organization	(W-2/1099-MIS	C/		om the	
		organizations	trustee	al trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		-	anizati d relati	
		below	Individual trustee or director	Institutional trustee	ta	Key employee	Highest compensated employee	ner					anizatio	
		line)	Indi	Insti	Officer	Key	High emp	Former						
			1											
												••••••	m	
]											
														h
			ļ			ļ								
						-								
														
		-				<u> </u>								
1b	Subtotal		L		1	L	I		88,000.		0.	1	0,7	87.
	Total from continuation sheets to Part V	II, Section A	•••••			•••••			0.		<u>ō.</u>		<u> </u>	0.
d	Total (add lines 1b and 1c)	<u></u>							88,000.		0.	1	0,7	87.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			
	compensation from the organization													0
3	Did the organization list any former officer	director twi-t	1								ſ		Yes	No
U	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	, arector, trust such individual								•		3		x
4	For any individual listed on line 1a, is the se			 omo	ensa	atior	 1 and	 d of	her compensation from	the organization	····			- 25
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	ədule	ə J 1	for such individual	and organization		4		x
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J I	or su	ıch	pers	son .	<u></u>				5		X
	tion B. Independent Contractors		,								<u> </u>			
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation	rom	
	(A)	the calendar y	cai	enui	ng v	viui	UI W		(B)	year.		(0		
	Name and business	address	N	ONE	Ξ				Description of s	ervices	С		-) nsatio	n
				• • • •					Harth					
	Total number of independent	h			1 :									
2	Total number of independent contractors (\$100.000 of compensation from the organ		ot li	mite	d to		se lis 0	stec	above) who received n	nore than				

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 9

Form 990 (2021			UMANIT
Part VIII	Statement	of	Revenue

	t VIII	Statement of Revenue Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
and Other Similar Amounts	b	Federated campaigns1aMembership dues1bFundraising events1c	16,200.				
Similar /	d e	Related organizations 1d Government grants (contributions) 1e					
d Other		All other contributions, gifts, grants, and similar amounts not included above	03,522.				
ซี	h	Total. Add lines 1a-1f		519,722.			
			Business Code				
Revenue			453310	1,395,765.	1,395,765.		
e e	b	HOME SALES	531930	480,000.	480,000.		
ē	С						
₩.	d						
2	е						
:		All other program service revenue					
	g	Total. Add lines 2a-2f		1,875,765.			
	3	Investment income (including dividends, interest other similar amounts)	t, and	173,670.	173,670.		
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c	· · · · · · · · · · · · · · · · · · ·				
		Net rental income or (loss)	►				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	(.,				
	h	Less: cost or other basis					
e	U						
R		and sales expenses 7b					
Š	с	Gain or (loss)					
۳.		Net gain or (loss)	🕨				
Other Revenue	8 a	Gross income from fundraising events (not					
ō		including \$16,200. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	22,817.				
	b	Less: direct expenses 8b	9,938.				
	с	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		1			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	iv a	-					
	L	and allowances 10a					
		Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	▶ ▶		·		
s			Business Code	10 074			
le eo	11 a	OTHER	900099	49,271.	49,271.		
ent	b						
le el	c						
Miscellaneous Revenue	d	All other revenue					
<		Total. Add lines 11a-11d		49,271.	,		
	12	Total revenue. See instructions	•		2,098,706.	0.	12,879
22000	9 12-09						Form 990 (20)

Form 990 (2021)

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245 Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
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 disgualified				
	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):		01/001		
a	Management				
b	Legal	15,825.		15,825.	
c	Accounting	9,200.		9,200.	
		5,2001		5,200.	
e e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
		162,541.	109,794.	30,233.	22,514
13	Office expenses	102,341.	109,194.		44,514
14	Information technology				
15	Royalties	100 720	70 505		
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	70.000	70.000		·····
20	Interest	72,069.	72,069.		
21	Payments to affiliates	<u> </u>	EB 000		
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.)				
а		1,085,709.	1,085,709.		
b	MORTGAGE DISCOUNTS	220,877.	220,877.		
С	FAMILY SERVICES	87,289.	87,289.		
d	CONTRIBUTIONS	23,200.	23,200.		
е	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				
	advactional compaign and fundralaing collected				

132010 12-09-21

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

57-0916245 Page 11

Part		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u>r.</u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			963,543.	1	127,321.
		Savings and temporary cash investments	727,028.	2	1,559,365.		
		Pledges and grants receivable, net		3			
		Accounts receivable, net			42,631.	4	68,274
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	<u> </u>
	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 Less: accumulated depreciation	10a	2,114,093.	1 600 000		
	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.		2,000		
	16	Total assets. Add lines 1 through 15 (must equal line 33)			7,749,757.		7,716,036
	17	Accounts payable and accrued expenses	40,141.	1	60,309		
	18	Grants payable	14 (05	18	11,045		
	19	Deferred revenue	14,695.		11,043		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the			1,858,541	22	1,736,749
'	23	Secured mortgages and notes payable to unre			1,000,041		1,750,74.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				or	
		of Schedule D			1,913,377	25 • 26	1,808,10
_	26	Total liabilities. Add lines 17 through 25		N V	1,915,577	- 20	1,000,10
a l		Organizations that follow FASB ASC 958, ch	eck her	e 🕨 🔽			
		and complete lines 27, 28, 32, and 33.			3,987,195	. 27	4,307,55
ala	27	Net assets without donor restrictions			1,849,185	• 27	1,600,38
ב	28	Net assets with donor restrictions			1,049,109	• 20	1,000,000
5		Organizations that do not follow FASB ASC	958, cn				
5		and complete lines 29 through 33.	_			29	
SIS	29	Capital stock or trust principal, or current fund				30	
SS	30	Paid-in or capital surplus, or land, building, or				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			5,836,380		5,907,93
Ž	32	Total net assets or fund balances			7,749,757		7,716,03
	33	Total liabilities and net assets/fund balances			1 111111	- 00	Form 990 (2

Form 990 (2021)

HUMANITY, INC

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) HUMANITY, INC	57-09	916245	Pag	e 12		
Par	t 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	2,63	$\frac{1}{3}$	07.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,55	9,7	54.		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,83	6,3	80.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6			<u> </u>		
7	Investment expenses	7			<u> </u>		
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,		F 0.01		~ ~		
-	column (B))	10	5,90	7,9	33.		
Pai	rt 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 X Accrual Other			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	-				
2a	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 reviewe						
	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?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	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	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 requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

			** PUBLIC DISCLOSURE COPY	* *						
	n	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047					
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020					
			Do not enter social security numbers on this form as it m	ay be made public.	Open to Public					
Depa Interr	rtment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection					
AF	or the	e 2020 calend	ar year, or tax year beginning $ { m JUL}1,2020$ and ending	<u>J</u> UN 30, 2021						
B	heck if	C Name o	forganization	D Employer identificat	ion number					
	B Chack if applicable: C Name of organization HILTON HEAD REGIONAL HABITAT FOR									
	Addre Chang		NITY, INC		_					
	Name Chang	ge Doing b	usiness as	57-0916245	j					
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/si							
	Final return termin	-	OX 2747		-5864					
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,712,726.					
	_return		FTON, SC 29910	H(a) Is this a group retur						
	tion pendi	F Name a	nd address of principal officer: BRENDA DOOLEY	for subordinates?						
			IN STREET, SUITE C, HILTON HEAD ISLAN							
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or HABITATHHI.ORG	527 If "No," attach a list						
				H(c) Group exemption n rear of formation: 1986 M Si						
		Summary			ale of legal dofinicile. DC					
			be the organization's mission or most significant activities: ${f TO}$ ELIMI	NATE POVERTV HO	UISTNG AND					
Governance	'		SNESS BY CONSTRUCTING MODEST, BUT ADE	OUATE HOMES AT	REDUCED					
nar			$x \triangleright$ if the organization discontinued its operations or disposed of n							
ver					13					
ß			lependent voting members of the governing body (Part VI, line 1a)		13					
s S			of individuals employed in calendar year 2020 (Part V, line 2a)		0					
Activities &			of volunteers (estimate if necessary)		0					
cti			d business revenue from Part VIII, column (C), line 12		0.					
4			business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
ē	8	Contributions	and grants (Part VIII, line 1h)	378,611.	610,103.					
Revenue		-	ce revenue (Part VIII, line 2g)	296,153.	1,910,104.					
Bev			come (Part VIII, column (A), lines 3, 4, and 7d)	829.	166,714.					
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	873,235.	17,311.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,548,828.	2,704,232.					
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)	0.						
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶21,133.	796,263.	703,481.					
)en:	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.					
Ă				507,152.	1,745,377.					
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,303,415.	2,448,858.					
			es. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	245,413.	255,374.					
es	19	nevenue less		Beginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	7,763,419.	7,749,757.					
Ass I Bal	21		(Part X, line 26)	2,182,414.	1,913,377.					
Net -unc	22		fund balances. Subtract line 21 from line 20	5,581,005.	5,836,380.					
	art II	Signatur		, , ,						
Und	er pena	_	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kr	iowledge and belief, it is					
			Declaration of preparer (other than officer) is based on all information of which prep							

Sign Here	Signature of officer Date BRENDA DOOLEY, EXECUTIVE DIRECTOR Type or print name and title									
	Print/Type preparer's name	Preparer's signature Da		PTIN						
Paid	DAVID A SMITH		boli olipio jou	00045703						
Preparer	Firm's name ▶ MARTIN SMITH & C	OMPANY, CPAS, PA	Firm's EIN ▶ 26 – 0	0793942						
Use Only	Firm's address 1212 HAYWOOD ROA	D, BLDG 100								
	GREENVILLE, SC 29615-2200 Phone no.864.232.1040									
May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HILTON HEAD REGIONAL HABITAT FOR	
	990 (2020) HUMANITY, INC 57-0916245 Page	e 2
Par	t 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?	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?	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	<u>D</u>
	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		<u> </u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4d	Other program services (Describe on Schedule O.)	
+u		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,131,674.	
	Form 990 (20)20)

SEE SCHEDULE O FOR CONTINUATION(S)

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Form 990 (2020) HUMANITY, IN
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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
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, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	. 14		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 23	<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

TTTT	 NTT	m37	т

	1 990 (2020) HUMANITY, INC 57-091	6245	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		00		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
30	• • • • •	38	х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0	103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c		
				·

	Form	990 (2020) HUMANITY, INC 57-0916	245	P	age 5
2a Enter the number of employees reported on Form W3, Transmith of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax rotums? 2b Note: If the sum of line 2a, did the organization file all required federal employment tax rotums? 3a X b Thes, "hast if the a form 900.T for this year? If Two 'to line 2b, provide an explanation or Schedulo O 3a X b Thes, "hast if the a form 900.T for this year? If Two 'to line 2b, provide an explanation or Schedulo O 3a X b Thes, "hast if the a form 900.T for this year? If Two 'to line 2b, provide an explanation or Schedulo O 3a X b If "Yes," inter the name of the forgin country is outh as a bank account, securities account, or other financial accounts (FBAP). 5a X c The organization party to a prohibited tax shear transaction? 5a X b D dary taxable party notify the organization file from 888477. 5a X c The organization party to more the value of the good second tax shear transaction? 5c X c The organization neaver than shear the value of the good second tax shear transaction? 5c X	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
tied for the calendary sear ending with or within the year covered by this return L2 0 b If all tests one is reported on line 3, dot the organization file all required to federal employment tax returns? 28 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If 'Yes,'' that it filed a Form 890-1 for this year' if 'Wo' to line 3b, provide an explanation on Schedule 0 3a 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a transcale account is roting to outry (buch as a bink account, securities account, or other financial account? 4a 5a If 'Yes,'' that it filed a Form 890-1 for this year' if Yoo' to line 3b, provide an explanation on Schedule 0 3a 5a Was the organization have many than account, securities account, or other financial account? 4a 5a Was the organization have annual gross reception that was or is a party to a prohibid tax shale transaction? 5a 5a Does the organization have annual gross reception that are normally creater than \$10,000, and di the organization have annual gross reception that are normally creater than \$10,000, and di the organization have annual gross reception the schoot 170(c). 5b If 'Yes,'' did the organization have an interest in, or a party to goods and services provided to the party ? 7a 7b Organization have annual gross reception bencom \$100,000, and di the organization schoot any thos, directly or indiccity, to pay primitin schoot and services provided to the party? 7a 7b Organization have and acle				Yes	No
b If at least one is reported on line 2a, did the organization file all required fearlie mojorment to return? 2b 3b Dot me organization have unrelated basiness gross income of \$1,000 or more during the year? 3b b If "Yes;" has if field a form 990-11 for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b b If 'Yes;' has if field a form 990-11 for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b b If 'Yes;' has if field a form 990-11 for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b b If 'Yes;' has if field a form 990-11 for this year? If 'No' to line 3b, provide an explanation on soft signature or ther authority over, a financial account? 4a X See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a X b Did any taxable party notity the organization that an enormality greater than \$100,000, and did the organization solut as deductables as chartable contributions? 5a X c Does the organization napute wery solicitation an express statement that such contributions or gifts were not tax deductable? 5a X f Organization include with every solicitation an express statement that sex enclude to the part? 7a 7a f Organization intat may recevive deductable contributi	2a				
Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions) Image: Sec instructions 1 Image: Sec instructions 2 Image: Sec instructions 2 Image: Sec instructions 2 Image: Sec instructions 2 Image: Sec instructions 2 <thimage< th=""><th></th><th>filed for the calendar year ending with or within the year covered by this return 2a 0</th><th></th><th></th><th></th></thimage<>		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dd the organization have unrelisted business gross income of \$1,000 or more during the year? 3a X b If 'Yes', this Ifted F ar '090 for this year? /f 'We' to line 3b, provide an explanation on Schedule 0 3b b If 'Yes', this Ifted F ar '090 for this year? /f 'We' to line 3b, provide an explanation on Schedule 0 3b b If 'Yes', 'net the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a Se instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a S Was the organization approximation that it was or is a party to a prohibited tas shelter transaction? 5a S If 'Yes' to line Saor 55, dif the organization financial Accounts (FBAR). 5a S If 'Yes' to line Saor 55, dif the organization financial Accounts (FBAR). 5a S If 'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7a S If 'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a S If 'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a S Or Organization statement contributions and party to prohibited tax shellor transores as a solicitation an express statement that such contract/? 7a S If 'Yes', 'did the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," this it filled a Form 980-T for this year," if "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, ald the organization have an interest in, or a signature or other autionity over, a francial account in a toring countly such as a bain account, source sources sources sources in the other sources of the organization source in the other sources of the organization source in the organization on party to a prohibited tax solver transaction at any time during the tax year? 5a 5b XX Did any taxable party northy the organization that that sor is a party to a prohibited tax solver transaction at any time during the tax year? 5a X 5b Dod any taxable party northy the organization that that sor is a party to a prohibited tax solver transaction? 5b X 6b Dod any taxable party northy the organization that the area is a party to a prohibited tax solver transaction? 5a X 7b Tyres," dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b X 7b Tyres," dd the organization notify the donor of the value of the goods or services provided? 7a X 7b Tyres," dd the organization oneidy aparty is a contribution of quark party and party is a contribution organization file form 8082 7a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, ald the organization have an interest in, or a signature or other subtority over, a financial account) account of control year as bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country ▶ 5a X b Was the organization a park to a sphitotic tax sheet transaction at any time during the tax year? 5a X b Udd any taxable party notify the organization that it was or is a party to a prohibited tax sheet transaction? 5b X cit If "Yes" to a prohibited tax sheet transaction at any time during the tax year? 5a X cit Use the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any cancel tax deductible as chartable contributions? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b X b If "Yes," indicate the number of Forms 8282 field during the year Zd	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the 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 > 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b Ud any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5a X 5b D dary taxable party notify the organization the Form 8886 T? 5c X 5b D dary taxable party notify the organization tax deductible as charitable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible outributions under section 170(c). 6b 6b 7 Organization neekle apment in excess of S? made party as contribution and partly for pools and services provided to the payor? 7a X b If "Yes," idicate the number of Forms 8282 field during the year Cd 7c X d If "Yes," indicate the number of Forms 8282 field during the year? Cd 7c X d If "Yes," indicate the number of Forms 8282 field during the year? Cd 7c X d If "Yes," indicate the number of Forms 8282 field during the year? 7d 7d 7d 7d<	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		
b If Yes, 'enter the name of the foreign country ▶ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Se Was the organization a party to a prohibed tax shelter transaction? 5a X D Id any taxable party notify the organization that it was or is a party to a prohibed tax shelter transaction? 5b X If Yes' (in line 5a or 5b, differed merganization that it was or is a party to a prohibed tax shelter transaction? 5c 5c G Does the organization have annual gross receipts that are normally greater than \$100,000, and diff the organization solicit are contributions of the area of the goods or services provided to the pary? 7a X D Of any tax deductible? 0b 7a X D If Yes, 'id the organization notify the door of the value of the goods or services provided to the pary? 7a X D If Yes, 'id the organization notify the door of the value of the goods or services provided to the pary? 7a X D If Yes, 'indicate the number of Forms 8282 filed during the year 7d 7a X D If the organization neceive a contribution of case, boats, apintenes, controv value files, dit corganization file a Form 1089.C? 7h 7a D If the organization maintenes bioling at any time during the year? 8a 9a 9b 9a 9b	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So X C If 'Yes' to line 5a or 5b, did the organization file Form 8866-17 So Sc X So Decs the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions ogtts were not tax deductible as charitable contributions? So X D If Yes,'' did the organization neiche with every solicitation an express statement that such contributions ogtts were not tax deductible contributions under section 170(c). So D D Did the organization neiche with even or the value of the goods or services provided? To To D Did the organization neiche way fund, ginectly or indirectly, to pay premiums on a personal benefit contract? To To D Did the organization neiche way fund, ginectly or indirectly, to pay premiums on a personal benefit contract? To To D Did the organization neceive any fund, site value of the value of the organization file a Form 1098-C? Th Zi B Did the organization received a contribution of oras, basts, airplanes, or other vehicles, did the organization file a Form 1098-C? Th Zi B Did t		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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? 5a X c If "Yest" to line 5a or 55, did the organization file Form 886617 5c X 6a Dest the organization neutral deductible as charable contributions? 6a X b If "Yest," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions and party for goods and services provided to the payor? 7a X b If "Yest," did the organization netwice a payment in excess of 5/5 made party as a contribution and party for goods and services provided to the payor? 7a X b If "Yest," did the organization netwice any contense services provided? 7b X c Did the organization outpit the door of the value of the goods or services provided? 7c X c Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required? 7c X f Did the organization during the year, pay premiums, directify or indirectly, on a personal benefit contract? 7f 7g f Did the organization makes any	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? 50 X c If "Yes" to line 5a or 5b, did the organization file Form 8886172 5c 5c D Des 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? 5c 5c J If "Yes," did the organization neucle with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X 7 Organization neucle apprentin excess of 357 made party as a contribution and partly for goods and services provided to the payo? 7a X 7 If "Yes," did the organization neutry as a contribution and partly for goods and services provided to the payo? 7a X 7 If "Yes," indicate the number of Forms 8282 filed during the year 17a 7a X 7 Did the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7e 7f 7 Did the organization neceive a contribution of case, backs any time during the year? 8a 9b 50 8 Sponsoring organization meaker as use any time during the year? 7h 7f 7f 7d 9 Sponsoring organization meaker as any time during the year? 8a 5a 5a 5a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If 'Yes' to line 5a or 5b, did the organization file Form 8886-17 5c Ge Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as chartable contributions? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible as chartable to the goods or services provided to the payor 7 7a X b If 'Yes,' did the organization notify the doon of the value of the goods or services provided T 7b X c Did the organization oneity expression or of the value of the goods or services provided T 7c X to life Form 8282? If 'Yes,' did the organization directly or indirectly, or payremiums on a personal benefit contract? 7r X d Did the organization, diring the year, payremiums, directly or indirectly, or apersonal benefit contract? 7r X d Did the organization, diring the year, payremiums, directly or indirectly, or apersonal benefit contract? 7r X g If the organization, diring the year, payremiums, directly or indirectly, or apersonal benefit contract? 7r 7r g If the organization marke any trace distributions under section 4968? 9a 9a 9a g </th <th>5a</th> <th></th> <th></th> <th></th> <th></th>	5a				
Ge 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? Gea X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? Geb Z a Did the organization state were not tax deductible contributions under section 170(c). Bit "Yes," did the organization state, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282? To Z b If "Yes," did the organization state, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282? To Z c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te Z f If Yes," indicate the number of Forms 8282 filed during the year? Td Td Td Td g If the organization receive any funds, directly or indirectly, on a personal benefit contract? Tr Td					X
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 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X a bid the organization notify the donor of the value of the goods or services provided? 7a X c bid 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 pay premiums, on a personal benefit contract? 7e 7e f Did the organization receive a pyremiums, directly or indirectly, on a personal benefit contract? 7f 7f g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7h g Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9b 10 the sponsoring organization make a distribution to a donor, donor advisof, turn anitanieed by the sponsoring organization make a distribution to a conor, donor advisor, or related person? 9b 9b 9a	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible 6b Organizations that may receive deductible contributions under section 170(c). 010 the organization receive a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X If "Yes," indicate the number of Forms 8282 filed during the year Zd 7c X If "Yes," indicate the number of Forms 8282 filed during the year. Zd 7c X If "Yes," indicate the number of Forms 8282 filed during the year. Zd 7c X If the organization received a contribution of qualified intelectual property (or which it was required). 7g 7d 7d If the organization received a contribution of qualified intelectual property (d) the organization file a Form 1098-C? 7n 8<	6a				
were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 76 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7 Did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats, any lanes, or other vehices, did the organization received a contribution of cars, boats any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization neceived from them.) 11a 1 Section 501(c) organizations. Enter: 10a 1 Initiation fees and capital contributions included on Part VIII, line 12 10a 12 Section 501(c)(21) quanization: Enter: <			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7 b To To To To 10 the organization needive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To To 11 the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To To 12 th the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To To 13 Sponsoring organization make and stabuling at any time during the year? To To To 14 the organization make and stabuling door advised funds. To To To 14 the organization make a distribution is adors, or related person? So So So 15 Section 501(c)(7) organizations. Enter: To To T	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X 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 7d 7e X f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n X g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b g Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b <th></th> <th></th> <th>6b</th> <th></th> <th></th>			6b		
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 82827 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7f f Did the organization received a contribution of qualified intelectual property, did the organization file Form 8999 as required? 7f 7g f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7 7n 7d 8 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9b 9a 9b 9b<	7				37
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] 7e 7 d If 'Yes,' indicate the number of Forms 8282 filed during the year [7d] 7e 7 f Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7f 7f g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 Cr 7g 7h sponsoring organizations maintaining door advised funds. a contribution of a any time during the year? 8 8 9 Sponsoring organizations maintaining door advised funds. 9b 9b 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a	а				X
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7e b Did the organization receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract? 7d 7e f If the organization receive at ontribution of qualified intellectual property, did the organization file Form 8989 as required? 7g 7f 7f g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h 7h 7h 8 Sponsoring organization make axistable distributions, or other vehicles, did the organization file a Form 1098-C? 7h 7h 7h 9 Sponsoring organization make axistable distributions under section 4966? 9a 9a 9a 9a 9a 9b 7b			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 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 nave excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 10 did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10b 11 Section 501(c)(2) organizations. Enter: 10a 10b 12a 12 Section 601(c)(12) organizations. Enter: 10a 10b 12a 13 Section 501(c)(2) organizations. Enter: 10a 10b 12a 14 Section 501(c)(2) organizations. Enter: 10a 10b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a	с		_		37
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 a Form 1098-02? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a It "Yes," enter the amount of tax-exempt interest received or accrued during the year? 12a 13a 13 Section 501(c)(20) qualified nonprofit health insurance issuers. 13a 13a 14a It add 13a 13a 13a 14b organization licensed to issue qualifi	_		7c		A
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? 7n h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7n Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 10 the sponsoring organization make any taxable distributions under section 4966? 9a 10 bid the sponsoring organizations. Enter: 10a 10a 10 fores receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12 Gross income from members or shareholders 11a 12a 12a 13 Section 501(c)(12) organization terres treceived or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a	d		_		
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? 7n 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 8 9 Sponsoring organization have excess business boldings at any time during the year? 8 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 9b 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 10a 10b 12a 12a 13 Section 501(c)(12) organizations. Enter: 11a 12a 12a 12a 13 Section 501(c)(12) organizations. Enter: 11b 12a 12a 12a 14 b Gross income from members or shareholders 11a 12a 12a 12a 14 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 12a Section 501(c)(29) qualified nonprofit health insurance					
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 organizations maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 9a 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 9b 9b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 10c 12 Gross income from members or shareholders 11a 10b 12a 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 13a 13a 13a <th></th> <th></th> <th></th> <th></th> <th></th>					
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 organization maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a 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: 10b 10b a Gross income from members or shareholders 11a 10b 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 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 13 Section 501(c)(29) qualified health plans in more than one state? 13a 13a 13a 14 Did the organization is licensed to issue qualified health plans 13c 13a 13a 14 Did the organization receive any payments for indoor					
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a 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: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 11b cross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health nearace issuers. 13a 13a 13 Section 501(c)(29) qualified health plans in more than one state? 13a 13a 14 Did the organization is required to maintain by the states in which the organization is use qualified health plans in more than one	-		7n		
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 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see instructions and file Form 720, Schedule N. 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	8		•		
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)(17) organizations. Enter: 10a 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: 11a 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a b In "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 X 16 15 X	•		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10c 10c 12 Gross income from members or shareholders 11a 10b 11b 12a 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 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a Did the organization receives any payments for indoor tanning services during the tax year? 14a X 15 It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b			00		
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 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 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13a c Enter the amount of reserves on hand 13c 14a X 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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 <					
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: 10b a Gross income from members or shareholders 11a 10b b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a c Enter the amount of reserves on hand 13a 13a 14a X 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 14b 14b 14b			30		
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: 11a 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 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the xyear? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the					
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 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 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did 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 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X </th <th></th> <th></th> <th></th> <th></th> <th></th>					
a Gross income from members or shareholders 11a 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 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," hai ti filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 15 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 16 X					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 13a c Enter the amount of reserves the organization is required to maintain by the states in which 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? <i>If "No," provide an explanation on Schedule O</i> 14b 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 16 X					
amounts due or received from them.) 11b 12a 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 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 14b 15 Is the organization an educational institution 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 16 X					
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13c c Enter the amount of reserves on hand 13c 14a X 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 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 X					
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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation on Schedule O 14b 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 X	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 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 X					
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 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 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. 15 14a X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			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 13b c Enter the amount of reserves on hand 13c 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? <i>If "No," provide an explanation on Schedule O</i> 14b 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. 15 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 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? <i>If "No," provide an explanation on Schedule O</i> 14b 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 X	b				
c Enter the amount of reserves on hand 13c 14a 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 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 X					
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 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. 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	с				
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 X			14a		Х
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 X 16 X					
excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.162Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X					
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?			15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х

Form **990** (2020)

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC _____

Form 990 (2020)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
U	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		5		X
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
14		70		х
b	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		х
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u></u>
8		•	х	
a	The governing body?	8a	X	
-	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		¥	N
10-		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	23	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14 45	Did the organization have a written document retention and destruction policy?	14	~~~~	
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?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
a	Other officers or key employees of the organization	15b	17	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?	16-		Х
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
<u>Soc</u>	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A) if applicable), 990, and 990 T (Section 501(c))			able
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 for public inspection. Indicate how you made these available. Check all that apply	ys only) avall	auie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
10		dfice		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu imal	ICIAI	
20	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	FOF

Part VII	Compensation of Officers,	Directors, Trustees, Key	y Employees, F	lighest Compensated
	Employees, and Independe	nt Contractors		

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

HUMANITY,

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

INC

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.

Form 990 (2020)

• 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.

Name and the Average hours per thours	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week box. unsep person is com a finance and area for an out of the and a featorination (W2/1099-MISC) compensation from relation organizations (W2/1099-MISC) compensation from related organizations (W2/1099-MISC) and related organizations (W2/1099-MISC) and related organizations (W2/1099-MISC) (1) ERENDA DOOLEY 40.00 x 79,099 0. 0. (2) CHARLES LOBAUGH 5.00 x x 0. 0. 0. (3) GRORGIA BOELKE 5.00 x x 0. 0. 0. (4) MAUREEN RILEY 5.00 x x 0. 0. 0. (5) DONNA BELMONTE 5.00 x x 0. 0. 0. (6) FAUL H CALE 5.00 x x 0. 0. 0. (7) TON DEMINY 5.00 x x 0. 0. 0. (6) FAUL H CALE 5.00 x x 0. 0. 0. (7) TON DEMINY 5.00 x 0. 0. 0. 0. (9) MICARLEY 5.00 <t< td=""><td>Name and title</td><td>Average</td><td>(do</td><td></td><td></td><td></td><td></td><td>one</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></t<>	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Week (ist any hours for related organizations below line) If the related organization below line) If the reganization below line) If the reganization line) If the reganization below line) If the reganization line) If the related line) If the reganization line) If the related line) If the related line) <thif the<br="">related line) If the related line) <th< td=""><td></td><td></td><td>box</td><td>, unle</td><td>ss pe</td><td>rson</td><td>is bot</td><td>h an</td><td></td><td></td><td></td></th<></thif>			box	, unle	ss pe	rson	is bot	h an			
(1) BRENDA DOOLEY 40.00 X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY 5.00 X X 0. 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. (9) MICHAEL LERUS 5.00 X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. </td <td></td> <td></td> <td></td> <td>cer ar</td> <td></td> <td>lirecto</td> <td>n/trus</td> <td>lee)</td> <td></td> <td></td> <td></td>				cer ar		lirecto	n/trus	lee)			
(1) BRENDA DOOLEY 40.00 X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY 5.00 X X 0. 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. (9) MICHAEL LERUS 5.00 X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. </td <td></td> <td></td> <td>irecto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>U U</td> <td>•</td>			irecto							U U	•
(1) BRENDA DOOLEY 40.00 X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY 5.00 X X 0. 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. (9) MICHAEL LERUS 5.00 X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. </td <td></td> <td></td> <td>e or d</td> <td>tee</td> <td></td> <td></td> <td>sated</td> <td></td> <td>J. J. J</td> <td>(00-2/1099-00150)</td> <td></td>			e or d	tee			sated		J. J	(00-2/1099-00150)	
(1) BRENDA DOOLEY 40.00 X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY 5.00 X X 0. 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. (9) MICHAEL LERUS 5.00 X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. </td <td></td> <td></td> <td>rustee</td> <td>l trus</td> <td></td> <td>ee</td> <td>npen</td> <td></td> <td>(00-2/1099-00130)</td> <td></td> <td>-</td>			rustee	l trus		ee	npen		(00-2/1099-00130)		-
(1) BRENDA DOOLEY 40.00 X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY 5.00 X X 0. 0. 0. 0. (4) MARREEN RILEY 5.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. (9) MICHAEL LERUS 5.00 X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. </td <td></td> <td></td> <td>d ual t</td> <td>utiona</td> <td>L_</td> <td>nploy</td> <td>st col</td> <td>5</td> <td></td> <td></td> <td></td>			d ual t	utiona	L_	nploy	st col	5			
(1) BERNA DOOLEY 40.00 X 79,099. 0. 0. EXECUTIVE DIRECTOR X X 79,099. 0. 0. (2) CHARLES LOBAUGH 5.00 X X 0. 0. 0. (3) GEORGIA BOELKE 5.00 X X 0. 0. 0. (4) MAUREEN RILEY 5.00 X X 0. 0. 0. (5) DONNA BELMONTE 5.00 X X 0. 0. 0. (5) DONNA BELMONTE 5.00 X 0. 0. 0. (6) FAUL H CALE 5.00 X 0. 0. 0. TRASURER X 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. (11) BLANCA MARTINEZ 5.00 X 0. 0. 0. (12) JENNIFER MORROW 5.00 X 0. <td></td> <td></td> <td>ndivi</td> <td>Institu</td> <td>Office</td> <td>Key ei</td> <td>Highe</td> <td>Forme</td> <td></td> <td></td> <td>5</td>			ndivi	Institu	Office	Key ei	Highe	Forme			5
(2) CHARLES LOBAUGH 5.00 X X X 0. 0. 0. (3) GEORGIA EOELKE 5.00 X X 0. 0. 0. 0. (4) MAUREEN RILEY 5.00 X X 0. 0. 0. 0. (5) DONN BELMONTE 5.00 X X 0. 0. 0. 0. (6) PAUL H CALE 5.00 X X 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE 5.00 X 0. <td< td=""><td>(1) BRENDA DOOLEY</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(1) BRENDA DOOLEY	40.00									
CHAIRMANXXX000(3) GEORGIA BOELKE5.00XX000VICE CHAIRXXX000SECRETARY5.00XX000SECRETARYXX0000(5) DONNA BELNONTE5.00XX000TREASURERXX0000(6) FAUL H CALE5.00X0000MEMBER AT LARGE5.00X0000(7) TOM DEMINT5.00X0000MEMBER AT LARGE5.00X0000(9) MICHAEL LEWIS5.00X0000MEMBER AT LARGE5.00X0000(11) BLINCA MARTINEZ5.00X0000MEMBER AT LARGEX00000(12) JENNIFER MOROW5.00X0000MEMBER AT LARGEX00000(13) CAROL RIVERS5.00X0000MEMBER AT LARGEX00000(14) LIDA CROSS ROBERTSON5.00X0000MEMBER AT LARGEX00000(14) LIDA CROSS ROBERTSON5.00 </td <td>EXECUTIVE DIRECTOR</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>79,099.</td> <td>0.</td> <td>0.</td>	EXECUTIVE DIRECTOR				X				79,099.	0.	0.
(3) GEORGIA BOELKE 5.00 X X X 0. 0. 0. (4) MAUREEN RILEY 5.00 X X 0. 0. 0. 0. (5) DONNA BELMONTE 5.00 X X 0. 0. 0. 0. (6) PAUL H CALE 5.00 X X 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. 0. (8) MARTIN GERSTEN 5.00 X 0. 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. 0. 0. (10) RET MAILER 5.00 X 0. 0. 0. 0. 0. (11) BIANCA MARTINEZ 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (11) IBIANCA MARTINEZ 5.00 X 0. 0. 0. 0. 0. (12) JENIFER MORES 5.00 <t< td=""><td>(2) CHARLES LOBAUGH</td><td>5.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) CHARLES LOBAUGH	5.00									
VICE CHAIR X X X X 0. 0. 0. (4) MAUREEN RILEY 5.00 X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. TREASURER 5.00 X X 0. 0. 0. 0. (6) PAUL H CALE 5.00 X 0. 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. 0. (8) MARTIN GERSTEN 5.00 X 0. 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. 0. 0. (11) BIANCA MARTINEZ 5.00 X 0. 0. 0. 0. 0. 0. (12) JENNIFER MORROW 5.00 X 0.	CHAIRMAN		Х		X				0.	0.	0.
(4) MAUREEN RILEY 5.00 X X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (5) DONNA BELMONTE 5.00 X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. (6) PAUL H CALE 5.00 X 0. 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. 0. (8) MARTIN GERSTEN 5.00 X 0. 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0.	(3) GEORGIA BOELKE	5.00									
SECRETARYXXXX0.0.0.(5) DONNA BELMONTE5.00XX0.0.0.TREASURERXXX0.0.0.(6) FAUL H CALE5.00X0.0.0.(7) TOM DEMINT5.00X0.0.0.(8) MARTIN GERSTEN5.00X0.0.0.(9) MICHAEL LEWIS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(10) REIF MARLER5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.(12) JENNIFER MORROW5.00X0.0.0.(13) CAROL RIVERS5.00X0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.(15) MIKE VACARRO5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.(15) MIKE VACARRO5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(16) HARRY WILLIAMS5.00X0.0.0.	VICE CHAIR		Х		X				0.	0.	0.
(5) DONNA BELMONTE 5.00 X X X 0. 0. 0. TREASURER X X X 0. 0. 0. 0. (6) PAUL H CALE 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. 0. (8) MARTIN GERSTEN 5.00 X 0. 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. 0. 0. (10) REIF MARLER 5.00 X 0. 0. 0. 0. 0. (11) BIANCA MARTINEZ 5.00 X 0. 0. 0. 0. 0. 0. (12) JENNIFER MORROW 5.000 X 0. 0. 0. 0. 0. 0. (13) CAROL RIVERS 5.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(4) MAUREEN RILEY	5.00									
TREASURERXXX000(6) PAUL H CALE5.00X0000MEMBER AT LARGEX00000(7) TOM DEMINT5.0000000MEMBER AT LARGEX00000(8) MARTIN GERSTEN5.0000000MEMBER AT LARGEX00000(9) MICHAEL LEWIS5.00X0000(10) REIF MARLER5.0000000(11) BIANCA MARTINEZ5.0000000(12) JENNIFER MORROW5.00X0000MEMBER AT LARGEX00000(13) CAROL RIVERS5.00X0000(14) LINDA CROSS ROBERTSON5.0000000(14) LINDA CROSS ROBERTSON5.0000000(14) LINDA CROSS ROBERTSON5.0000000(15) MIKE VACARRO5.0000000(16) HARRY WILLIAMS5.0000000	SECRETARY		Х		X				0.	0.	0.
(6) PAUL H CALE 5.00 X 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. (7) TOM DEMINT 5.00 X 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. (8) MARTIN GERSTEN 5.00 X 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (9) MICHAEL LEWIS 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0.	(5) DONNA BELMONTE	5.00									
MEMBER AT LARGEX0.0.0.(7) TOM DEMINT5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(8) MARTIN GERSTEN5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(9) MICHAEL LEWIS5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.(10) REIF MARLER5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.(12) JENNIFER MORROW5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.00X0.0.0.	TREASURER		Х		X				0.	0.	0.
(7) TOM DEMINT5.00 XX0.0.MEMBER AT LARGEX0.0.0.(8) MARTIN GERSTEN5.00 XX0.0.0.MEMBER AT LARGEX0.0.0.0.(9) MICHAEL LEWIS5.00 XX0.0.0.MEMBER AT LARGE5.00 XX0.0.0.(10) REIF MARLER5.00 XX0.0.0.MEMBER AT LARGE5.00 XX0.0.0.(11) BIANCA MARTINEZ5.00 X0.0.0.0.(12) JENNIFER MORROW5.00 X0.0.0.0.(13) CAROL RIVERS5.00 XX0.0.0.(14) LINDA CROSS ROBERTSON5.00 XX0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00 XX0.0.0.(16) HARRY WILLIAMS5.00X0.0.0.	(6) PAUL H CALE	5.00									
MEMBER AT LARGEX0.0.0.(8) MARTIN GERSTEN5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.(9) MICHAEL LEWIS5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.(10) REIF MARLER5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.(12) JENNIFER MORROW5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.00X0.0.0.	MEMBER AT LARGE		Х						0.	0.	0.
(8) MARTIN GERSTEN5.00X0.0.0.MEMBER AT LARGE5.00X0.0.0.0.(10) REIF MARLER5.00X0.0.0.0.MEMBER AT LARGEX0.0.0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.0.(12) JENNIFER MORROW5.00X0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.0.MEMBER AT LARGEX0.0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.0.MEMBER AT LARGEX0.0.0.0.0.(16) HARRY WILLIAMS5.000.0.0.0.0.	(7) TOM DEMINT	5.00									
MEMBER AT LARGE X 0.	MEMBER AT LARGE		Х						0.	0.	0.
(9) MICHAEL LEWIS 5.00 X 0.0.0.0. MEMBER AT LARGE X 0.0.0.0. 0.0.0. (10) REIF MARLER 5.00 0.0.0.0. 0.0.0. MEMBER AT LARGE X 0.0.0.0.0. 0.0.0. (11) BIANCA MARTINEZ 5.00 0.0.0.0. 0.0.0. (11) BIANCA MARTINEZ 5.00 0.0.0.0. 0.0.0. (12) JENNIFER MORROW 5.00 0.0.0.0. 0.0.0. (13) CAROL RIVERS 5.00 0.0.0.0. 0.0.0. (14) LINDA CROSS ROBERTSON 5.00 0.0.0.0. 0.0.0. MEMBER AT LARGE X 0.0.0.0.0. 0.0.0. (15) MIKE VACARRO 5.00 0.0.0.0. 0.0.0. (16) HARRY WILLIAMS 5.00 0.0.0.0. 0.0.0.	(8) MARTIN GERSTEN	5.00									
MEMBER AT LARGEX0.0.0.(10) REIF MARLER5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.(12) JENNIFER MORROW5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(12) JENNIFER MORROW5.000.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.000.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.000.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.000.0.0.	MEMBER AT LARGE		Х						0.	0.	0.
(10) REIF MARLER5.00X0.0.MEMBER AT LARGE5.00X0.0.0.(11) BIANCA MARTINEZ5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(12) JENNIFER MORROW5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.000.0.0.0.	(9) MICHAEL LEWIS	5.00									
MEMBER AT LARGE X 0.	MEMBER AT LARGE		Х						0.	0.	0.
(11) BIANCA MARTINEZ 5.00 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. (12) JENNIFER MORROW 5.00 X 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (13) CAROL RIVERS 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (14) LINDA CROSS ROBERTSON 5.00 X 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. (15) MIKE VACARRO 5.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. 0. (15) MIKE VACARRO 5.00 X 0. 0. 0. 0. 0.	(10) REIF MARLER	5.00									
MEMBER AT LARGEX0.0.0.(12) JENNIFER MORROW5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.000.0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.000.0.0.0.MEMBER AT LARGEX0.0.0.0.(16) HARRY WILLIAMS5.000.0.0.0.	MEMBER AT LARGE		Х						0.	0.	0.
(12) JENNIFER MORROW5.000.0.0.MEMBER AT LARGEX0.0.0.0.(13) CAROL RIVERS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.000.0.0.0.	(11) BIANCA MARTINEZ	5.00									
MEMBER AT LARGEX0.0.0.(13) CAROL RIVERS5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.(16) HARRY WILLIAMS5.00000.0.	MEMBER AT LARGE		Х						0.	0.	0.
(13) CAROL RIVERS5.000.0.0.MEMBER AT LARGEX0.0.0.0.(14) LINDA CROSS ROBERTSON5.000.0.0.0.MEMBER AT LARGEX0.0.0.0.0.(15) MIKE VACARRO5.000.0.0.0.0.MEMBER AT LARGEX0.0.0.0.0.(15) MIKE VACARRO5.000.0.0.0.0.(16) HARRY WILLIAMS5.000.0.0.0.0.	(12) JENNIFER MORROW	5.00									
MEMBER AT LARGEX0.0.0.(14) LINDA CROSS ROBERTSON5.00MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00MEMBER AT LARGEX0.0.0.0.(16) HARRY WILLIAMS5.00			Х						0.	0.	0.
(14) LINDA CROSS ROBERTSON5.000.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00X0.0.0.MEMBER AT LARGEX0.0.0.0.(16) HARRY WILLIAMS5.00000.0.	(13) CAROL RIVERS	5.00								_	_
MEMBER AT LARGEX0.0.0.(15) MIKE VACARRO5.00MEMBER AT LARGEX0.0.0.(16) HARRY WILLIAMS5.00	MEMBER AT LARGE		Х						0.	0.	0.
(15) MIKE VACARRO 5.00 0.0.0.0. MEMBER AT LARGE X 0.0.0.0. 0. (16) HARRY WILLIAMS 5.00 0 0 0.	(14) LINDA CROSS ROBERTSON	5.00								_	_
MEMBER AT LARGE X 0. 0. (16) HARRY WILLIAMS 5.00	MEMBER AT LARGE		Х						0.	0.	0.
(16) HARRY WILLIAMS 5.00	(15) MIKE VACARRO	5.00								_	_
	MEMBER AT LARGE		Х						0.	0.	0.
MEMBER AT LARGE X 0. 0. 0.	(16) HARRY WILLIAMS	5.00									_
	MEMBER AT LARGE		Х						0.	0.	0.

_	11113/3 317	HEAD REG TY, INC	IOI	NA1	Ŀŀ	IAI	BI	ΓA	T FOR	57-0	016	215		
-	· · · · · · · · · · · · · · · · · · ·	-	nlav			а U:	aba	at (Companyated Employe		910.	44J	P	'age 8
Fai			ploy	ees			gne	st					(5)	
	(A)	(B)			Pos	C) itior	`		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
		week					is bot pr/trus			compensatio			ount	
		(list any	or						_ from the	from related organization			other	
		hours for	individual trustee or director				_		organization	(W-2/1099-MI			oensa om th	
		related	e or c	stee			Highest compensatec employee		(W-2/1099-MISC)	(** 2/1000 1/10	,0,		anizat	
		organizations	ruste	Institutional trustee		ee	mper					•	relat	
		below	d ual t	utiona	_	loldu	st co	5					nizat	
		line)	ndivi	nstitu	Officer	ƙey employee	Highe	Former				Ũ		
			-	_		Ť		-						
			1											
			-											
			4											
16	Subtotal		I		I				79,099.		0.			0.
	Subtotal								0.		0.			0.
	Total from continuation sheets to Pa								79,099.		0.			0.
-	Total (add lines 1b and 1c)								-		•••			0.
2	Total number of individuals (including l		lose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	le			0
	compensation from the organization													0
											r		Yes	No
3	Did the organization list any former of	icer, director, trust	ee, I	key (emp	loye	e, o	r hig	phest compensated emp	oloyee on				_
	line 1a? If "Yes," complete Schedule J	for such individual										3		X
4	For any individual listed on line 1a, is the	•								•				
	and related organizations greater than	\$150,000? If "Yes,	" со	mpl	ete S	Sche	edule	e J i	for such individual			4		X
5	Did any person listed on line 1a receive	e or accrue compe	nsat	ion 1	from	i any	/ unr	relat	ted organization or indiv	idual for services	;			
	rendered to the organization? If "Yes,"	complete Schedul	e J f	for s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five higher	st compensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation	n for the calendar y	ear	endi	ing v	vith	or w	vithi	n the organization's tax	year.				
	(A)								(B)			(C	;)	
	Name and busi	ness address	N	ONI	Ξ				Description of s	ervices	С	omper		on
								_						
								_						
2	Total number of independent contract		not li	mite	d to		~	steo	d above) who received n	nore than				
	\$100,000 of compensation from the or	anization					0							

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

			HUMANITY, INC	l •			57-0916	245 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		1			
ĞĔ			Fundraising events 1 c	31,276.	1			
ar A			Related organizations	- , -	1			
o, G			Government grants (contributions) 1e		-			
Silo			All other contributions, gifts, grants, and		1			
her			similar amounts not included above 1f	578,827.				
Ę		a	Noncash contributions included in lines 1a-1f 1g \$		-			
Sor			Total. Add lines 1a-1f	•	610,103.			
<u> </u>				Business Code				
Ð	2	а	RESTORE SALES		1,430,104.	1,430,104.		
, vio	2	b	HOME SALES	531930	480,000.	480,000.		
Ser		c						
E S		d						
Program Service Revenue		e e						
Pro			All other program service revenue					
		' g	Total. Add lines 2a-2f		1,910,104.			
	3	9	Investment income (including dividends, intere					
	Ŭ		other similar amounts)		166,714.	166,714.		
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	ľ		(i) Real	(ii) Personal				
	6	а	Gross rents		-			
	Ū		Less: rental expenses 6b		1			
			Rental income or (loss) 6c		1			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	· ·		assets other than inventory 7a		1			
		b	Less: cost or other basis		1			
ne			and sales expenses 7b					
evenue		с	Gain or (loss) 7c					
Ê			Net gain or (loss)	►				
Other	8		Gross income from fundraising events (not					
₹			including \$ 31,276. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b	8,494.				
		с	Net income or (loss) from fundraising events	►	1,586.			1,586.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11	а	OTHER	900099	15,725.	15,725.		
enu		b						
Sed 3		с					ļ	
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d	►	15,725.			1
	12		Total revenue. See instructions		12.704.232.	2,092,543.	0.	1,586.

Form 990 (2020)

HUMANITY, INC 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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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):				
а	Management				
b	Legal	16,776.		16,776.	
с	Accounting	8,800.		8,800.	
d	Lobbying				
е	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 0.)				
12	Advertising and promotion				
13	Office expenses	111,461.	59,845.	30,483.	21,133.
14	Information technology				
15	Royalties	110.000	F 4 204	44 600	
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	04 504	04 504		
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 0.)				
а	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		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)				
03201	0 12-23-20				Form 990 (2020

57-0916245 Page 11

	HITPION HE	AD KEGTOWAD	IIADTIAI	FOR
Form 990 (2020)	HUMANITY,	INC		
Part X Balance Sheet	1			

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	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 o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			1,742,046.	7	1,895,428.
Assets	8	Inventories for sale or use			2,666,080.	8	2,407,337. 18,990.
Ä	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. 421,293.			
	b	Less: accumulated depreciation	10b	421,293.	1,756,877.	10c	1,692,800.
	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 equ	7,763,419.	16	2,000. 7,749,757.		
	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 o	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
ili ti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrel	1,960,818.	23	1,858,541.		
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X	1		
		of Schedule D	178,415.	25	0.		
	26				2,182,414.	26	1,913,377.
Ś		Organizations that follow FASB ASC 958, che	eck here				
nce		and complete lines 27, 28, 32, and 33.					2 005 105
alaı	27	Net assets without donor restrictions			3,680,781.	27	3,987,195. 1,849,185.
б	28	Net assets with donor restrictions			1,900,224.	28	1,849,185.
<u>Ē</u>		Organizations that do not follow FASB ASC 9	958, cheo	ck here 🕨 🛄			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	ļ
sse	30	Paid-in or capital surplus, or land, building, or ea				30	ļ
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31	
Ne	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.		

Form **990** (2020)

HILTON	HEZ	٩D	REGIONAL	HABITAT	FOR
HIMANT	ΓV	TN	IC		

Form	990 (2020) HUMANITY, INC	57-091	6245	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,448	8,858.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,374.
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	. <u>380</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		. 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	

Form **990** (2020)

Contraction (Form 990 or 990-EZ)		omplete if the organ 494	Iic Charity Status and Public Support e 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.					OMB No. 1545-0047 2020 Open to Public		
					/Form990 for instruction			nformation.		Inspection
						identification number $7-0916245$				
Pa	rt I	Reason			(All organizations must c	omplete tl	nis part.) S	See instruction		
					For lines 1 through 12, c	-				
1					on of churches described					
2	\square				Attach Schedule E (Form			•,,-,,•,•		
3	\square				anization described in se			::)		
4	F	•	•		njunction with a hospital			•	Viiii) Enter	the hospital's name
-		city, and stat	-		njunction with a nospital	uescribed	a in Sectio			the hospital s hame,
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in
5				Complete Part II.)	lege of university owned		led by a g	oveninentai		
6					nental unit described in s	section 17	70(6)(1)(4)	(v)		
7	\square		· •	-	ntial part of its support f				the general	public described in
•		-		complete Part II.)		ioni a gov	orninorna		ano gonora	
8		-		-	(1)(A)(vi). (Complete Parl	• 11)				
9	\square				in section 170(b)(1)(A)(,	ed in conii	inction with a	land-grant	college
·		-		-	ulture (see instructions).		-		-	-
		university:		grant conego er agne			name, en	y, and olato c	r the coneg	
10	X	· · · ·	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	hip fees, a	nd aross receipts from
					t to certain exceptions;					
					(less section 511 tax) fro					
				mplete Part III.)	(,				J	,
11					ively to test for public sa	ifety. See	section 50	09(a)(4).		
12		-	•	-	ively for the benefit of, to	•			arry out the	e purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organization					
а		Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
		the suppor	ed organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving
		control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III fur	ctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		_ its support	ed organizatio	on(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionall	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)
					zation generally must sat				d an attent	iveness
			-		nplete Part IV, Sections					
е					written determination fro			а Туре I, Туре	e II, Type III	
					nally integrated supporti					
t										
g		i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i		support (see instructions)
		-			above (see instructions))	103				
Tota	al									

Schedule A (Form 990 or 990 EZ) 2020 HUMANITY, INC

Part II

57-0916245 Page 2

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.)

See	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
See	ction B. Total Support		_				
Cale	ndar 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 instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this k	box and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶∟
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	t - 2019. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th	e facts-and-circu	mstances test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a public	ly supported organ	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructio	ns ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 HUMANITY , INC

(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 360,960. 340,204 466,225 527,753 620,183 2,315,325. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 824,478. 865,729. organization's tax-exempt purpose 1,201,941 1,134,093 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 Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 c Add lines 7a and 7b 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 (d) 2019 (b) 2017 (c) 2018 (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, 146,627. 171,724. 265,092. 301,482. 166,714 1,051,639. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 146,627. 171,724. 265,092. 301,482. 166,714. 1,051,639. c Add lines 10a and 10b 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 15,725 20,563. 25 36,313. assets (Explain in Part VI.) 1,896,884. 1,646,046. 2,712,726. 9,339,622. 1,555,795. 1,528,171, 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 88.35 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 87.46 16 % 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 11.26 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % 11.34 % 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 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 ► X 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

Schedule A (Form 990 or 990-EZ) 2020 HUMANITY, INC

(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

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990-EZ) 2020 HUMANITY , 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? 11a b A family member of a person described in line 11a above? 11b 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. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Mana a manipulation of the company institute of all states and the states of the state

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	

See	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 (Check the box next to the method that the	ne organization used	to satisfy the Integral Part	Test during the yea(see instructions
-----	---	----------------------	------------------------------	--------------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described 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

No Yes

TNC

Schedule A (Form 990 or 990-EZ) 2020 HUMANITY, INC 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.

Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990 EZ) 2020 HUMANITY , INC			5	7-0916245 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	-
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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				
	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: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

				IAL HABITAT	FOR	
Schedule A	(Form 990 or 990-EZ) 2020	HUMANITY	, INC			57-0916245 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide 2, 3b, 3c, 4b, 4c nes 2 and 3; Par	e the explanations r , 5a, 6, 9a, 9b, 9c, 1 t IV, Section E, lines	1a, 11b, and 11c; Par 1c, 2a, 2b, 3a, and 3l	t IV, Section B, lines 1 b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule B

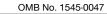
(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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



2020

Employer identification number

HILTON	HEAD	REGIONAL	HABITAT	FOR
HUMANI	ΓY, ΙΙ	NC		

57-0916245

	11014111111
Organization type (che	ck one):

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

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

General Rule

X 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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Page 2

57-0916245

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

Page **2**

57-0916245

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions - \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
<u>10</u>	Name, address, and ZIP + 4	- \$\$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u></u> 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ, or	r 990-PF)	(2020)
------------	------------	------------	-----------	--------

Name of organization

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

57-0916245

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	rganization N HEAD REGIONAL HABITAT	FOR		Employer identification number
	ITY, INC			57-0916245
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry For organiz	7), (8), or (10) that total more than \$1,000 for the year ations (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
·		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Turnefore la rema address a	(e) Transfer of g		
·	Transferee's name, address, a	na ZIP + 4	Relatio	nship of transferor to transferee
(a) No.		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g		nship of transferor to transferee
			กิสเสนิง	

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2020
Denart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informat	ion.	Inspection
Nam	e of the organizati		AL HABITAT FOR	Em	ployer identification number
Pa	t I Organiza	HUMANITY, INC	d Funds or Other Similar Funds o		57-0916245
Fai		n answered "Yes" on Form 990, Part IV, lin			Ints. Complete if the
	organizatio		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year		. ,	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised	l funds	
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
			or donor advisor, or for any other purpose co	onferring	
Pa	impermissible priv		· · · · · · · · · · · · · · · · · · ·		
			ganization answered "Yes" on Form 990, Pa	rt IV, line /	
1		servation easements held by the organizat		historically	important land area
		n of land for public use (for example, recrea f natural habitat	Preservation of a	-	r important land area
		of open space		certined II	
2		• •	fied conservation contribution in the form of	a conserv	ation easement on the last
-	day of the tax year	• • •			Held at the End of the Tax Year
а				2a	
b					
с	Number of conser		ucture included in (a)		
d	Number of conser	vation easements included in (c) acquired	after 7/25/06, and not on a historic structure	Э	
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the c	organizatio	n during the tax
	year 🕨		_		
4		where property subject to conservation ea			
5	U U	tion have a written policy regarding the pe			
6	,	orcement of the conservation easements i	t holds? handling of violations, and enforcing conse		
6		r nours devoted to monitoring, inspecting,	fiandling of violations, and enforcing conse	rvation eas	sements during the year
7	Amount of expens		lling of violations, and enforcing conservatio	n easeme	nts during the year
-	► \$				ine dannig the year
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense s	tatement a	and
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statemen	ts that de	scribes the
		ounting for conservation easements.		<u> </u>	
Pai			f Art, Historical Treasures, or Oth	er Simi	lar Assets.
		the organization answered "Yes" on Form			<u> </u>
1a	•		8, not to report in its revenue statement and		
		· ·	blic exhibition, education, or research in furt		public
h	· •		ncial statements that describes these items i8, to report in its revenue statement and ba		at works of
b	-		c exhibition, education, or research in furthe		
		ng amounts relating to these items:	sension, equation, or research in fulline		
	-			►	\$
					\$
2			asures, or other similar assets for financial g		le
	-	unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1	-	►	\$
b					\$
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

	H	HILTON HE	AD REGIO	NAL	HABITA	T FOR					
		HUMANITY,							-091624		age 2
Par	rt III Organizations Mai	intaining Coll	ections of A	rt, Hist	torical Tr	easures,	or Other	Similar A	ssets(con	tinued)	
3	Using the organization's acquis	sition, accession,	and other record	ls, checl	k any of the	following that	at make sigr	ificant use	of its		
	collection items (check all that	apply):									
а	Public exhibition		d			hange progr					
b	Scholarly research		е		Other						
С	Preservation for future ge										
4	Provide a description of the org	-	-		-	-	-		n Part XIII.		
5	During the year, did the organiz										٦
De	to be sold to raise funds rather			U							_ No
Par	rt IV Escrow and Custo			ete if the	e organizatio	n answered	"Yes" on Fo	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on I				t. (b t)						
1a	Is the organization an agent, tru										No
h	on Form 990, Part X? If "Yes," explain the arrangeme	nt in Dart VIII and	l complete the fe	llouinad	tabla				L Yes		
b	If fes, explain the arrangeme	ent in Part Alli and	i complete the lo	nowing	lable.				Amou		
•	Paginning balance							10	Amou	<u> </u>	
	Beginning balance							1c 1d			
	Additions during the year Distributions during the year							1e			
f	Ending balance							16 1f			
2a	Did the organization include an								Yes		No
	If "Yes," explain the arrangeme						-				
_	rt V Endowment Funds									<u></u>	
) Current year		rior year	1		Three years	back (e) Fo	ur years	back
1a	Beginning of year balance							-			
b	Contributions										
с	Net investment earnings, gains										
d	Grants or scholarships										
е	Other expenditures for facilities	3									
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percenta	age of the current	year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-end	owment 🕨		_%							
b	Permanent endowment		_%								
С	Term endowment	%									
	The percentages on lines 2a, 2	b, and 2c should	equal 100%.								
3a	Are there endowment funds no	ot in the possessio	on of the organiza	ation tha	at are held a	nd administe	ered for the	organizatior	า		
	by:									Yes	No
	(i) Unrelated organizations								3a(i		
	(ii) Related organizations								<u>3a(ii</u>	<u>4</u>	
b	If "Yes" on line 3a(ii), are the rel								3b		
4	Describe in Part XIII the intende			wment	funds.						
Fai	rt VI Land, Buildings, a				/ 10			- 10			
	Complete if the organiza								(1) D		
	Description of proper	ty	(a) Cost or o basis (investn			or other	.,	imulated ciation	(d) Bo	ok valu	ie
.	Land		Dasis (investin	nenty		(other) 5,484.	uepre		21	55,4	81
	Land					3,641.	21	1,213.			
	Buildings Leasehold improvements				,,,,	-,		-,2-5		4,4	20.
					23	4,968.	18	0,080.	<u> </u>	54,8	88.
	Equipment Other					-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,	· · · · ·	, 0	
	I. Add lines 1a through 1e. (Colu		I I Form 990 Part	X colur	nn (R) line 1	10c)			1,69	2.8	00.
TOLD	a chuyn re. (Colu	inin laj must equa	a i onn 330, Fall	7, colul	ו שווו , (ם) יווי			····· 🚩	, .		

Schedule D (Form 990) 2020

HILTON	HEAD	REGIONAL	HABITAT	FOR
--------	------	----------	---------	-----

Schedule D (Form 990) 2020 HUMANITY, I	INC	57	7-0916245 _{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 er	nd-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 er	nd-of-vear market value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (0.1 //b) must small From 000 Dart V and (D) line (0.1			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	an Farm 000 Dart IV/ line	11d Cas Faura 000 Davit V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Part X, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 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 2	
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) lin	ne 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
HIIMANTT	יד עיז	JC		

Sche	dule D (Form 990) 2020 HUMANITY, INC			57-0	0916245	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturn	.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
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:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		8,494.			
е	Add lines 2a through 2d			2e	8	<u>,494.</u>
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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	<u>,232.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	2,457	<u>,352.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2 b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	8,494.			
е	Add lines 2a through 2d			2e		<u>,494.</u>
3	Subtract line 2e from line 1			3	2,448	<u>,858.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				•
с	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.
Pa	rt 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.

		HILTON	HEAD	REGIONAL	HABITAT	FOR
Schedule D	(Form 990) 2020	HUMANI	CY, IN	NC		
Part XIII	Supplemental Infor	mation (cont	inued)			

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990

FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF HOUSES SOLD NETTED AGAINST REVENUE IN 990

FUNDRAISING EXPENSES NETTED AGAINST REVENUE IN 990

8,494.

8,494.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2020
Department of the Treasury		Attach to Form 990 to www.irs.gov/Form990 for instr						Open to Public Inspection
Internal Revenue Service	Employee	-						
Name of the organization	HILTON	HEAD REGIONAL HABI Y, INC	L'I'A'I	FO	ĸ		57-091	identification number
	omplete this par	 Complete if the organization answers 	ered "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 Indicate whether the a Ail solicitatii b Internet and a c Phone solicitation d In-person soli 2 a Did the organization key employees listed b If "Yes," list the 10 	e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followi e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	์ <u></u> า	Yes No
compensated at lea	ast \$5,000 by the	organization.						
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
Total								
3 List all states in which or licensing.	ch the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fror	n registration

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

Schedule G (Form 990 or 990-EZ) 2020

57-0916245 Page 2

Schedule G (Form 990 or 990 EZ) 2020 HUMANITY, INC 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 GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) Revenue 41,356. 41,356. 1 Gross receipts 31,276. 31,276. 2 Less: Contributions 10,080. 10,080. **3** Gross income (line 1 minus line 2) 900. 900. 4 Cash prizes 654. 654. 5 Noncash prizes Direct Expenses 2,240. 2,240. 6 Rent/facility costs 3,952. 3,952. 7 Food and beverages 8 Entertainment 748. 9 Other direct expenses 748. 8,494. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 1,586. **11** Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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? **b** If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

HILTON	HEAD	REGIONAL	HABITAT	FOR
--------	------	----------	---------	-----

Sch	nedule G (Form 990 or 990-EZ) 2020 HUMANITY, INC 57	-091	6245	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No 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?	L	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13	3	%
	o An outside facility	13	5	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	Address a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: 			
Ľ				
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state distribution of distributions are under state law to be distributed to other exempt organizations or spent in the state distribution of distributions are under state law to be distributed to other exempt organizations or spent in the state distribution of distributions are under state law to be distributed to other exempt organizations or spent in the state distribution of distributions are under state law to be distributed to other exempt organizations or spent in the state distribution of distributions are under state distributions.] Yes	□ No
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

HILTON	HEA	١D	REGIONAL	HABITAT	FOR
HUMANI	ΓY,	IN	1C		

Schedule (G (Form 990 or 990-EZ)	HUMANITY, INC	57-0916245 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

032211 11-20-20

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.

HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC



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 O)F INTEREST		
POLICY AT	T THE ANNUAL ORGANIZATIONAL MEETING, AT WHICH TIME	APPROPRIATE		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020				

Schedule O	(Form 990 or 990-EZ) 2020	
------------	---------------------------	--

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

1.

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

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. Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization HILTON HEAD REGIONAL HABITAT FOR Employer identification number HUMANITY, INC 57-0916245 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 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

Schedule O (Form 990 or 9 Name of the organization	HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC	Page 2 Employer identification number 57-0916245
		57-0910245
BEEN FORGIVEN	•	

efile	e GRAPHIC p	print - DO NOT PROCESS	As Filed Data -			DL	N: 93	493095003191			
(990	Return of Org	ganization Exempt	From	n Incor	ne Tax	C	DMB No. 1545-0047			
Form ¹	330	Under section 501(c), 527, or 4	•				ns)	2019			
_		► Do not enter soci	al security numbers on this for	m as it m	ay be made	e public.					
Treasu	ment of the ry 1 Revenue Service	► Go to <u>www.irs.go</u>	<i>v/Form990</i> for instructions	and the	latest info	ormation.		Open to Public Inspection			
		l alendar year, or tax year begin	ning 07-01-2019 , and end	ing 06-3	0-2020						
_	ck if applicable:	C Name of organization HILTON HEAD REGIONAL HABITAT F	OR			D Employer	identifi	ication number			
	dress change me change	HUMANITY INC									
🗖 Ini	tial return	Doing business as									
	al return/terminated nended return	Number and street (or P.O. box if m	ail is not delivered to street address)	Room/su	uite	E Telephone	number				
🗆 Ар	plication pending	PO BOX 2747				(843) 681	-5864				
		City or town, state or province, cour BLUFFTON, SC 29910	try, and ZIP or foreign postal code			G Gross recei	pts \$ 1,	,729,520			
	ľ	F Name and address of principa	l officer:		H(a) Is	this a group retu	n for				
		BRENDA DOOLEY 90 MAIN STREET SUITE C				Ibordinates?		🗌 Yes 🗹 No			
T Tay	x-exempt status:	HILTON HEAD ISLAND, SC 2992	.6			e all subordinates cluded?		🗌 Yes 🔲 No			
	•	☑ 501(c)(3)	insert no.) 📙 4947(a)(1) or 🛛	527		"No," attach a list roup exemption n	•	,			
					L Year of f	ormation: 1986	State	of legal domicile: SC			
K Forr	n of organization:	Corporation Trust Asso	ciation 🗀 Other 🕨								
Pa	art I Sumr										
		cribe the organization's mission of IATE POVERTY HOUSING AND HON		IG MODES	ST, BUT AD	EQUATE HOMES	AT RED	UCED COSTS TO			
çe	THE BUYER				,						
nar											
Governance		🗖									
		s box	ets.	13							
20 50	4 Number o										
Activities &	5 Total num	nber of individuals employed in cal	lendar year 2019 (Part V, line 2	a)	• •		5	27			
Acti		nber of volunteers (estimate if nec					6	300			
		elated business revenue from Part ated business taxable income fron				•	7a 7b	0			
	D Net unier					· · Prior Year		Current Year			
Q,	8 Contributi	ions and grants (Part VIII, line 1h)				466,22	5	378,611			
enneven	9 Program s	service revenue (Part VIII, line 2g)			261,63	0	296,153				
VeA		nt income (Part VIII, column (A), li	· · ·		3,46	_	829				
		renue (Part VIII, column (A), lines !			824,47 1,555,79		873,235				
		enue—add lines 8 through 11 (mu nd similar amounts paid (Part IX, c		-			0	0			
		paid to or for members (Part IX, co					0	0			
8	15 Salaries, o	other compensation, employee be	nefits (Part IX, column (A), line	s 5-10)		778,83	4	796,263			
sus (16a Profession	nal fundraising fees (Part IX, colur	nn (A), line 11e)	•			0	0			
Expenses		aising expenses (Part IX , column (D), I				/-					
		penses (Part IX, column (A), lines ∶ enses. Add lines 13–17 (must equ		•		547,43 1,326,26	-	507,152			
		less expenses. Subtract line 18 fro				229,53	-	245,413			
Ce S		· · ·			Beginn	ing of Current Yea	-	End of Year			
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)				7,470,72	2	7,763,419			
A B M B	21 Total liabi	1	2,182,414								
Ž	22 Net asset	s or fund balances. Subtract line 2	5,335,59	_	5,581,005						
		ature Block erjury, I declare that I have exami						<u>+ </u>			
knowl		f, it is true, correct, and complete.									
		۰				2021.04.01					
Sign	Signatu	ure of officer				2021-04-01 Date					
Here		A DOOLEY EXECUTIVE DIRECTOR									
	Type or	r print name and title									
		rint/Type preparer's name	Preparer's signature		Date		N 0045703	3			
Paic		irm's name 🕨 MARTIN SMITH & COM	I PANY CPAS PA			self-employed Firm's EIN ► 26-07	93942				
	່ວະພ	irm's address ► 1212 HAYWOOD ROAD				Phone no. (864) 23					
	IFI	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	2220 100			1 HUHE HU. (004) 23	∠-TAHA				

May the IRS discuss this return with the preparer shown above? (see instructions)	 •		•		•	•	🗹 Yes 📙 No
For Paperwork Reduction Act Notice, see the separate instructions.		C	at. No.	1128	32Y		Form 990 (2019)

GREENVILLE, SC 296152200

Form	990 (2019)					Page 2
Pa	rt III Statement	t of Program Servic	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to a	any line in this Part III .		🗆
1		organization's mission:				
THE HOM		STRUCTS AND SELLS HO	DMES TO QUALI	FYING PERSONS AND SELL	S BUILDING MATERIALS TO RAIS	SE FUNDS FOR THE
2	Did the organization	undertake any significa	ant program ser	vices during the year which	n were not listed on	
	the prior Form 990 o	or 990-EZ?				🗆 Yes 🗹 No
		ese new services on Sch				
3	Did the organization	cease conducting, or m	nake significant	changes in how it conducts	s, any program	
	services? If "Yes," describe the		🗌 Yes 🗹 No			
4	Describe the organiz Section 501(c)(3) ar	zation's program service	accomplishmer	to report the amount of g	gest program services, as measu rants and allocations to others, th	red by expenses. ne total
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 serv	ices (Describe in Sched	ule O.)			
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses 🕨	1,007,1	14		

Par	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 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	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	3		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	4		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 .	5		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? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7		6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		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 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🕱	11a	Yes	
	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		No
	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 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😕	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Yes	
b	Schedule D, Parts XI and XII 😒 . 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 🛸	4.01	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E			
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18 19	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	Yes	
	complete Schedule G, Part III	19		No
		20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \ldots .	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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</i> ,Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$.	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	TV 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 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019)

Page **4**

Part V

Page 5

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										
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	Yes								
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
	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)? If "Yes," enter the name of the foreign country: ►	4a		No							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No							
Ь	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
	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		No							
	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).	7a									
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?										
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?										
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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as										
L	required?										
	1098-C?										
8	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.										
а	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? \ldots .	9 b									
10	Section 501(c)(7) organizations. Enter:										
а	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:										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)										
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.										
	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										
	c Enter the amount of reserves on hand										
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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		No							
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		No							
		I	orm 991) (2019)							

Statements Regarding Other IRS Filings and Tax Compliance (continued)

orm 990 (2019)	orm	990	(201	9)
----------------	-----	-----	------	----

Par	o" respo	onse to i	lines							
Se	ction 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 13									
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 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?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No						
6	Did the organization have members or stockholders?	6		No						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes							
9										
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
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	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to									
	conflicts?	12b	Yes							
	Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	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?	16a		No						
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								
Se	ction 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	Own website Another's website I Upon request Other (explain in Schedule O) 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

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.

	i any related of	gamza		omp		atea a	, 、			
(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss pers r and a	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	MISC) Former Highest compensated Cofficer Cofficer		(W-2/1099- MISC)	(₩-2/1099- MISC)	organization and related organizations		
(1) GEORGIA BOEHLKE CHAIRMAN	5.00	х		х				0	0	0
(2) MARTIN GERSTEN VICE CHAIR	5.00	х		х				0	0	0
(3) WERNER SICVOL SECRETARY	5.00	x		x				0	0	0
(4) DONNA BELMONTE TREASURER	5.00	х		х				0	0	0
(5) CHARLES LOBAUGH MEMBER AT LARGE	5.00	х						0	0	0
(6) BLAINE LOTZ MEMBER AT LARGE	5.00	х						0	0	0
(7) BEVERLY MALONEY MEMBER AT LARGE	5.00	х						0	0	0
(8) ELIZABETH JENNIFER MORROW MEMBER AT LARGE	5.00	х						0	0	0
(9) MAUREEN RILEY MEMBER AT LARGE	5.00	х						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	х						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
										Form 990 (2019)

Par	t VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	oye	es,	and I	ligh	nest Con	npensate	ed Employees (cont	tinued)			
	(A) Name and title	(B) Average hours per week (list any hours for related	than c is b	ne box, unless person oth an officer and a from the from related director/trustee) organization organizations						Position (do not check more than one box, unless person is both an officer and aReportable compensation from theReportable compensation from related				able Estimated sation amount of oth lated compensation ations from the		
		Interactions organizations Institutional Insti											organizat relat organiza	ed		
	ub-Total						• _									
-		but not limited	to thos		ed al	bove	►	rece		08,242 e than \$1		0		0		
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er	mplo	oyee, c	or hiç •	ghest com	npensated	employee on	3	Yes	No No		
4	For any individual listed on line 1a, is organization and related organization <i>individual</i>										n the	4		No		
5	Did any person listed on line 1a receiv services rendered to the organization	?If "Yes," compl	•						-			5		No		
1	ction B. Independent Contract Complete this table for your five high	est compensate										npen	sation			
	from the organization. Report comper	(A)		year	ena	ing '	with o	r wit	nin the or	-	(B)		(0			
JS CO	NAME A	and business addre	255						1		ription of services CTURE DEVELOPMEI	NT	Comper	107,741		
	X 1497 TON, SC 29910															

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 ► 1

Form	990	(2019)	
		()	

Part VIII Statement of Revenue

Page **9**

		Check if Scheo	dule	O contains a	a respo	onse or note to any	/ line in this Part VIII	<u></u>		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campa	aians	5	1a			Tevenue		512-514
nts		Membership dues	-		1b					
Gifts, Grants ilar Amounts				•						
υ E		: Fundraising even			1c	17,651				
ifts ar J	C	l Related organiza	tion	s	1d					
ບ Hi	e	Government grants	(con	tributions)	1e	26,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	 All other contributio and similar amounts above 			1f	334,960				
Othe	g Noncash contributions included in lines 1a - 1f:\$ 1g									
nd nd		h Total. Add lines :		ا	-9	`				
<u> </u>		Total. Add lines	14-1		• •		378,611			
						Business Code	101.700	101.700		
	2a	MORTGAGE INTERES	TING	COME ON PRO	GR	531930	184,762	184,762		
Re		MISC INCOME					111,391	111,391		
e vei	D	MISC INCOME				531930	,	,		
a a l										
4Č	С									
Set	d									
Program Service Revenue	u									
gra	е									
ŭ										
	f	All other program	serv	ice revenue/						
	g	Total. Add lines 2	2a-2	2f	. 🕨	296,153		I		
		Investment income	(ind	luding divid	ends, i	nterest, and other				
		imilar amounts) .			•	1	► ⁸²	9		829
		Income from invest	tmer	nt of tax-exe	mpt bo	ond proceeds	•			
	5 F	Royalties		• • •		1	► [
				(i) Rea	al	(ii) Personal	_			
	6a	Gross rents	6a		4,500					
	b	Less: rental					_			
		expenses	6b		0)				
		Rental income or (loss)	6c		4,500					
		Net rental income					4,50	0		4,500
				(i) Secur		(ii) Other				,
	7a	7a Gross amount from sales of assets other than inventory		(.)		(,	-			
			sales of 7a							
		Less: cost or	 7Ь							
		other basis and sales expenses	1.0							
			7.				7			
		Gain or (loss)	7c							
		Net gain or (loss) Gross income from fu				••• •				
le		(not including \$	inura	17,651 of						
Other Revenue		contributions reported See Part IV, line 18								
lev					8a	8,120				
<u>ب</u>		Less: direct expen			8b	5,114				
the	С	Net income or (los	ss) fi	rom fundrais	ing eve	ents 🕨	3,00	6		3,006
	9a	Gross income from	gam	ing activities						
		See Part IV, line 19			9a					
	b	Less: direct expen	ises		9b					
	С	Net income or (los	ss) fi	rom gaming	activiti	ies 🕨				
ŀ	10a	Gross sales of inve returns and allowa	ento	ry, less		1 041 20	7			
					10a 10b	1,041,307				
		Less: cost of good					865,72	9 865,729		
-	С	Net income or (los Miscellaneo			invent	Business Code				
F	11		u 3 15	evenue		Dusiness Coue				
	-									
	b									
										ļ
	С	_	-	_	Ī					
	d	All other revenue	•							
	е	Total. Add lines 1	1a-3	11d	• •	· · ►				
	12	Total revenue. S	ee ii	nstructions					1	1
						-	1,548,82	8 1,161,882	2 (8,335

rm s

n 990 (2019)				Page 10
	mplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to any	/ line in this Part IX			🗹
not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic individuals. See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	108,242	54,120	54,122	
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	580,506	469,812	110,694	
Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
Other employee benefits	53,956	41,045	12,911	
Payroll taxes	53,559	40,743	12,816	
Fees for services (non-employees):				
Management				
Legal	13,476		13,476	
Accounting	9,886		9,886	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
Advertising and promotion				
Office expenses	90,002	75,403		14,599
Information technology				
Royalties				
Occupancy	68,676	28,480	40,196	
Travel				
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
Conferences, conventions, and meetings				
Interest	70,230	70,230		
Payments to affiliates				
Depreciation, depletion, and amortization	64,084	64,084		
Insurance	44,585	44,585		
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		
	20.672	20.672		
b MAINTENANCE		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		
Total functional expenses. Add lines 1 through 24e	1,303,415	1,007,114	281,140	15,161
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).				
	Section 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response or note to any not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic individuals. See Part IV, line 22 . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . Benefits paid to or for members . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . Other salaries and wages . . Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . Other employee benefits . . Payroll taxes . . Accounting . . Anaagement . . Other expenses . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . Advertising and promotion . . . Office expenses . .	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. Check If Schedule O contains a response or note to any line in this Part IX not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Check Total expenses Grants and other assistance to domestic organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization Check if Schedule O contains a response or note to any line in this Part IX. (a) Total sequences (b) Program service expenses (b) Program service expenses (c) Program service expenses (c) Program service expenses (c) Program service expenses (c) Program service expenses Cartans and other assistance to domestic individuals. See Part IV, line 22. . . . Cartans and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . Componsation of current officers, directors, trustees, and expenses plan accounsis and contributions (include section 405 (c)(3)(8) . . . Other salarles and wages Other explores benefits Other explores benefits Desce polyce benefits Desce polyce contributions	Section SU(c)(3) and SU(c)(4) arganizations must complete al columns. All other organizations must complete col. Check (Fischeld's Constraints a response or note to any line in the Part X

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	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 form key employee, creator or founder, substantial c entity or family member of any of these persons	ontribu	tor, or 35% controlled		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section	fied pe	rsons (as defined under		6	
Assets	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
SS	9	Prepaid expenses and deferred charges		[19,954	9	19,582
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,114,093			
	ь	Less: accumulated depreciation	10b	357,216	1,820,961	10 c	1,756,877
	11	Investments—publicly traded securities .			11		
	12	Investments-other securities. See Part IV, line	[12		
	13	Investments—program-related. See Part IV, line	. [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 equ	ual line	34)	7,470,722	16	7,763,419
	17	Accounts payable and accrued expenses	59,027	17	27,182		
	18	Grants payable		18			
	19	Deferred revenue	F	15,100	19	15,999	
	20	Tax-exempt bond liabilities		[20	
se.	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	2,061,004	23	1,960,818
	24	Unsecured notes and loans payable to unrelated	l third i	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	0	25	178,415	
	26	Total liabilities. Add lines 17 through 25		F	2,135,131	26	2,182,414
or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	ieck h	ere ▶ ☑ and			
ala	27	Net assets without donor restrictions	•		3,532,138	27	3,680,781
1 B	28	Net assets with donor restrictions	• •		1,803,453	28	1,900,224
- Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	heck here > and				
IO 1	29	Capital stock or trust principal, or current funds		29			
Net Assets	30	Paid-in or capital surplus, or land, building or eq				30	
155	31	Retained earnings, endowment, accumulated inc	come, i	or other funds		31	
et i	32	Total net assets or fund balances	• •	[5,335,591	32	5,581,005
ž	33	Total liabilities and net assets/fund balances .	•		7,470,722	33	7,763,419

Form 990 (2	019)
-------------	------

Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	\checkmark
					F 40, 000
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,548,828
2	Total expenses (must equal Part IX, column (A), line 25)	2			,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
Pa	t 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: 🛛 🖸 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	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.

efil	e GR	APHIC pri	ıt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493095003191
SC	HED	ULE A		Public	Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
	·m 99		Com	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.					2019
		f the Treasury	▶ (Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in			ormation.	Open to Public Inspection
Nam	e of tl	nue Service he organiza						Employer identifi	`
	NITY IN	D REGIONAL HA	ABITAT FOR					57-0916245	
_	rt I				us (All organization e it is: (For lines 1 thro			See instructions.	
1			•		ssociation of churches	-		(A)(i)	
2				,	1)(A)(ii). (Attach Sch				
3					vice organization desc	•			
4			·	•	ed in conjunction with			-	Inter the bospital's
-		name, city,		nization operat	ea in conjunction with	a nospital desci	ibed in section	170(D)(1)(A)(III). I	
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	vernmental unit descr	ibed in section 170
6		A federal, s	tate, or local	government or	⁻ governmental unit de	scribed in sectio	on 170(b)(1)(/	A)(v).	
7				mally receives [vi). (Complete	a substantial part of it Part II.)	s support from a	ı governmental ı	init or from the gene	ral public described in
8		A communi	ty trust descr	ibed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land g	ant college o	f agriculture. S	ee instructions. Enter	the name, city, a	and state of the	college or university:	llege or university or a
10	V	from activit investment	ies related to income and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer aess taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its s	
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
а		organizatio	n(s) the powe		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
С					supporting organizatio ions). You must com				ated with, its
d		functionally	integrated.	The organizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution	requirement and		
e					ved a written determir integrated supporting		RS that it is a T_{y}	ире I, Туре II, Туре I	II functionally
f	Enter	r the number	of supported	organizations				· · · · · · · · <u> </u>	
g					upported organization(
	(i) î	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Teta	1								+
Tota For			tion Ast Nat		structions for	Cat No 1128		 Cabadula A (Eauna (90 or 990-E7) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
F	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(/	4)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	l to qualify unde	r the tests listed	l below, please	complete Part I	II.)	
	Section A. Public Support	T	1		1	T	T
	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						
2	include any "unusual grant.") Tax revenues levied for the						
2	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						<u> </u>
-	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						T
	(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							
	10 Gross receipts from related activities,						
							<u> </u>
13	First five years. If the Form 990 is fo	-			-		
	check this box and stop here					•••••	<u> </u>
	Section C. Computation of Public		-				
	Public support percentage for 2019 (lin					14	
	Public support percentage for 2018 Sc					15	<u> </u>
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ 🗆
Ł	33 1/3% support test—2018. If th						
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶⊔
17a	10%-facts-and-circumstances test is 10% or more, and if the organizatio	t-2019. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b is box and stop b	o, and line 14	
	in Part VI how the organization meets						
	organization			-			▶□
h	10%-facts-and-circumstances tes	st—2018. If the o	rganization did not	t check a box on l	ine 13, 16a, 16b,	or 17a, and line	
	15 is 10% or more, and if the organiz	zation meets the "	facts-and-circumst	ances" test, chec	k this box and sto	op here.	
	Explain in Part VI how the organization			-			_
	supported organization						🕨 🗌
18	Private foundation. If the organizati						_
	instructions						►
					Schedu	le A (Form 990 (or 990-EZ) 2019

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

918.296

1,490,744

2,409,040

(a) 2015

(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.)

(c) 2017

340.204

1,134,093

1,474,297

(d) 2018

466.225

824.478

1,290,703

(e) 2019

360,960

865,729

1,226,689

(b) 2016

527.753

1,201,941

1,729,694

Section A. Public Support Calendar year

(or fiscal year beginning in) ► Gifts, grants, contributions, and

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

٥

b

С 11

12

13

10a

Public support. (Subtract line 7c 8 from line 6.)

Section B. Total Support

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

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, 14 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 %
S	ection 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	331/3% 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
ł	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore tha	► 🗹 an 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 organi		_

				-			-
20	Private foundation.	If the organization of	did not check a l	box on line 14,	19a, or 19b,	check this box and se	ee instructions

2,613,438

5.516.985

8,130,423

0

0

0

8,130,423

(f) Total

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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	54		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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>			
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

			No
	Has the organization accepted a gift or contribution from any of the following persons?		
	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?	11a	
b	A family member of a person described in (a) above?	11b	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 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? 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- L Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a 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? 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **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? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Yes

1

2

No

No

Yes

Yes

2a

2b

3a

Зb

No

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrat	ed Type III supporting or	ganization (see

Page **6**

Schedule A (Form 990 or 990-EZ) 2019

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 e excess of income from activity	exempt purposes of supported	organizations, in					
3 Administrative expenses paid to accomplish exempt pur	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 require	d)						
6 Other distributions (describe in Part VI). See instructio	ns						
7 Total annual distributions. Add lines 1 through 6.							
 8 Distributions to attentive supported organizations to wh details in Part VI). See instructions 	ich the organization is respons	sive (provide					
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. . <th< td=""><td></td><td></td><td></td></th<>							
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							
 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							

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version: EIN: 57-0916245 Name: HILTON HEAD REGIONAL HABITAT FOR

HUMANITY INC

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VISupplemental 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

		rint - DO NOT PROCESS As Fil	ed Data -			DL	N: 934930	
	HEDULE D m 990)	Supplemen	ntal Financi	al Statements				1545-0047
·	rtment of the Treasury	Part IV, line 6, 7, 8, 9, 1						19 o Public
	al Revenue Service	► Go to <u>www.irs.gov/Form</u>					Insp	ection
HIL	me of the organ TON HEAD REGIONA MANITY INC				-	p loyer ide 0916245	ntification n	umber
Pa	art I Organi	zations Maintaining Donor Advi	sed Funds or O	ther Similar Funds				
	Comple	te if the organization answered "Ye			1			
1	Total number at	and of year	(a) Dono	r advised funds		(b) Funds	and other ac	counts
1 2		end of year						
2		of grants from (during year)						
4		at end of year						
5	Did the organiza	ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are t		es 🗌 No
6	Did the organiza charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	onor advisors in wri or donor advisor, o	ting that grant funds car or for any other purpose	n be us		nissible	es 🗆 No
Pa	rt III Conser	vation Easements. te if the organization answered "Ye						
1		onservation easements held by the organ						
	Preservatio	on of land for public use (e.g., recreation	n or education)	Preservation of a	n histor	rically impo	ortant land are	a
	Protection	of natural habitat		Preservation of a	certifie	d historic s	structure	
	_	on of open space						
2	Complete lines 2	2a through 2d if the organization held a e last day of the tax year.	qualified conservat	ion contribution in the fo	orm of a		tion t the End of I	the Vear
а		conservation easements			2a	neiu ai		
b	Total acreage re	stricted by conservation easements			2b			
c	-	ervation easements on a certified histori			2c			
d	Number of conse	ervation easements included in (c) acqui n the National Register			2d			
3	Number of cons tax year >	ervation easements modified, transferre	ed, released, exting	uished, or terminated by	/ the or	ganization	during the	
4	Number of state	es where property subject to conservatio	on easement is loca	ted Þ				
5	Does the organi	zation have a written policy regarding th to f the conservation easements it holds	he periodic monitor	ing, inspection, handling	of viol	— ations,	🗌 Yes 🛛	
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of vi	olations, and enforcing o	conserv	ation easer		
7	·	nses incurred in monitoring, inspecting,	handling of violatic	ons, and enforcing conse	rvation	easements	s during the y	ear
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			170(h)(🗌 Yes 🛛	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the org					
Pai		zations Maintaining Collections te if the organization answered "Ye			her Si	milar As:	sets.	
1a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, e	ducation, or research in	further	nt and bala ance of pu	nce sheet wor blic service,	ks of
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub nts relating to these items:						
((i) Revenue includ	led on Form 990, Part VIII, line 1				▶ \$		
		in Form 990, Part X						
2	If the organizati	ion received or held works of art, histori nts required to be reported under SFAS	cal treasures, or ot	her similar assets for fin				
а		ed on Form 990, Part VIII, line 1						
b		in Form 990, Part X						

Sche	edule D (Form 990) 2019										Page 2
Par	t III Organizations Maintaining Col	lections of Art, I	Histori	cal T	reası	ires, o	r Other	Similar As	ssets (cor	ntinued)	
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records	, check	any of	the fo	llowing t	that are a	significant u	use of its co	ollection	
а	Public exhibition		d		Loan	or exch	ange prog	irams			
b	Scholarly research		e		Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII.	lections and explain	how the	ey furtl	her th	e organiz	zation's ex	kempt purpo	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								🗌 Yes	<u>п</u> и	0
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part	IV, li	ine 9, o	r reporte	ed an amou	unt on For	m 990,	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?								🗌 Yes	П N	0
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing	table:				A	mount		-
С	Beginning balance						1c				_
d	Additions during the year						1d				-
е	Distributions during the year						1e				-
f	Ending balance						1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or cu	istodial a	account lia	ability?	🗌 Yes		- 0
b	If "Yes," explain the arrangement in Part XIII							•	_		-
	rt V Endowment Funds.				, been	protide	a in rare,		—		
	Complete if the organization answ	vered "Yes" on Fo	rm 990	, Part	IV, li	ne 10.					
		(a) Current year	(b) P	rior yea	ar	(c) Two y	ears back	(d) Three ye	ars back (e) Four year	rs back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, colu	mn (a)) held a	IS:				
а	Board designated or quasi-endowment >										
b	Permanent endowment 🕨										
с	Temporarily restricted endowment >										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are h	eld an	d admin	istered fo	r the			
	organization by:									Yes	No
	(i) unrelated organizations		• •	•	• •	• •			3a(i	-	
b	(ii) related organizations		• •	• •	· ·	• •			3a(ii 3b	-	
4	Describe in Part XIII the intended uses of the				.: •	• •		• • •	30		
	rt VI Land, Buildings, and Equipme		which it is	lanas.							
I GI	Complete if the organization answ		rm 990	, Part	IV, li	ne 11a	. See Foi	rm 990, Pa	rt X, line	10.	
	Description of property (a) Cost or ot (investme		t or other	basis (other)	(c) Acc	umulated o	lepreciation	(d)	Book value	9
1a	Land			3	65,484						365,484
	Buildings				13,641			202,401		1	,311,240
	Leasehold improvements			1,5	-,2.1			,			, ,
	Equipment			2	34,968			154,815			80,153
	Other				,			.,			
-											

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). . ٠

Schedule D (Form 990) 2019

1,756,877

	Form 990) 2019						Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV, li	ne 11	.See Form 99	0, Part)	X. line 12	
	(a) Description of security or category (including name of security)	(b) Book value			ethod of v	aluation:	
(1) Financia(2) Closely-(3)Other	I derivatives						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (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, li	ne 110	. See Form 99	0, Part	X, line 13	3.
	(a) Description of investment			(b) Book valu		st or end-c	of valuation: of-year market Ilue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum. Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	► ne 11d	. See Form 990,	Part X, I	ine 15.	
(1)	(a) Description						Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)						
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV. lir	ne 11e	or 11f.See Fo	rm 990.	Part X. I	ine 25.
1.	(a) Description of liability	<u></u>			(1		
	income taxes				va		
(2) REFUND	ABLE ADVANCE (PPP FUNDS - CARES ACT)				178,	415	
(3)							
(4)							
(5)							
(6) (7)							
(7)							
(8)							
(9)							
(10)	n (b) must equal Form 990, Part X, col.(B) line 25.)				▶ 178,	415	
\ comm	,				- 1-10,	(L J	

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

				Sche
turn.			art XI Reconciliation of Revenue per Audited Financial Stateme	Pa
1				1
	Ī			2
		2a		а
		2b	Donated services and use of facilities	b
		2c	Recoveries of prior year grants	с
	180,692	2d	I Other (Describe in Part XIII.)	d
2e		· · ·	Add lines 2a through 2d	е
3	[Subtract line 2e from line 1	3
			Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	4
		4a	Investment expenses not included on Form 990, Part VIII, line 7b	а
		4b	Other (Describe in Part XIII.)	b
4c		· · ·	Add lines 4a and 4b	с
5	[)	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
eturn.				Par
1				1
			Amounts included on line 1 but not on Form 990, Part IX, line 25:	2
		2a	Donated services and use of facilities	а
		2b	Prior year adjustments	b
		2c	C Other losses	с
	180,692	2d	l Other (Describe in Part XIII.)	d
2e			e Add lines 2a through 2d	е
3			Subtract line 2e from line 1	3
			Amounts included on Form 990, Part IX, line 25, but not on line 1:	4
		4a	Investment expenses not included on Form 990, Part VIII, line 7b .	а
		4b	Other (Describe in Part XIII.)	b
4c			Add lines 4a and 4b	С
5	[.)	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	5
	1 2e 3 4c 5 eturn. 1 2e 3 2e 3 4c	e 12a. 1 1 1 180,692 2e 3 3 2e 3 5 With Expenses per Return. e 12a. 1 2e 5 With Expenses per Return. e 12a. 1 1 3 3 4c 3 4c	1 1 2a 1 2b 180,692 2d 180,692 2d 180,692 4a 4c 4b 4c 2a 1 2d 180,692 . 4c . . 4a 4c . . 2a 1 2a 2 . . 2a 2 . . 2a 2 2a 2 . . 2a 2 . . 2a 2 . . 2a 3 4a 4b 	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d 180,692 Add lines 2a through 2d 2d 180,692 Subtract line 2e from line 1 4a 4a Other (Describe in Part XIII.) 4a 4c Other (Describe in Part XIII.) 4a 4c Amounts included on Form 990, Part VIII, line 7b 4a Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a) 5 Ital expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 Donated services and use of facilities 2a 1 Prior year adjustments 2a 2a Prior year adjustments 2a 2a 2a Other (Describe in Part

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					

Schedule D (Form 990) 2019

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 DESCRIBE D IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE PROV ISIONS 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 FINAN CIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DER ECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDE S RELATED GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL A ND DISCLOSURE.

upplemental 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.					

upplemental 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.			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493095003191									
SCHEDULE			laguZ	ement	al Info	ormation Rega	rdina		OMB No. 1545-0047
(Form 990 (or 990-EZ)	Сог	Fun mplete if the organiz	draisir	ng or ered "Yes"	Gaming Activi on Form 990, Part IV, lines	ties 17, 18, or 1	9, or if the	2019
							Open to Public Inspection		
Name of the	me of the organization Employer identification number								
	ILTON HEAD REGIONAL HABITAT FOR UMANITY INC 57-0916245								
	-		t ies. Complete i re not required	-		answered "Yes" on F part.	orm 990,	, Part IV, line :	17.
1 Indicate	e whether the c	organizat	tion raised funds	through an	y of the f	ollowing activities. Check	all that a	pply.	
a 🗌 Mai	l solicitations				e	e 🔲 Solicitation of nor	n-governm	ent grants	
b 🗌 Inte	ernet and email	solicitat	tions		f	Solicitation of gov	/ernment g	grants	
c 🗌 Pho	ne solicitations				g	🗌 Special fundraisin	ig events		
d 🗌 In-p	person solicitati	ions							
						vidual (including officers on with professional fund		· ~	es 🗆 No
			id individuals or e ,000 by the organ		ndraisers)	pursuant to agreements	under wh	ich the fundraise	er is
	d address of ind ity (fundraiser)		(ii) Activity	fundrai cust cont) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or ro fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
			· · · · · · ·			icit contributions or bas			

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

	rt II Fundraising Events. Complete than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	group receipes greater than ye	(a)Event #1 GOLF TOURNAMENT	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
R					
	1 Gross receipts	25,771			25,771
	 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 	8,120			8,120
	4 Cash prizes	1,600			1,600
ses	6 Rent/facility costs	1 1 2 1			1.121
Expenses	7 Food and beverages	1,121			1,121
ฏิ ธ	8 Entertainment	_,			
nieci	9 Other direct expenses	613			613
_		hrough Q in column (d)	•		
	10 Direct expense summary. Add lines 4 t	nrough 9 m column (a)		🕨	5,114
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10		 	· · · · · ►	
Par		from line 3, column (d)	s" on Form 990, Part I	V, line 19, or reporte	3,006
	11 Net income summary. Subtract line 10 Gaming. Complete if the orga	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reporte	3,006
	11 Net income summary. Subtract line 10 Gaming. Complete if the orga	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		3,006 d more than \$15,000 (d) Total gaming (add
s Revenue	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		3,006 d more than \$15,000 (d) Total gaming (add
s Revenue	 11 Net income summary. Subtract line 10 Gaming. Complete if the orgation on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		3,006 d more than \$15,000 (d) Total gaming (add
EXPENSES REVEINE	 11 Net income summary. Subtract line 10 Gaming. Complete if the orgation on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		3,006 d more than \$15,000 (d) Total gaming (add
	11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgation form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		(d) Total gaming (add
EXPENSES REVENUE	11 Net income summary. Subtract line 10 IIII Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		3,006 d more than \$15,000 (d) Total gaming (add
	 11 Net income summary. Subtract line 10 Gaming. Complete if the orgation on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	3,000 d more than \$15,000 (d) Total gaming (add
	 11 Net income summary. Subtract line 10 Gaming. Complete if the orgation on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses	from line 3, column (d) anization answered "Ye (a) Bingo (a) Bingo Yes% No hrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming . Yes% . No	3,000 d more than \$15,000 (d) Total gaming (add
EXPENSES REVENUE	 11 Net income summary. Subtract line 10 Gaming. Complete if the organization form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes	from line 3, column (d) anization answered "Ye (a) Bingo (a) Bingo Ves No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming (c) Other gaming 	3,006 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2	019					F	Page 3
11	Does the organization conduct	t gaming activities with nonmembers	?			🗌 Yes		
12		beneficiary or trustee of a trust or a le gaming?	member of a partnership or other entit	:у		🗌 Yes		
13	Indicate the percentage of ga	ming activity conducted in:						
а	The organization's facility				13a			%
b	An outside facility			•	13b			%
14	Enter the name and address o	of the person who prepares the orgar	nization's gaming/special events books	and re	cords:			
	Name 🕨							
	Address 🕨							
15a		contract with a third party from who 	m the organization receives gaming			🗌 Yes		
b		gaming revenue received by the orgative tained by the third party \blacktriangleright \$	anization	and th	e			
С	If "Yes," enter name and addr	ess of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	on ► \$						
	Description of services provide	ed 🕨						
	Director/officer	Employee	□ Independent contractor					
17	Mandatory distributions:							
а	Is the organization required u retain the state gaming licens		stributions from the gaming proceeds to			□ Yes		
b	Enter the amount of distributi	ons required under state law distribu	ted to other exempt organizations or s	pent				
		npt activities during the tax year 🕨						
Par			ions required by Part I, line 2b, co icable. Also provide any additional					s

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493095003191	
SCHEDULE O	Cumulament			OMB No. 1545-0047	
(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.			2019	
Department of the Treasury	► Go to <u>и</u>	Attach to Forn www.irs.gov/Form9	n 990 or 990-EZ. <u>90</u> for the latest information.	Open to Public Inspection	
Namel Betrevolganization Employer identification nu			r identification number		
HILTON HEAD REGIONAL HAE HUMANITY INC	BITAT FOR		57-09162	45	
000 Cale adula 0. C.		-			

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 FI NANCIAL STATEMENTS, AN EXPLANATION OF THE RETURN, WITH ANY QUESTIONS OR CONCERNS BEING RES OLVED PRIOR TO THE FILING OF THE RETURN.

Return Reference	Explanation
,	OFFICERS, DIRECTORS AND KEY EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY AT THE ANNUAL ORGANIZATIONAL MEETING, AT WHICH TIME APPROPRIATE DISCLOSURE TAKES PLACE.

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.

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

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

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 on. 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 ("<u>Affiliate</u>"), 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. ("<u>HFHI</u>"), and therefore the Affiliate is tax exempt under Section 501(c)(3) of the Internal Revenue Code.

The IRS has assigned group exempt number ("<u>GEN</u>") 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,

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.

, ár a

Sincerely,

stephene a. martin

Stephen A. Martin Director, Exempt Organizations Rulings and Agreements