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

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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<br>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<br>5150.07 · Association Fees<br>5150.03 · Surveys/Appraisals  | 1,575.00<br>43,071.00   |
| Total 5150 · Land & Acquisition Costs  | 44,646.00   |
| 5200 · Other Mission Specific Costs<br>5200.24 · ASO Annual Dues<br>5200.22 · Interest Synovus Loan<br>5200.06 · Family Services Salary<br>5200.07 · Family Selection - Sled, etc.<br>5200.11 · Tithe - HFH International<br>5200.12 · Loan Servicing<br>5200 · Other Mission Specific Costs - Other | 7,500.00<br>30,752.76<br>48,173.80<br>2,440.83<br>23,200.00<br>14,679.93<br>21,994.83 |
| Total 5200 · Other Mission Specific Costs  | 148,742.15  |
| 5260 · Salary & Wages Other<br>5260.01 · Payroll   | 139,245.85  |
| Total 5260 · Salary & Wages Other  | 139,245.85  |
| 5280 · Other Employee Benefits<br>5280.01 · Medical  | 45,167.17   |
| Total 5280 · Other Employee Benefits   | 45,167.17   |
| 5360 · Occupancy Expense<br>5360.04 · Property Taxes   | 2,865.85  |
| Total 5360 · Occupancy Expense   | 2,865.85  |
| 5490 · Other Expenses<br>5490.07 · Security Lights Brendan Woods<br>5490.11 · Security Lights New Ridge  | 3,217.80<br>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<br>7000 · Management and General<br>7260 · Salary, & Wages Other   | 0.00<br>111,883.34  |
| 7290 · Payroll Taxes<br>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<br>7370.02 · Office - Copier Rental<br>7370.04 · Office Equipment1,733.48<br>444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8400 · Conference, Convention & Mtg.<br>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<br>9410.01 · \$ Contributions to retail store<br>9410.01 · \$ Contributions to retail store<br>9410.01 · \$ Conss sales · Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65   |  |                  |
| 7370 · Equipment Costs<br>7370.02 · Office - Copier Rental<br>7370.04 · Office Equipment1,733.48<br>444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000. · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses<br>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<br>9400 · Retail store income<br>9400 · Retail store income50,461.88<br>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<br>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<br>8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage<br>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<br>9410.01 · \$ Contributions to retail store<br>9410.02 · Gross sales- Bluffton50,461.88<br>1,395,764.77Total 9400 · Retail store income1,446,226.65   |  |                  |
| Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8000.15 · Fundraising Expenses<br>8400 · Conference, Convention & Mtg.<br>8402 · Conference, Convention & Mtg.<br>3,302.25239.08<br>145.50<br>3,098.34<br>25,666.53Total 8400 · Conference, Convention & Mtg.<br>8402 · Conference, Convention & Mtg.3,302.25<br>3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Net Ordinary Income2,051,139.65Net Ordinary Income-856,121.31Other Income/Expense<br>9410.01 · \$ Contributions to retail store<br>9410.01 · Retail store income1,446,226.65  | 7370.02 · Office - Copier Rental           | 1,733.48         |
| Total 7000 · Management and General266,522.868000 · Fundraising<br>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<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8000.15 · Fundraising Expenses<br>8400 · Conference, Convention & Mtg.<br>8402 · Conference Expenses239.08<br>145.50<br>3,098.34<br>25,666.53Total 8400 · Conference, Convention & Mtg.<br>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<br>9400 · Retail store income<br>9410.01 · \$ Contributions to retail store<br>9410.02 · Gross sales- Bluffton50,461.88<br>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.<br>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<br>0ther Income50,461.889410.01 · \$ Contributions to retail store<br>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<br>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<br>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<br>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<br>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<br>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                 |                  |
| <b>Total 9400 · Retail store income</b> 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<br>4010 · \$ Contributions Individuals<br>4010.37 · Adopt -A -Home Golf Tournament  | 3,350.89<br>7,000.00   |
| 4010.36 · Estill<br>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<br>4020.08 · Adopt-A-Home Realtors  | 3,827.97   |
| Total 4020 · \$ Contributions Businesses   | 3,827.97   |
| 4030 · \$ Contributions Churches<br>4030.05 · Adopt-A-Home Faith House   | 2,385.39   |
| Total 4030 · \$ Contributions Churches   | 2,385.39   |
| 4050 · \$ Contrib./Grants Government<br>4050.01 · Grants   | 90,938.32  |
| Total 4050 · \$ Contrib./Grants Government   | 90,938.32  |
| 4060 · \$ Grants - Other<br>4060.04 · Other  | 5,000.00   |
| Total 4060 · \$ Grants - Other   | 5,000.00   |
| 4300 · Special Events Income Net<br>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<br>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<br>5000 · Program Services<br>5102 · Cost of Construction from CIP<br>5102.35 · Construction Repair Program  | 156.14   |
| 5102.16 · Cons't-Tools<br>5102.32 · Cons't-Gen. Expense  | 146.26<br>9.078.48   |
| Total 5102 · Cost of Construction from CIP   | 9,380.88   |
| 5104 · Liability Insurance<br>5104.05 · Insurance - D&O<br>5104.06 · Insurance - General Liability<br>5104.07 · Insurance - Health Insurance<br>5104.08 · Insurance - Property & Liabilit<br>5104.09 · Insurance - Volunteer Accident<br>5104.10 · Insurance - Volunteer Disabilit | 285.25<br>1,188.00<br>3,799.63<br>1,081.00<br>30.25<br>14.00 |
| 5104.11 · Insurance - Worker's Comp<br>5104.12 · Gen.Liability & Builders Risk   | 1,780.79<br>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<br>5150.03 · Surveys/Appraisals   | 600.00                       |  |
| Total 5150 · Land & Acquisition Costs   | 600.00                       |  |
| 5200 · Other Mission Specific Costs<br>5200.07 · Family Selection - Sled, etc.<br>5200.12 · Loan Servicing<br>5200 · Other Mission Specific Costs - Other | 6,057.65<br>0.00<br>2,018.35 |  |
| Total 5200 · Other Mission Specific Costs   | 8,076.00                     |  |
| 5260 · Salary & Wages Other<br>5260.01 · Payroll  | 13,000.00                    |  |
| Total 5260 · Salary & Wages Other   | 13,000.00                    |  |
| 5280 · Other Employee Benefits<br>5280.01 · Medical   | -33.18                       |  |
| 5280 · Other Employee Benefits - Other  | 21.16                        |  |
| Total 5280 · Other Employee Benefits  | -12.02                       |  |
| 5490 · Other Expenses<br>5490.07 · Security Lights Brendan Woods<br>5490.11 · Security Lights New Ridge<br>Miscellaneous-Wood Shop                        | 283.58<br>45.04<br>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<br>7000 · Management and General<br>7260 · Salary, & Wages Other  | 5,145.07<br>22,229.25        |  |
| 7290 · Payroll Taxes<br>7290.01 · Employer P/R Taxes  | 5,799.11                     |  |
| Total 7290 · Payroll Taxes  | 5,799.11                     |  |
| 7310 · Accounting Fees<br>7320 · Legal Fees<br>7330 · Supplies  | 3,500.00<br>1,238.00         |  |
| 7330.04 · Office Operating Expense  | 11,263.06                    |  |
| Total 7330 · Supplies   | 11,263.06                    |  |
| 7340 · Telephone and Fax<br>7360 · Occupancy Expense  | 746.76                       |  |
| 7360.03 · Utilities<br>7360.06 · Janitorial & maintenance   | 84.59<br>-235.41             |  |
| Total 7360 · Occupancy Expense  | -150.82                      |  |
| 7370 · Equipment Costs<br>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<br>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<br>4010 · \$ Contributions Individuals<br>4010.35 · Repair Program<br>4010.36 · Estill<br>4010.01 · Individual Donations<br>4010.11 · Adopt-A-Home Colleton<br>4010.18 · Adopt-A-Home Women's Build | 14,400.00<br>34,727.10<br>156,367.45<br>94,882.86<br>10,500.00 |
| Total 4010 · \$ Contributions Individuals  | 310,877.41   |
| 4020 · \$ Contributions Businesses<br>4020.18 · Adopt-A-Home Publix<br>4020.08 · Adopt-A-Home Realtors<br>4020.09 · Adopt-A-Home Oldfield<br>4020.13 · Corp. Donations                                     | 12,500.00<br>8,379.76<br>67,970.84<br>642.10                   |
| Total 4020 · \$ Contributions Businesses   | 89,492.70  |
| 4030 · \$ Contributions Churches<br>4030.05 · Adopt-A-Home Faith House   | 35,067.40  |
| Total 4030 · \$ Contributions Churches   | 35,067.40  |
| 4040 · \$ Contributions/Transfers HFHI<br>4040.01 · Habitat Intl.  | 1,349.00   |
| Total 4040 · \$ Contributions/Transfers HFHI   | 1,349.00   |
| 4060 · \$ Grants - Other<br>4060.08 · Home Depot Foundation<br>4060.07 · Community Foundation Home Repai<br>4060.04 · Other<br>4060.02 · Heritage Classic Foundation                                       | 149,500.00<br>60,000.00<br>103,520.00<br>600.00                |
| Total 4060 · \$ Grants - Other   | 313,620.00   |
| 4200 · Sale to Homeowners  | 320,000.00   |
| 4300 · Special Events Income Net<br>4310 · Special Event Income Gross<br>4310.32 · Direct Mail 2022<br>4310.31 · Direct Mail 2021  | 113,285.28<br>500.00   |
| Total 4310 · Special Event Income Gross  | 113,785.28   |
| Total 4300 · Special Events Income Net   | 113,785.28   |
| 4500 · Other Program Income<br>4520 · Miscellaneous Program Income   | -39,258.92   |
| Total 4500 · Other Program Income  | -39,258.92   |
| 4600 · Other Non-Program Income<br>4610 · Interest Income<br>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<br>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<br>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                              |

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09/01/23 Accrual Basis

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

09/01/23 Accrual Basis

|   | Jul '22 - Jun 23  |
|---|---|
| 8330 · Supplies<br>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<br>Other Income<br>9400 · Retail store income<br>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<br>9260 · ReStore Salary & Wages<br>9260.01 · Hourly wages<br>9260.02 · Salaried personnel<br>9260.03 · Overtime hourly rate  | 244,468.79<br>88,926.92<br>28,415.10                                      |
| Total 9260 · ReStore Salary & Wages   | 361,810.81  |
| 9340 · Transportation - Bluffton<br>9340.01 · Truck purchase - Bluffton<br>9340.02 · Gasoline - Bluffton<br>9340.03 · Truck insurance - Bluffton<br>9340.04 · Other expenses - Bluffton   | 80,000.00<br>7,814.71<br>17,328.00<br>16,819.71                           |
| Total 9340 · Transportation - Bluffton  | 121,962.42  |
| 9360 · Occupancy - Bluffton<br>9360.01 · Operating Expense - Bluffton<br>9360.02 · Utilities - Bluffton<br>9360.05 · Repairs & maintenance-Bluffton<br>9360.06 · Telephone - Bluffton<br>9360.08 · Interest Plantation Park Mtge.<br>9360.09 · Marketing - Bluffton | 162,642.15<br>26,679.77<br>23,305.06<br>4,788.47<br>39,844.94<br>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<br>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<br>5150.07 · Association Fees<br>5150.03 · Surveys/Appraisals  | 1,575.00<br>43,071.00   |
| Total 5150 · Land & Acquisition Costs  | 44,646.00   |
| 5200 · Other Mission Specific Costs<br>5200.24 · ASO Annual Dues<br>5200.22 · Interest Synovus Loan<br>5200.06 · Family Services Salary<br>5200.07 · Family Selection - Sled, etc.<br>5200.11 · Tithe - HFH International<br>5200.12 · Loan Servicing<br>5200 · Other Mission Specific Costs - Other | 7,500.00<br>30,752.76<br>48,173.80<br>2,440.83<br>23,200.00<br>14,679.93<br>21,994.83 |
| Total 5200 · Other Mission Specific Costs  | 148,742.15  |
| 5260 · Salary & Wages Other<br>5260.01 · Payroll   | 139,245.85  |
| Total 5260 · Salary & Wages Other  | 139,245.85  |
| 5280 · Other Employee Benefits<br>5280.01 · Medical  | 45,167.17   |
| Total 5280 · Other Employee Benefits   | 45,167.17   |
| 5360 · Occupancy Expense<br>5360.04 · Property Taxes   | 2,865.85  |
| Total 5360 · Occupancy Expense   | 2,865.85  |
| 5490 · Other Expenses<br>5490.07 · Security Lights Brendan Woods<br>5490.11 · Security Lights New Ridge  | 3,217.80<br>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<br>7000 · Management and General<br>7260 · Salary, & Wages Other   | 0.00<br>111,883.34  |
| 7290 · Payroll Taxes<br>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<br>7370.02 · Office - Copier Rental<br>7370.04 · Office Equipment1,733.48<br>444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8400 · Conference, Convention & Mtg.<br>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<br>9410.01 · \$ Contributions to retail store<br>9410.01 · \$ Contributions to retail store<br>9410.01 · \$ Conss sales · Bluffton1,395,764.77Total 9400 · Retail store income1,446,226.65   |  |                  |
| 7370 · Equipment Costs<br>7370.02 · Office - Copier Rental<br>7370.04 · Office Equipment1,733.48<br>444.35Total 7370 · Equipment Costs2,177.83Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000. · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost239.088000.02 · Mailing Cost145.508000.01 · Fundraising Expenses<br>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<br>9400 · Retail store income<br>9400 · Retail store income50,461.88<br>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<br>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<br>8000.01 · Fundraising Supplies239.088000.02 · Mailing Cost145.508000.06 · Fundraiser-Postage<br>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<br>9410.01 · \$ Contributions to retail store<br>9410.02 · Gross sales- Bluffton50,461.88<br>1,395,764.77Total 9400 · Retail store income1,446,226.65   |  |                  |
| Total 7370 · Equipment Costs2,177.83Total 7000 · Management and General266,522.868000 · Fundraising<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8000.15 · Fundraising Expenses<br>8400 · Conference, Convention & Mtg.<br>8402 · Conference, Convention & Mtg.<br>3,302.25239.08<br>145.50<br>3,098.34<br>25,666.53Total 8400 · Conference, Convention & Mtg.<br>8402 · Conference, Convention & Mtg.3,302.25<br>3,302.25Total 8400 · Conference, Convention & Mtg.3,302.25Notal Expense<br>9400 · Fundraising2,051,139.65Net Ordinary Income<br>9410.01 · \$ Contributions to retail store<br>9410.01 · Retail store income50,461.88<br>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<br>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<br>8000.01 · Fundraising Supplies<br>8000.02 · Mailing Cost<br>8000.06 · Fundraiser-Postage<br>8000.15 · Fundraising Expenses<br>8400 · Conference, Convention & Mtg.<br>8402 · Conference Expenses239.08<br>145.50<br>3,098.34<br>25,666.53Total 8400 · Conference, Convention & Mtg.<br>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<br>9400 · Retail store income<br>9410.01 · \$ Contributions to retail store<br>9410.02 · Gross sales- Bluffton50,461.88<br>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.<br>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<br>0ther Income50,461.889410.01 · \$ Contributions to retail store<br>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<br>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<br>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<br>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<br>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<br>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                 |                  |
| <b>Total 9400 · Retail store income</b> 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<br>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<br>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                       | <b>5</b> 640 040 <b>5</b> 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<br>Balance Sheet<br>As of June 30, 2023 | 12:55 PM<br>07/24/2023<br>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<br>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<br>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<br>1015.28 · Coastal States Operating II        | 14,946.23<br>-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<br>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 <del>17</del>    |
| 1253.06 · Investment - Colony Drive  | 82,988.47               |
| 1253.04 · Investment - Alex Patterson Roa<br>1252.01 · Investment - Rice Shire     | 26,877.35<br>384,999.83 |
| 1254.01 · Investment - Honey Hill  | 1,017,500.00            |
| •  |                         |
| Total 1250 · Inventory - Land & Lot<br>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<br>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<br>1410 · Land Used by Affiliate - Other | 350,000.00<br>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<br>1435 · Depreciation Equip. & Furn.  | -198,305.25                               |
| Total 1430 · Equipment & Furniture Major  | -198,305.25                               |
| Total Fixed Assets  | 1,635,763.79                              |
| Other Assets<br>1610 · Mortgages Receivable<br>1610.01 · Mortgage Notes Receivable<br>1620 · Unamortized Mortgage Discount  | 3,726,058.15<br>-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<br>Liabilities<br>Current Liabilities<br>Accounts Payable<br>2010 · Accounts Payable                   | 60,309.15                                 |
| Total Accounts Payable  | 60,309.15                                 |
| Other Current Liabilities<br>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<br>2510 · Notes Payable<br>2518 · . Note Payable - Synovous<br>2515 · Note Payable Bank of the Ozarks | 594,809.59<br>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<br>3200 · Temporarily Restricted<br>3100 · Retained Earnings<br>Net Income   | 1,713,500.00<br>4,122,880.00<br>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                     |                           |
| <b>В</b> С<br>ар   | heck if<br>oplicab  |                   | forganization<br>ON HEAD REGIONAL HABITAT FOR  | D Employer identificati          | on number                 |
|  | Addre   | **                | NITY, INC  |                                  |                           |
|  | ]Name<br>]chanç   |                   | usiness as   | 57-0916245                       |                           |
|  | ]initial<br>]return   | ¥                 | and street (or P.O. box if mail is not delivered to street address) Room/su  |                                  |                           |
|  | ]Final<br>return  |                   | OX 2747  |                                  | 5864                      |
|  | termir<br>ated  |                   | own, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$              | 2,641,245.                |
|  | Amen<br>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<br>3  |                   | x      L     if the organization discontinued its operations or disposed of m  | 1 1                              |                           |
| ဗီ   | 3<br>4  |                   | ting members of the governing body (Part VI, line 1a)<br>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   | -<br>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<br>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<br>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)<br>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<br>Fund Balances   |   |                   |  | Beginning of Current Year        | End of Year               |
| sets<br>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<br>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.<br>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<br>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)  |
|        |  |
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|        |  |
| 4c     | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
|        |  |
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|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses 2,286,295.  |
| 132002 | Form <b>990</b> (2021)<br>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<br>20a |     | X        |
| 20a<br>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 <b>4</b> |
|--------------|---|-----|-----|--------------|
| 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 |     |       |
|      | <b>Note:</b> 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.  |                            |     |     |       |

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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<br>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<br>se                       |        | 1099-NEC)       |                 | and related   |
|                         | below<br>line) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated<br>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.         | <b>V</b> •      | 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           |                                |                       |         |              |                                 |        |                 | <b>V</b> •      |               |
| 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      |                 |                 |               |
|                         |                |                                |                       |         |              |                                 |        |                 |                 |               |
|                         |                |                                | <b> </b>              |         |              | <u> </u>                        |        |                 |                 | ·             |
|                         |                | Į                              |                       | ł       |              | ł                               |        |                 |                 |               |
| 122007 12 00 21         |                |                                | L                     |         | L            | l                               |        |                 |                 | - 000 /       |

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

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|          | VII Section A. Officers, Directors, Trus   | 1                                    |                                |                       | , and           |              | gno                             | 51.0      | ompensated Employe                     | es (continued)               |       |                    |                   |      |
|----------|--|--------------------------------------|--------------------------------|-----------------------|-----------------|--------------|---------------------------------|-----------|--|------------------------------|-------|--------------------|-------------------|------|
|          | (A)  | (B)                                  |                                |                       | •               | C)<br>ition  |                                 |           | (D)                                    | (E)                          |       |                    | (F)               |      |
|          | Name and title   | Average<br>hours per                 |                                | not cl                |                 | more         | than                            |           | Reportable                             | Reportable                   |       |                    | timate            |      |
|          |  | week                                 |                                | , unles<br>cer an     |                 |              |                                 |           | compensation<br>from                   | compensatior<br>from related | ו ו   |                    | nount<br>other    | of   |
|          |  | (list any                            | ector                          |                       |                 |              |                                 |           | the                                    | organizations                |       |                    | pensa             | tion |
|          |  | hours for<br>related                 | e or dir                       | 98                    |                 |              | sated                           |           | organization                           | (W-2/1099-MIS                | c/    |                    | om th             |      |
|          |  | organizations                        | trustee                        | al trust              |                 | 99/          | mpens                           |           | (W-2/1099-MISC/<br>1099-NEC)           | 1099-NEC)                    |       | -                  | anizat<br>d relat |      |
|          |  | below                                | Individual trustee or director | Institutional trustee | er              | Key employee | Highest compensated<br>employee | ler       |  |                              |       |                    | nizati            |      |
|          |  | line)                                | Indi                           | Insti                 | Officer         | Key          | High<br>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 <b>former</b> officer,<br>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> | , airector, trust<br>such individual |                                |                       |                 |              |                                 |           |  | •                            |       |                    |                   | х    |
| 4        | For any individual listed on line 1a, is the si  |                                      |                                | <br>ompe              | ensa            | <br>atior    | <br>1 and                       | <br>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<br>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     | <b>(C</b><br>ompei | nsatio            | n    |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
| <u></u>  |  |                                      |                                |                       |                 |              |                                 | -+        |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           | ······································ |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
| 2        | Total number of independent contractors (<br>\$100.000 of compensation from the organ                              |                                      | ot li                          | mite                  | d to            |              | se lis<br>)                     | stec      | l above) who received n                | nore than                    |       |                    |                   |      |

## HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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| Form 990 (2021 |           |    | UMANIT  |
|----------------|-----------|----|---------|
| Part VIII      | Statement | of | Revenue |

|                           |        | Statement of Revenue<br>Check if Schedule O contains a response of  | or note to any lir | e in this Part VIII  |                   |   |                  |
|---------------------------|--------|---|--------------------|----------------------|-------------------|---|------------------|
|                           |        |   |                    | (A)<br>Total revenue | Related or exempt | <b>(C)</b><br>Unrelated<br>business revenue | Revenue excluded |
| and Other Similar Amounts | b      | Federated campaigns1aMembership dues1bFundraising events1c  | 16,200.            |                      |                   |   |                  |
| Similar /                 | d<br>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  |                    |                      |                   |   |                  |
|                           |        |   | <b>`</b>           |                      |                   |   |                  |
|                           |        | 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<br>ever              | С      |   |                    |                      |                   |   |                  |
| ്ജി                       |        | All other revenue   |                    |                      |                   |   |                  |
| Aisce<br>Re               | d      | Allouner revenue  | L                  |                      |                   |   |                  |
| Miscellaneous<br>Revenue  |        | Total. Add lines 11a-11d  | ►                  | 49,271               | •                 |   |                  |

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| 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<br>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,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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   |                            |   |   |  |
| ,<br>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<br>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<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>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)

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| Part                        |     | Balance Sheet  |                   |                     |                                 |  |                           |
|-----------------------------|-----|--|-------------------|---------------------|---------------------------------|--|---------------------------|
|                             |     | Check if Schedule O contains a response or not   | e to any          | line in this Part X |                                 | <u></u>                                |                           |
|                             |     |  |                   |                     | <b>(A)</b><br>Beginning of year |  | <b>(B)</b><br>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<br>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<br>Organizations that do not follow FASB ASC                          |                   |                     |                                 |  |                           |
| 2                           |     |  | 930, Ch           |                     |                                 |  |                           |
| 5                           |     | and complete lines 29 through 33.  | <b>c</b>          |                     |                                 | 29                                     |                           |
| ets                         | 29  | Capital stock or trust principal, or current fund<br>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 <b>990</b> (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                     |                           |  |
| <b>В</b> С<br>ар               | heck if<br>oplicab  |                   | forganization<br>ON HEAD REGIONAL HABITAT FOR  | D Employer identificati          | on number                 |  |
|                                | Addre               | **                | NITY, INC  |                                  |                           |  |
|                                | ]Name<br>]chanç     |                   | usiness as   | 57-0916245                       |                           |  |
|                                | ]initial<br>]return | ¥                 | and street (or P.O. box if mail is not delivered to street address) Room/su  |                                  |                           |  |
|                                | ]Final<br>return    |                   | OX 2747  |                                  | 5864                      |  |
|                                | termir<br>ated      | j                 | own, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$              | 2,641,245.                |  |
|                                | Amen<br>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<br>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)<br>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                           | -<br>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<br>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<br>16-           | Salaries, othe    | r compensation, employee benefits (Part IX, column (A), lines 5-10)  | 703,481.                         | 647,517.                  |  |
| ben                            | iua<br>b            | Total fundrais    | undraising fees (Part IX, column (A), line 11e)<br>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<br>Fund Balances |                     |                   |  | Beginning of Current Year        | End of Year               |  |
| sets<br>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<br>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 <b>990</b> (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.<br>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<br>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)  |
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| 4c     | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$)   |
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|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses 2,286,295.  |
| 132002 | Form <b>990</b> (2021)<br>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<br>20a |     | X        |
| 20a<br>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 <b>4</b> |
|--------------|---|-----|-----|--------------|
| 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 |     |       |
|      | <b>Note:</b> 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<br>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<br>se                       |        | 1099-NEC)       |                 | and related   |
|                         | below<br>line) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated<br>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           |                                |                       |         |              |                                 |        |                 | <b>V</b> •      | 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           |                                |                       |         |              |                                 |        |                 | <b>V</b> •      |               |
| 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      |                 |                 |               |
|                         |                |                                |                       |         |              |                                 |        |                 |                 |               |
|                         |                |                                | <b> </b>              |         |              | <u> </u>                        |        |                 |                 | ·             |
|                         |                | Į                              |                       | ł       |              | ł                               |        |                 |                 |               |
| 122007 12 00 21         |                |                                | L                     |         | L            | l                               |        |                 |                 | - 000 /       |

| HILTON | HEAD | REGIONAL | HABITAT | FOR |
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Form 990 (2021) HUMANITY, INC

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|          | VII Section A. Officers, Directors, Trus   | 1                                    |                                |                       | , and           |              | gno                             | 51.0      | ompensated Employe                     | es (continued)               |       |                    |                   |      |
|----------|--|--------------------------------------|--------------------------------|-----------------------|-----------------|--------------|---------------------------------|-----------|--|------------------------------|-------|--------------------|-------------------|------|
|          | (A)  | (B)                                  |                                |                       | •               | C)<br>ition  |                                 |           | (D)                                    | (E)                          |       |                    | (F)               |      |
|          | Name and title   | Average<br>hours per                 |                                | not cl                |                 | more         | than                            |           | Reportable                             | Reportable                   |       |                    | timate            |      |
|          |  | week                                 |                                | , unles<br>cer an     |                 |              |                                 |           | compensation<br>from                   | compensatior<br>from related | ו ו   |                    | nount<br>other    | of   |
|          |  | (list any                            | ector                          |                       |                 |              |                                 |           | the                                    | organizations                |       |                    | pensa             | tion |
|          |  | hours for<br>related                 | e or dir                       | 98                    |                 |              | sated                           |           | organization                           | (W-2/1099-MIS                | c/    |                    | om th             |      |
|          |  | organizations                        | trustee                        | al trust              |                 | 99/          | mpens                           |           | (W-2/1099-MISC/<br>1099-NEC)           | 1099-NEC)                    |       | -                  | anizat<br>d relat |      |
|          |  | below                                | Individual trustee or director | Institutional trustee | er              | Key employee | Highest compensated<br>employee | ler       |  |                              |       |                    | nizati            |      |
|          |  | line)                                | Indi                           | Insti                 | Officer         | Key          | High<br>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 <b>former</b> officer,<br>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> | , airector, trust<br>such individual |                                |                       |                 |              |                                 |           |  | •                            |       |                    |                   | х    |
| 4        | For any individual listed on line 1a, is the si  |                                      |                                | <br>ompe              | ensa            | <br>atior    | <br>1 and                       | <br>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<br>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     | <b>(C</b><br>ompei | nsatio            | n    |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
| <u></u>  |  |                                      |                                |                       |                 |              |                                 | -         |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           | ······································ |                              |       |                    |                   |      |
|          |  |                                      |                                |                       |                 |              |                                 |           |  |                              |       |                    |                   |      |
| 2        | Total number of independent contractors (<br>\$100.000 of compensation from the organ                              |                                      | ot li                          | mite                  | d to            |              | se lis<br>)                     | stec      | l above) who received n                | nore than                    |       |                    |                   |      |

## HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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| Form 990 (2021 |           |    | UMANIT  |
|----------------|-----------|----|---------|
| Part VIII      | Statement | of | Revenue |

|                           |        | Statement of Revenue<br>Check if Schedule O contains a response of  | or note to any lir | e in this Part VIII  |                   |   |                  |
|---------------------------|--------|---|--------------------|----------------------|-------------------|---|------------------|
|                           |        |   |                    | (A)<br>Total revenue | Related or exempt | <b>(C)</b><br>Unrelated<br>business revenue | Revenue excluded |
| and Other Similar Amounts | b      | Federated campaigns1aMembership dues1bFundraising events1c  | 16,200.            |                      |                   |   |                  |
| Similar /                 | d<br>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  |                    |                      |                   |   |                  |
|                           |        |   | <b>`</b>           |                      |                   |   |                  |
|                           |        | 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<br>Re               | d      | Allouner revenue  | L                  |                      |                   |   |                  |
| Miscellaneous<br>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<br>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,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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   |                            |   |   |                                       |
| ,<br>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<br>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<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>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)

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| Part                        |     | Balance Sheet  |            |                     |                                 |         |  |
|-----------------------------|-----|--|------------|---------------------|---------------------------------|---------|--|
|                             |     | Check if Schedule O contains a response or not   | e to any   | line in this Part X |                                 | <u></u> |  |
|                             |     |  |            |                     | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>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<br>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<br>Organizations that do not follow FASB ASC                          |            |                     |                                 |         |  |
| 2                           |     |  |            |                     |                                 |         |  |
| 5                           |     | and complete lines 29 through 33.  | <b>c</b>   |                     |                                 | 29      |  |
| ets                         | 29  | Capital stock or trust principal, or current fund<br>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 <b>990</b> (2                     |

Form 990 (2021)

### HUMANITY, INC

Form 990 (2021) Part X Balance Sheet

| Form | 990 (2021) HUMANITY, INC   | 57-0        | 916245    | Paç             | <sub>je</sub> 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 <b>990</b>    | (2021)           |

| Form | 990 (2021) HUMANITY, INC   | 57-0        | 916245    | Paç             | <sub>je</sub> 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 <b>990</b>    | (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                     |                                       |  |  |  |
| <b>В</b> С<br>ар               | heck if<br>oplicab  |                   | forganization<br>ON HEAD REGIONAL HABITAT FOR  | D Employer identificati          | on number                             |  |  |  |
|                                | Addre               | **                | NITY, INC  |                                  |                                       |  |  |  |
|                                | ]Name<br>]chanç     |                   | usiness as   | 57-0916245                       |                                       |  |  |  |
|                                | ]initial<br>]return | ¥                 | and street (or P.O. box if mail is not delivered to street address) Room/su  |                                  |                                       |  |  |  |
|                                | ]Final<br>return    |                   | OX 2747  |                                  | 5864                                  |  |  |  |
|                                | termir<br>ated      |                   | own, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$              | 2,641,245.                            |  |  |  |
|                                | Amen<br>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<br>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)<br>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                           | -<br>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<br>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<br>b            | Total fundrais    | undraising fees (Part IX, column (A), line 11e)<br>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<br>Fund Balances |                     |                   |  | Beginning of Current Year        | End of Year                           |  |  |  |
| sets<br>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<br>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 <b>990</b> (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.<br>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<br>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)  |
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| 4c     | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
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|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses 2,286,295.  |
| 132002 | Form <b>990</b> (2021)<br>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<br>20a |     | X        |
| 20a<br>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 <b>4</b> |
|--------------|---|-----|-----|--------------|
| 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 |     |       |
|      | <b>Note:</b> 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<br>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<br>se                       |        | 1099-NEC)       |                 | and related   |
|                         | below<br>line) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated<br>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.         | <b>V</b> •      | 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           |                                |                       |         |              |                                 |        |                 | <b>V</b> •      |               |
| 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      |                 |                 |               |
|                         |                |                                |                       |         |              |                                 |        |                 |                 |               |
|                         |                |                                | <b> </b>              |         |              | <u> </u>                        |        |                 |                 | ·             |
|                         |                | Į                              |                       | ł       |              | ł                               |        |                 |                 |               |
| 122007 12 00 21         |                |                                | L                     |         | L            | l                               |        |                 |                 | - 000 /       |

| HILTON | HEAD | REGIONAL | HABITAT | FOR |
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Form 990 (2021) HUMANITY, INC

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| 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)<br>ition  |                                 |          | (D)                          | (E)                          |           |         | (F)                 |       |
|         | Name and title   | Average<br>hours per                |                                | not c                 | heck    |              | than                            |          | Reportable                   | Reportable                   |           |         | stimate             |       |
|         |  | week                                |                                |                       |         |              | is bot<br>pr/trus               |          | compensation<br>from         | compensatior<br>from related | )         | an      | nount<br>other      | of    |
|         |  | (list any                           | ector                          |                       |         |              |                                 |          | the                          | organizations                | ;         | com     | ipensa              | ition |
|         |  | hours for<br>related                | ordir                          | 99                    |         |              | ated                            |          | organization                 | (W-2/1099-MIS                | C/        |         | om the              |       |
|         |  | organizations                       | trustee                        | al trust              |         | 99/          | mpens                           |          | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)                    |           | -       | anizati<br>d relati |       |
|         |  | below                               | Individual trustee or director | Institutional trustee | ta      | Key employee | Highest compensated<br>employee | ner      |                              |                              |           |         | anizatio            |       |
|         |  | line)                               | Indi                           | Insti                 | Officer | Key          | High<br>emp                     | Former   |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     | 1                              |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           | ••••••  | m                   |       |
|         |  |                                     | ]                              |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     | h     |
| <b></b> |  |                                     | ļ                              |                       |         | ļ            |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         | -            |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           | <b></b> |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  | -                                   |                                |                       |         | <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 <b>former</b> officer,<br>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> | , arector, trust<br>such individual |                                |                       |         |              |                                 |          |                              | •                            |           | 3       |                     | x     |
| 4       | For any individual listed on line 1a, is the se  |                                     |                                | <br>omo               | ensa    | atior        | <br>1 and                       | <br>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<br>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         |         | -)<br>nsatio        | n     |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                | • • • •               |         |              |                                 |          | Harth                        |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         |  |                                     |                                |                       |         |              |                                 |          |                              |                              |           |         |                     |       |
|         | Total number of independent  | h                                   |                                |                       | 1 :     |              |                                 |          |                              |                              |           |         |                     |       |
| 2       | Total number of independent contractors (<br>\$100.000 of compensation from the organ                              |                                     | ot li                          | mite                  | d to    |              | se lis<br>0                     | stec     | above) who received n        | nore than                    |           |         |                     |       |

## HILTON HEAD REGIONAL HABITAT FOR HUMANITY, INC

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| Form 990 (2021 |           |    | UMANIT  |
|----------------|-----------|----|---------|
| Part VIII      | Statement | of | Revenue |

|                           | t VIII  | Statement of Revenue<br>Check if Schedule O contains a response or             | note to any lin                       | e in this Part VIII         |                   |   |                      |
|---------------------------|---------|--|---------------------------------------|-----------------------------|-------------------|---|----------------------|
|                           |         |  |                                       | <b>(A)</b><br>Total revenue | Related or exempt | <b>(C)</b><br>Unrelated<br>business revenue | Revenue excluded     |
| and Other Similar Amounts | b       | Federated campaigns1aMembership dues1bFundraising events1c                     | 16,200.                               |                             |                   |   |                      |
| Similar /                 | d<br>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 <b>7a</b>  | (.,                                   |                             |                   |   |                      |
|                           | 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                                    | <b></b>                               |                             |                   |   |                      |
|                           |         | Gross sales of inventory, less returns   |                                       |                             |                   |   |                      |
|                           | iv a    | -  |                                       |                             |                   |   |                      |
|                           | L       | and allowances 10a   |                                       |                             |                   |   |                      |
|                           |         | Less: cost of goods sold 10b   | <b></b>                               |                             |                   |   |                      |
|                           | c       | Net income or (loss) from sales of inventory                                   | ▶ <b>▶</b>                            |                             | ·                 |   |                      |
| s                         |         |  | Business Code                         | 10 074                      |                   |   |                      |
| le eo                     | 11 a    | OTHER  | 900099                                | 49,271.                     | 49,271.           |   |                      |
| ent                       | b       |  |                                       |                             |                   |   |                      |
| le el                     | c       |  |                                       |                             |                   |   |                      |
| Miscellaneous<br>Revenue  | d       | All other revenue  |                                       |                             |                   |   |                      |
| <                         |         | Total. Add lines 11a-11d   |                                       | 49,271.                     | ,                 |   |                      |
|                           | 12      | Total revenue. See instructions  | <b>•</b>                              |                             | 2,098,706.        | 0.  | 12,879               |
| 22000                     | 9 12-09 |  |                                       |                             |                   |   | Form <b>990</b> (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<br>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,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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<br>e | Lobbying<br>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<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>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)

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| Part                        |     | Balance Sheet   |           |                     |                          |            |                           |
|-----------------------------|-----|---|-----------|---------------------|--------------------------|------------|---------------------------|
|                             |     | Check if Schedule O contains a response or not                          | e to any  | line in this Part X |                          | <u>r.</u>  |                           |
|                             |     |   |           |                     | (A)<br>Beginning of year |            | <b>(B)</b><br>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<br>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<br>• 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 <b>990</b> (2        |

Form 990 (2021)

### HUMANITY, INC

Form 990 (2021) Part X Balance Sheet

| Form | 990 (2021) HUMANITY, INC  | 57-09     | 916245 | Pag           | e <b>12</b> |  |  |
|------|---|-----------|--------|---------------|-------------|--|--|
| 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<br>Interr                 | rtment o<br>nal Reve   | of the Treasury<br>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<br>Chang   |                                 | NITY, INC  |  | _                           |  |  |  |  |  |
|                                | Name<br>Chang  | ge Doing b                      | usiness as   | 57-0916245   | <b>j</b>                    |  |  |  |  |  |
|                                | Initial<br>return  | Number                          | and street (or P.O. box if mail is not delivered to street address) Room/si  |  |                             |  |  |  |  |  |
|                                | Final<br>return<br>termin  | -                               | OX 2747  |  | -5864                       |  |  |  |  |  |
|                                | ated<br>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<br>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<br>HABITATHHI.ORG  | 527 If "No," attach a list                             |                             |  |  |  |  |  |
|                                |  |                                 |  | H(c) Group exemption n<br>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<br>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)<br>undraising fees (Part IX, column (A), line 11e)<br>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)<br>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<br>Fund Balances | 20   | Total assets (I                 | Part X, line 16)   | 7,763,419.   | 7,749,757.                  |  |  |  |  |  |
| Ass<br>I Bal                   | 21   |                                 | (Part X, line 26)  | 2,182,414.   | 1,913,377.                  |  |  |  |  |  |
| Net<br>-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<br>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 <b>990</b> (2020) |                         |                     |          |  |  |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|     | HILTON HEAD REGIONAL HABITAT FOR   |            |
|-----|--|------------|
|     | 990 (2020) HUMANITY, INC 57-0916245 Page   | e <b>2</b> |
| 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 \$)  | _)         |
|     |  |            |
|     |  |            |
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| 4c  |  | <u> </u>   |
| 40  | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | _ )        |
|     |  |            |
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|     |  |            |
| 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)?<br>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<br>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        |
|     |  |           |      |          |

|      | <br>    |     |   |
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|     | 1 990 (2020) HUMANITY, INC 57-091   | 6245        | P   | age <b>4</b> |
|-----|---|-------------|-----|--------------|
| 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   | <b>2</b> 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><br>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<br>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 <b>5</b> |
|---|------|---|-----|-----|--------------|
| 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  |     |              |
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| 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  |      |   |     |     |              |
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| 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  |      |   |     |     |              |
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| 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<br>70    | Did the organization have members or stockholders?<br>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   | 0        |         |          |
| 14         |  | 70       |         | х        |
| <b>b</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?<br>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<br>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<br>14 | X       |          |
| 14<br>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>b</b>   | taxable entity during the year?<br>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<br>19   | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SC<br>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 ►<br>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<br>week         box. unsep person is com a<br>finance and area for an out of<br>the and a featorination<br>(W2/1099-MISC)         compensation<br>from relation<br>organizations<br>(W2/1099-MISC)         compensation<br>from related<br>organizations<br>(W2/1099-MISC)         and related<br>organizations<br>(W2/1099-MISC)         and related<br>organizations<br>(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<br>(ist any<br>hours for<br>related<br>organizations<br>below<br>line)     If the<br>related<br>organization<br>below<br>line)     If the<br>reganization<br>below<br>line)     If the<br>reganization<br>line)     If the<br>reganization<br>below<br>line)     If the<br>reganization<br>line)     If the<br>related<br>line)     If the<br>reganization<br>line)     If the<br>related<br>line)     If the<br>related<br>line) <thif the<br="">related<br/>line)     If the<br/>related<br/>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<br>XX0.0.MEMBER AT LARGEX0.0.0.(8) MARTIN GERSTEN5.00<br>XX0.0.0.MEMBER AT LARGEX0.0.0.0.(9) MICHAEL LEWIS5.00<br>XX0.0.0.MEMBER AT LARGE5.00<br>XX0.0.0.(10) REIF MARLER5.00<br>XX0.0.0.MEMBER AT LARGE5.00<br>XX0.0.0.(11) BIANCA MARTINEZ5.00<br>X0.0.0.0.(12) JENNIFER MORROW5.00<br>X0.0.0.0.(13) CAROL RIVERS5.00<br>XX0.0.0.(14) LINDA CROSS ROBERTSON5.00<br>XX0.0.0.MEMBER AT LARGEX0.0.0.0.(15) MIKE VACARRO5.00<br>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<br>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 <b>8</b> |
| Fai |  |                       | ploy                           | ees                   |         |              | gne                             | st     |                           |                              |       |         | (5)            |               |
|     | (A)  | (B)                   |                                |                       | Pos     | C)<br>itior  | <b>`</b>                        |        | (D)                       | (E)                          |       | _       | (F)            |               |
|     | Name and title                               | Average<br>hours per  |                                | not c                 | heck    | more         | than                            |        | Reportable                | Reportable                   |       |         | timate         |               |
|     |  | week                  |                                |                       |         |              | is bot<br>pr/trus               |        |                           | compensatio                  |       |         | ount           |               |
|     |  | (list any             | or                             |                       |         |              |                                 |        | _ from<br>the             | from related<br>organization |       |         | other          |               |
|     |  | hours for             | individual trustee or director |                       |         |              | _                               |        | organization              | (W-2/1099-MI                 |       |         | oensa<br>om th |               |
|     |  | related               | e or c                         | stee                  |         |              | Highest compensatec<br>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<br>•            |                      |  | 57-0916 | 245 Page 9   |
|---|------|--------|---|-------------------|----------------------|--|---------|--|
| Pa  | rt \ | /111   | Statement of Revenue                                |                   |                      |  |         |  |
|   |      |        | Check if Schedule O contains a response             | or note to any li |                      |  |         |  |
|   |      |        |   |                   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue |         | ( <b>D</b> )<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ts<br>ts  | 1    | а      | Federated campaigns 1a                              |                   |                      |  |         |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        | Membership dues 1b                                  |                   | 1                    |  |         |  |
| ĞĔ  |      |        | Fundraising events <b>1</b> 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 <b>1f</b>        | 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<br>Revenue                                |      | e<br>e |   |                   |                      |  |         |  |
| Pro   |      |        | All other program service revenue                   |                   |                      |  |         |  |
|   |      | '<br>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 <b>7a</b>               |                   | 1                    |  |         |  |
|   |      | b      | Less: cost or other basis                           |                   | 1                    |  |         |  |
| ne  |      |        | and sales expenses <b>7b</b>                        |                   |                      |  |         |  |
| 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<br>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,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses     | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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                   | <b>F</b> 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<br>above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>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 <b>990</b> (2020                 |

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|                      | 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    |                                 |     |                           |
|-----------------------------|-----|--|------------|------------------------|---------------------------------|-----|---------------------------|
|                             |     |  |            |                        | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>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.<br>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.<br>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.<br>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.<br>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 <b>12</b> |
|------|--|------------|-------|----------------|
| 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<br>494 | Iic Charity Status and Public Support<br>e if the organization is a section 501(c)(3) organization or a section<br>4947(a)(1) nonexempt charitable trust.<br>► Attach to Form 990 or Form 990-EZ. |                               |                                  |                                   |                    | OMB No. 1545-0047 <b>2020</b> 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 <b>se</b> |                                   |                    | ::)  |                |                            |
| 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                                |           | <b>Type I.</b> 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. <b>You must</b> d  | complete Part IV, Se          | ections A and B.                 |                                   |                    |  |                |                            |
| b                                |           | <b>Type II.</b> 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). <b>You mus</b>  | 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<br>Yes            | ng document?<br>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

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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) 🕨    | <b>(a)</b> 2016             | <b>(b)</b> 2017     | (c) 2018                  | ( <b>d</b> ) 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) 🕨    | <b>(a)</b> 2016             | <b>(b)</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                  | %          |
| <b>16</b> 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 <b>stop here.</b> The organization quali |                             |                     |                           |                           |                     |            |
| 17a         | 10% -facts-and-circumstances test            | t <b>- 2020.</b> 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 <b>stop he</b> | 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 - <b>2019.</b> 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 <b>s</b> | <b>stop here.</b> 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<br>(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<br>(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 <b>Part VI</b> ):                                       |                |                          |                                |
| 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 <sub>(continu</sub>        | 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 <b>Part VI</b> ) |                                       | 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)<br>Excess Distributions       | (ii)<br>Underdistributior<br>Pre-2020 | าร   | (iii)<br>Distributable<br>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<br>Part IV, Section A, lines 1, | <b>nation.</b> Provide<br>2, 3b, 3c, 4b, 4c<br>nes 2 and 3; Par | e the explanations r<br>, 5a, 6, 9a, 9b, 9c, 1<br>t IV, Section E, lines | 1a, 11b, and 11c; Par<br>1c, 2a, 2b, 3a, and 3l | t IV, Section B, lines 1<br>b; Part V, line 1; Part V | 17b; Part III, line 12;<br>and 2; Part IV, Section C,<br>, Section B, line 1e; Part V, |
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#### Schedule B

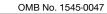
(Form 990, 990-EZ, or 990-PF) Department of the Treasury

#### 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 <b>not</b> 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

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addit | ional space is needed.     |   |
|------------|--|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          |  |                            | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 2          |  |                            | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3          |  | \$ <u>25,000.</u>          | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 4          |  | \$ <u>12,000.</u>          | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>5</u>   |  | \$ <u>7,500.</u>           | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 6          |  | \$ <u>5,000.</u>           | Person X<br>Payroll Noncash (Complete Part II for<br>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)<br>Turne of contribution   |
| <u>No.</u> | Name, address, and ZIP + 4  | Total contributions           -           \$5,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                         | (d)<br>Type of contribution  |
| 8          |   | \$5,000.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                         | (d)<br>Type of contribution  |
| 9          |   | -<br>\$\$5,000.                                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)   | (c)<br>Total contributions                         | (d)  |
| <u>10</u>  | Name, address, and ZIP + 4  | - \$\$5,000.                                       | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                         | (d)<br>Type of contribution  |
|            |   | \$ <u></u> 5,000.                                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                         | (d)<br>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)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |

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

|                           | rganization<br>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 <b>\$1,000 c</b> | entry For organiz | 7), (8), or (10) that total more than \$1,000 for the year ations<br>(Enter this info. once.)<br>\$ |
| (a) No.<br>from<br>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.<br>from<br>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.<br>from<br>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.<br>from<br>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.<br>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                         |  |               | <b>Ints.</b> 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<br>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?<br>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<br>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 <b>2</b> |
| 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?<br>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<br>1d            |                |          |              |
|          | Additions during the year<br>Distributions during the year |                      |                                 |            |                   |   |              | 1e                  |                |          |              |
| f        | Ending balance   |                      |                                 |            |                   |   |              | 16<br>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<br>basis (investn |            |                   | or other                                | .,           | imulated<br>ciation | (d) Bo         | ok valu  | ie           |
| <b>.</b> | Land   |                      | Dasis (investin                 | nenty      |                   | (other)<br>5,484.                       | uepre        |                     | 21             | 55,4     | 81           |
|          | Land   |                      |                                 |            |                   | 3,641.                                  | 21           | 1,213.              |                |          |              |
|          | Buildings<br>Leasehold improvements                        |                      |                                 |            | ,,,,              | -,                                      |              | -,2-5               |                | 4,4      | 20.          |
|          |  |                      |                                 |            | 23                | 4,968.                                  | 18           | 0,080.              | <u> </u>       | 54,8     | 88.          |
|          | Equipment<br>Other   |                      |                                 |            |                   | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              | -,                  | · · · · ·      | , 0      |              |
|          | I. Add lines 1a through 1e. (Colu                          |                      | I<br>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 <sub>Page</sub> 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)   |                            |  | ,<br>,                      |
| (2)   |                            |  |                             |
|   |                            |  |                             |
| (3)   |                            |  |                             |
| (4)   |                            |  |                             |
| (5)   |                            |  |                             |
| (6)   |                            |  |                             |
| (7)   |                            |  |                             |
| (8)   |                            |  |                             |
| (9)<br>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.) ►<br>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 |
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| Sche | dule D (Form 990) 2020 HUMANITY, INC   |            |               | 57-0  | 0916245  | Page <b>4</b> |
|------|--|------------|---------------|-------|----------|---------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Staten                      | nents With | Revenue per R | eturn | <b>.</b> |               |
|      | 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   | <b>2</b> 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 <b>4a</b> and <b>4b</b>  |            |               | 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<br>organization entered more than \$1   |  |   |  | or 19,  | , or if the   | 2020                         |
| Department of the Treasury  |  | Attach to Form 990<br>to www.irs.gov/Form990 for instr   |  |   |  |         |   | Open to Public<br>Inspection |
| Internal Revenue Service  | Employee   | -  |  |   |  |         |   |                              |
| Name of the organization  | HILTON   | HEAD REGIONAL HABI<br>Y, INC   | L'I'A'I  | FO  | ĸ  |         | 57-091  | identification number        |
|   | omplete this par   | <ul> <li>Complete if the organization answers</li> </ul>   | ered "Y  | 'es" or                                       | n Form 990, Part IV,   | line 1  | 7. Form 990   | -EZ filers are not           |
| <ol> <li>Indicate whether the</li> <li>a Ail solicitatii</li> <li>b Internet and a</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees listed</li> <li>b If "Yes," list the 10</li> </ol> | e organization rais<br>ons<br>email solicitations<br>ations<br>icitations<br>n have a written c<br>ed in Form 990, P<br>highest paid indiv | sed funds through any of the followi<br>e Solicita<br>f Solicita<br>g Special<br>or oral agreement with any individua<br>art VII) or entity in connection with p<br>viduals or entities (fundraisers) purs | ation of<br>ation of<br>I fundra<br>I (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>ional f | overnment grants<br>nment grants<br>events<br>fficers, directors, trus<br>undraising services? | stees   | ์ <u></u> า   | <b>Yes</b> No                |
| compensated at lea  | ast \$5,000 by the   | organization.  |  |   |  |         |   |                              |
| (i) Name and address<br>or entity (fund   |  | (ii) Activity  | (iii)<br>fundi<br>have c<br>or cor<br>contrib            | trol of                                       | (iv) Gross receipts<br>from activity   | tò (o   | Amount paid<br>or retained b<br>fundraiser<br>ted in col. (i) | y) to (or retained by)       |
|   |  |  | Yes  | No  |  |         |   |                              |
|   |  |  |  |   |  |         |   |                              |
|   |  |  |  |   |  |         |   |                              |
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|   |  |  |  |   |  |         |   |                              |
| 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 |
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| 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    |
|     | <ul> <li>If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$</li> <li>If "Yes," enter name and address of the third party:</li> </ul>  |             |          |          |
| Ľ   |   |             |          |          |
|     | Name  |             |          |          |
|     | Address   |             |          |          |
| 16  | Gaming manager information:   |             |          |          |
|     | Name  |             |          |          |
|     | Gaming manager compensation 🕨 \$  |             |          |          |
|     | Description of services provided  |             |          |          |
|     |   |             |          |          |
|     | Director/officer     Employee     Independent contractor  |             |          |          |
|     | Mandatory distributions:  |             |          |          |
|     | <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>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.</li> </ul> |             | ] Yes    | □ No     |
| Pa  | organization's own exempt activities during the tax year <b>s</b><br><b>Supplemental Information.</b> 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.  |             |          |          |
|     |   |             |          |          |
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| 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) |                   |
|            |  |                     |                   |
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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 |  |
|------------|---------------------------|--|
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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<br>Name of the organization | HILTON HEAD REGIONAL HABITAT FOR<br>HUMANITY, INC | Page 2<br>Employer identification number<br>57-0916245 |
|---|---|--|
|   |   | 57-0910245   |
| BEEN FORGIVEN   | •   |  |
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| 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 <sup>1</sup>              | 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<br>ry<br>1 Revenue Service | ► Go to <u>www.irs.go</u>  | <i>v/Form990</i> for instructions       | and the   | latest info        | ormation.                               |              | Open to Public<br>Inspection |  |  |  |
|                                |  | l<br>alendar year, or tax year begin                                     | ning 07-01-2019 , and end               | ing 06-3  | 0-2020             |   |              |                              |  |  |  |
| _                              | ck if applicable:                      | C Name of organization<br>HILTON HEAD REGIONAL HABITAT F                 | OR                                      |           |                    | D Employer                              | identifi     | ication number               |  |  |  |
|                                | dress change<br>me change              | HUMANITY INC   |   |           |                    |   |              |                              |  |  |  |
| 🗖 Ini                          | tial return                            | Doing business as  |   |           |                    |   |              |                              |  |  |  |
|                                | al return/terminated<br>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     |           |                    | <b>G</b> 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<br>90 MAIN STREET SUITE C                                  |   |           |                    | Ibordinates?                            |              | 🗌 Yes 🗹 No                   |  |  |  |
| <b>T</b> Tay                   | x-exempt status:                       | HILTON HEAD ISLAND, SC 2992  | .6                                      |           |                    | e all subordinates<br>cluded?           |              | 🗌 Yes 🔲 No                   |  |  |  |
|                                | •                                      | ☑ 501(c)(3)  | insert no.) 📙 4947(a)(1) or 🛛           | 527       |                    | "No," attach a list<br>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<br>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<br>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<br>ated business taxable income fron   |   |           |                    | •                                       | 7a<br>7b     | 0                            |  |  |  |
|                                | D Net unier                            |  |   |           |                    | · ·<br>Prior Year                       |              | Current Year                 |  |  |  |
| Q,                             | <b>8</b> 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<br>1,555,79 |   | 873,235      |                              |  |  |  |
|                                |  | enue—add lines 8 through 11 (mu<br>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 ( <b>Part IX</b> , column (D), I                         |   |           |                    | /-                                      |              |                              |  |  |  |
|                                |  | penses (Part IX, column (A), lines ∶<br>enses. Add lines 13–17 (must equ |   | •         |                    | 547,43<br>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<br>Fund Balances | 20 Total asse                          | ets (Part X, line 16)  |   |           |                    | 7,470,72                                | 2            | 7,763,419                    |  |  |  |
| A B<br>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          |   |              |                              |  |  |  |
|                                |  | <b>ature Block</b><br>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<br>Date                      |              |                              |  |  |  |
| Here                           |  | A DOOLEY EXECUTIVE DIRECTOR  |   |           |                    |   |              |                              |  |  |  |
|                                | Type or                                | r print name and title   |   |           |                    |   |              |                              |  |  |  |
|                                |  | rint/Type preparer's name  | Preparer's signature                    |           | Date               |   | N<br>0045703 | 3                            |  |  |  |
| Paic                           |  | irm's name 🕨 MARTIN SMITH & COM  | I<br>PANY CPAS PA                       |           |                    | self-employed<br>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) | <br>• |   | •       |      | •   | • | 🗹 Yes 📙 No             |
|---|-------|---|---------|------|-----|---|------------------------|
| For Paperwork Reduction Act Notice, see the separate instructions.                |       | C | at. No. | 1128 | 32Y |   | Form <b>990</b> (2019) |

GREENVILLE, SC 296152200

| Form       | 990 (2019)                                   |                          |                   |                             |  | Page <b>2</b>                |
|------------|--|--------------------------|-------------------|-----------------------------|--|------------------------------|
| 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<br>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?<br>If "Yes," describe the          |                          | 🗌 Yes 🗹 No        |                             |  |                              |
| 4          | Describe the organiz<br>Section 501(c)(3) ar | zation's program service | accomplishmer     | to report the amount of g   | gest program services, as measu<br>rants and allocations to others, th | red by expenses.<br>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 \$  | )                            |
|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
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|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
| 4c         | (Code:                                       | ) (Expenses \$           |                   | including grants of \$      | ) (Revenue \$  | )                            |
|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
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|            |  |                          |                   |                             |  |                              |
|            |  |                          |                   |                             |  |                              |
| 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<br>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 <b>3</b>  | 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<br>Schedule D. Parts XI and XII   | 12a    | Yes |    |
| b        | Schedule D, Parts XI and XII 😒 .<br>Was the organization included in consolidated, independent audited financial statements for the tax year?<br>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<br>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<br>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? <b>Note.</b><br>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 . <b>1b</b>  |     |     |    |
| 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 <b>5</b> |
|---------------|
|               |

| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and<br>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?<br>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<br>No        |  |  |  |  |  |  |  |
| Ь   | <b>b</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>b</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<br>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? $\ldots$ .  | <b>9</b> 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 <b>10b</b>  |            |         |                 |  |  |  |  |  |  |  |
| 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. <b>12b</b>   |            |         |                 |  |  |  |  |  |  |  |
| 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 | <b>)</b> (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<br>body, or if the governing body delegated broad authority to an executive committee or<br>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?  | <b>8</b> 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)<br>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest<br>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              | , 、  |  |   |                        |
|--|---|-----------------------------------|-----------------------|--|------------------------|---------------------|--|--|---|------------------------|
| <b>(A)</b><br>Name and title                     | <b>(B)</b><br>Average<br>hours per<br>week (list<br>any hours |                                   | ne bo                 | ox, ι<br>n of  | t ch<br>unle:<br>ficei | ss pers<br>r and a  | (E)<br>Reportable<br>compensation<br>from related<br>organizations | <b>(F)</b><br>Estimated<br>amount of other<br>compensation<br>from the |   |                        |
|  | for related<br>organizations<br>below dotted<br>line)         | Individual trustee<br>or director | Institutional Trustee | MISC)<br>Former<br>Highest compensated<br>Cofficer<br>Cofficer |                        | (W-2/1099-<br>MISC) | (₩-2/1099-<br>MISC)  | organization and<br>related<br>organizations                           |   |                        |
| (1) GEORGIA BOEHLKE<br>CHAIRMAN                  | 5.00  | х                                 |                       | х  |                        |                     |  | 0  | 0 | 0                      |
| (2) MARTIN GERSTEN<br>VICE CHAIR                 | 5.00  | х                                 |                       | х  |                        |                     |  | 0  | 0 | 0                      |
| (3) WERNER SICVOL<br>SECRETARY                   | 5.00  | x                                 |                       | x  |                        |                     |  | 0  | 0 | 0                      |
| (4) DONNA BELMONTE<br>TREASURER                  | 5.00  | х                                 |                       | х  |                        |                     |  | 0  | 0 | 0                      |
| (5) CHARLES LOBAUGH<br>MEMBER AT LARGE           | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (6) BLAINE LOTZ<br>MEMBER AT LARGE               | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (7) BEVERLY MALONEY<br>MEMBER AT LARGE           | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (8) ELIZABETH JENNIFER MORROW<br>MEMBER AT LARGE | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (9) MAUREEN RILEY<br>MEMBER AT LARGE             | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (10) MAYRA RIVERS-VAZQUEZ<br>MEMBER AT LARGE     | 5.00  | x                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (11) LINDA CROSS ROBINSON<br>MEMBER AT LARGE     | 5.00  | x                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (12) ALLYN SCHNEIDER<br>MEMBER AT LARGE          | 5.00  | х                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (13) MICHAEL VACARRO<br>MEMBER AT LARGE          | 5.00  | x                                 |                       |  |                        |                     |  | 0  | 0 | 0                      |
| (14) PATRICIA CAREY WIRTH<br>PRESIDENT/CEO       | 40.00   |                                   |                       | x  |                        |                     |  | 108,242  | 0 | 0                      |
|  |   |                                   |                       |  |                        |                     |  |  |   |                        |
|  |   |                                   |                       |  |                        |                     |  |  |   | Form <b>990</b> (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)                        |   |  |  |
|-------|--|--|----------------|---|-------|-------|---------|-------------|------------|--|---|------|--------------------------------|---|--|--|
|       | <b>(A)</b><br>Name and title   | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related  | than c<br>is b | ne box, unless person<br>oth an officer and a from the from related<br>director/trustee) organization organizations |       |       |         |             |            | Position (do not check more<br>than one box, unless person<br>is both an officer and aReportable<br>compensation<br>from theReportable<br>compensation<br>from related |   |      |                                | able Estimated<br>sation amount of oth<br>lated compensation<br>ations from the |  |  |
|       |  | Interactions     organizations     Institutional     Insti |                |   |       |       |         |             |            |  |   |      | organizat<br>relat<br>organiza | ed  |  |  |
|       |  |  |                |   |       |       |         |             |            |  |   |      |                                |   |  |  |
|       |  |  |                |   |       |       |         |             |            |  |   |      |                                |   |  |  |
|       |  |  |                |   |       |       |         |             |            |  |   |      |                                |   |  |  |
|       | ub-Total   |  |                |   |       |       | • _     |             |            |  |   |      |                                |   |  |  |
| -     |  | but not limited  | to thos        |   | ed al | bove  | ►       | rece        |            | 08,242<br>e than \$1   |   | 0    |                                | 0   |  |  |
| 3     | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>     |  |                | ee, ke  | ey er | mplo  | oyee, c | or hiç<br>• | ghest com  | npensated  | employee on                             | 3    | Yes                            | No<br>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<br>services rendered to the organization                 | ?If "Yes," compl   | •              |   |       |       |         |             | -          |  |   | 5    |                                | No  |  |  |
| 1     | ction B. Independent Contract<br>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<br>CTURE DEVELOPMEI | NT   | Comper                         | 107,741   |  |  |
|       | X 1497<br>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>   |
|---|---|---|--------------------|----------------|------------|---------------------|-----------------------------|--|--|--|
|   |   |   |                    |                |            |                     | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|   | 1a  | Federated campa   | aians              | 5              | 1a         |                     |                             | Tevenue  |  | 512-514  |
| nts   |   | Membership dues   | -                  |                | 1b         |                     |                             |  |  |  |
| Gifts, Grants<br>ilar Amounts                             |   |   |                    | •              |            |                     |                             |  |  |  |
| υ E   |   | : Fundraising even  |                    |                | 1c         | 17,651              |                             |  |  |  |
| ifts<br>ar J  | C   | l Related organiza  | tion               | s              | 1d         |                     |                             |  |  |  |
| ບ Hi  | e   | Government grants   | (con               | tributions)    | 1e         | 26,000              |                             |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | f   | <ul> <li>All other contributio<br/>and similar amounts<br/>above</li> </ul> |                    |                | 1f         | 334,960             |                             |  |  |  |
| Othe  | g Noncash contributions included in lines 1a - 1f:\$ 1g |   |                    |                |            |                     |                             |  |  |  |
| nd<br>nd  |   | <b>h Total.</b> Add lines :   |                    | ا              | -9         | <b>`</b>            |                             |  |  |  |
| <u> </u>  |   | <b>Total.</b> 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                   | ► <sup>82</sup>             | 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<br>or (loss)  | 6c                 |                | 4,500      |                     |                             |  |  |  |
|   |   | Net rental income   |                    |                |            |                     | 4,50                        | 0  |  | 4,500  |
|   |   |   |                    | (i) Secur      |            | (ii) Other          |                             |  |  | ,  |
|   | 7a  | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory   |                    | (.)            |            | (,                  | -                           |  |  |  |
|   |   |   | sales of <b>7a</b> |                |            |                     |                             |  |  |  |
|   |   |   |                    |                |            |                     |                             |  |  |  |
|   |   | Less: cost or   | <br>  7Ь           |                |            |                     |                             |  |  |  |
|   |   | other basis and<br>sales expenses   | 1.0                |                |            |                     |                             |  |  |  |
|   |   |   | 7.                 |                |            |                     | 7                           |  |  |  |
|   |   | Gain or (loss)  | 7c                 |                |            |                     |                             |  |  |  |
|   |   | Net gain or (loss)<br>Gross income from fu                                  |                    |                |            | ••• •               |                             |  |  |  |
| le  |   | (not including \$   | inura              | 17,651 of      |            |                     |                             |  |  |  |
| Other Revenue   |   | contributions reported<br>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<br>returns and allowa                                   | ento               | ry, less       |            | 1 041 20            | 7                           |  |  |  |
|   |   |   |                    |                | 10a<br>10b | 1,041,307           |                             |  |  |  |
|   |   | Less: cost of good  |                    |                |            |                     | 865,72                      | 9 865,729  |  |  |
| -   | С   | Net income or (los<br>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 <b>10</b>   |
|---|---|--|--|--|
|   | 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)<br>Total expenses   | <b>(B)</b><br>Program service<br>expenses  | (C)<br>Management and<br>general expenses  | <b>(D)</b><br>Fundraising<br>expenses  |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |   |  |  |  |
| Grants and other assistance to domestic individuals. See<br>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<br>(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<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check here ► □ if following SOP 98-2 (ASC 958-720). |   |  |  |  |
|   | Section 501(c)(3) and 501(c)(4) organizations must co<br>Check if Schedule O contains a response or note to any<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.           Grants and other assistance to domestic organizations and<br>domestic governments. See Part IV, line 21         .           Grants and other assistance to domestic individuals. See<br>Part IV, line 22         .           Grants and other assistance to foreign organizations, foreign<br>governments, and foreign individuals. See Part IV, lines 15<br>and 16.         .           Benefits paid to or for members         .         .           Compensation not included above, to disqualified persons (as<br>defined under section 4958(f)(1)) and persons described in<br>section 4958(c)(3)(B)         .           Other salaries and wages         .         .           Pension plan accruals and contributions (include section 401<br>(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<br>(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.<br>Check If Schedule O contains a response or note to any line in this Part IX<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.         Check<br>Total expenses           Grants and other assistance to domestic organizations, foreign<br>governments, and foreign individuals. See Part IV, lines 15<br>and 16. | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization<br>Check if Schedule O contains a response or note to any line in this Part IX.         (a)<br>Total sequences         (b)<br>Program service<br>expenses         (b)<br>Program service<br>expenses         (c)<br>Program service<br>expenses         (c)<br>Program service<br>expenses         (c)<br>Program service<br>expenses         (c)<br>Program service<br>expenses           Cartans and other assistance to domestic individuals. See<br>Part IV, line 22.         .         .         .           Cartans and other assistance to foreign organizations, foreign<br>governments, and foreign individuals. See Part IV, lines 15<br>and 16.         .         .         .           Componsation of current officers, directors, trustees, and<br>expenses plan accounsis and contributions (include section 405<br>(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.<br>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   |                                 |             | 🗆                         |
|------------------|-----|---|---------------------------|--------------------------|---------------------------------|-------------|---------------------------|
|                  |     |   |                           |                          | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>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<br>key employee, creator or founder, substantial c<br>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                       | <b>10</b> 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<br>employee, creator or founder, substantial contri<br>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<br>and other liabilities not included on lines 17 - 24<br>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<br>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 <b>&gt;</b> 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<br>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<br>Complete if the organization is a section 501(c)(3) organization or a section<br>4947(a)(1) nonexempt charitable trust.<br>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<br>Inspection                          |
| Nam         | e of tl | nue Service<br>he organiza   |   |   |   |                          |                                   | Employer identifi                                       | `   |
|             | NITY IN | D REGIONAL HA                | ABITAT FOR                              |   |   |                          |                                   | 57-0916245  |   |
| _           | rt I    |                              |   |   | <b>us</b> (All organization<br>e it is: (For lines 1 thro                                       |                          |                                   | See instructions.                                       |   |
| <b>1</b>    |         |                              | •                                       |   | ssociation of churches  | -                        |                                   | ( <b>A</b> )(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<br>( <b>iv).</b> (Comple |   | t of a college or unive   | rsity owned or o         | perated by a gov                  | vernmental unit descr                                   | ibed in <b>section 170</b>                            |
| 6           |         | A federal, s                 | tate, or local                          | government or   | <sup>-</sup> governmental unit de   | scribed in <b>sectio</b> | on 170(b)(1)(/                    | A)(v).  |   |
| 7           |         |                              |   | mally receives<br>[ <b>vi).</b> (Complete   | a substantial part of it<br>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 <b>sectio</b>   | 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<br>investment   | ies related to<br>income and            | its exempt fur<br>unrelated busir   | (1) more than 331/39<br>actions—subject to cer<br>aess taxable income (le<br>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<br>described in <b>section 5</b><br>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<br>appoint or elect a majo  |                          |                                   |   |   |
| b           |         | manageme                     | nt of the sup                           |   | ervised or controlled i<br>ation vested in the sar<br>and C.                                    |                          |                                   |   |   |
| С           |         |                              |   |   | supporting organizatio<br>ions). <b>You must com</b>  |                          |                                   |   | ated with, its  |
| d           |         | functionally                 | integrated.                             | The organizatio   | <b>d.</b> A supporting organi<br>n generally must satis<br>r <b>t IV, Sections A and</b>        | fy a distribution        | requirement and                   |   |   |
| e           |         |                              |   |   | ved a written determir<br>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<br>organizatior |   | (ii) EIN  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))      |                          | anization listed<br>ing document? | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|             |         |                              |   |   |   | Yes                      | No                                |   |   |
|             |         |                              |   |   |   |                          |                                   |   |   |
| Teta        | 1       |                              |   |   |   |                          |                                   |   | +   |
| Tota<br>For |         |                              | tion Ast Nat                            |   | structions for  | Cat No 1128              |                                   | <br>Cabadula A (Eauna (                                 | 90 or 990-E7) 2019                                    |

| Sch | edule A (Form 990 or 990-EZ) 2019  |                       |                     |                    |  |                  | Page <b>2</b>   |
|-----|--|-----------------------|---------------------|--------------------|--|------------------|-----------------|
| 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<br>(or fiscal year beginning in) ▶                             | (a) 2015              | (b) 2016            | (c) 2017           | (d) 2018                                       | <b>(e)</b> 2019  | (f) Total       |
| 1   | Gifts, grants, contributions, and  |                       |                     |                    |  |                  |                 |
|     | membership fees received. (Do not  |                       |                     |                    |  |                  |                 |
| 2   | include any "unusual grant.")<br>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   | <b>Total.</b> 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<br>Calendar year                                    |                       |                     |                    |  |                  | T               |
|     | (or fiscal year beginning in)  | <b>(a)</b> 2015       | <b>(b)</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<br>loss from the sale of capital assets |                       |                     |                    |  |                  |                 |
|     | (Explain in Part VI.).   |                       |                     |                    |  |                  |                 |
| 11  |  |                       |                     |                    |  |                  |                 |
|     | 10<br>Gross receipts from related activities,                                |                       |                     |                    |  |                  |                 |
|     |  |                       |                     |                    |  |                  | <u> </u>        |
| 13  | First five years. If the Form 990 is fo                                      | -                     |                     |                    | -  |                  |                 |
|     | check this box and <b>stop here</b>  |                       |                     |                    |  | •••••            | <u> </u>        |
|     | Section C. Computation of Public   |                       | -                   |                    |  |                  |                 |
|     | Public support percentage for 2019 (lin                                      |                       |                     |                    |  | 14               |                 |
|     | Public support percentage for 2018 Sc  |                       |                     |                    |  | 15               | <u> </u>        |
| 16a | <b>33 1/3% support test—2019.</b> If the                                     |                       |                     |                    |  |                  |                 |
|     | and <b>stop here.</b> The organization qual                                  | ifies as a publicly s | supported organiza  | ation              |  |                  | ▶ 🗆             |
| Ł   | <b>33</b> 1/3% support test—2018. If th                                      |                       |                     |                    |  |                  |                 |
|     | box and <b>stop here.</b> The organization                                   | qualifies as a pub    | licly supported or  | ganization         |  |                  | ▶⊔              |
| 17a | 10%-facts-and-circumstances test<br>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<br>is box and <b>stop b</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 <b>sto</b>                      | 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<br>(or fiscal year beginning in) ▶   | <b>(a)</b> 2015 | <b>(b)</b> 2016 | (c) 2017  | <b>(d)</b> 2018 | <b>(e)</b> 2019 | <b>(f)</b> 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,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources. | 169,585         | 146,627         | 171,724   | 265,092         | 301,482         | 1,054,510        |
| Unrelated business taxable income<br>(less section 511 taxes) from<br>businesses acquired after June 30,<br>1975.                        |                 |                 |           |                 |                 |                  |
| Add lines 10a and 10b.   | 169,585         | 146,627         | 171,724   | 265,092         | 301,482         | 1,054,510        |
| Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on.    |                 |                 |           |                 |                 |                  |
| Other income. Do not include gain<br>or loss from the sale of capital<br>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 <b>2019</b> (line 10c, column (f) divided by line 13, column (f))  | 17      | 11.340 %                         |
| 18  | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17   | 18      | 9.560 %                          |
| 19a | <b>331/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization<br><b>33 1/3% support tests—2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is mo | ore tha | ► 🗹<br>an 33 1/3% and line 18 is |
| •   | not more than 33 1/3%, check this box and <b>stop here.</b> 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?<br>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,<br>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 <b>Part VI</b> 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<br>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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3b<br>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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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).<br><b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the   |            |     |    |
| c   | organization's organizing document?<br><b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   | 5b<br>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 <b>Part VI</b>.</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 <b>Part VI</b> .   |            |     |    |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting<br>organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9a<br>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 <b>Part VI.</b>  |            |     |    |
| 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<br>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 <b>Part VI</b> .                                       | 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 <b>Part VI</b> 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 <b>Part VI</b> 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<br>(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<br>income or for management, conservation, or maintenance of property held for<br>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<br>(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<br>(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   | <b>Distributable Amount.</b> 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                |

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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                              |  |  |  |  |
| <b>1</b> 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 <b>Part VI</b> ). See instructio   | ns  |  |   |  |  |  |  |
| 7 Total annual distributions. Add lines 1 through 6.  |   |  |   |  |  |  |  |
| <ul> <li>8 Distributions to attentive supported organizations to wh details in Part VI). See instructions</li> </ul>  | ich the organization is respons   | sive (provide                          |   |  |  |  |  |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |   |  |   |  |  |  |  |
| <b>10</b> Line 8 amount divided by Line 9 amount  |   |  |   |  |  |  |  |
| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |  |
| <b>1</b> Distributable amount for 2019 from Section C, line 6   |   |  |   |  |  |  |  |
| 2 Underdistributions, if any, for years prior to 2019<br>(reasonable cause required explain in Part VI).<br>See instructions.   |   |  |   |  |  |  |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |   |  |   |  |  |  |  |
| <b>a</b> 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  |   |  |   |  |  |  |  |
| <ul> <li>Carryover from 2014 not applied (see<br/>instructions)</li> </ul>  |   |  |   |  |  |  |  |
| 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>b</b> Applied to 2019 distributable amount   |   |  |   |  |  |  |  |
| c Remainder. Subtract lines 4a and 4b from 4.   |   |  |   |  |  |  |  |
| <ul> <li>5 Remaining underdistributions for years prior to<br/>2019, if any. Subtract lines 3g and 4a from line 2.<br/>If the amount is greater than zero, explain in Part VI.<br/>See instructions.</li> </ul>   |   |  |   |  |  |  |  |
| 6 Remaining underdistributions for 2019. Subtract<br>lines 3h and 4b from line 1. If the amount is greater<br>than zero, explain in Part VI. See instructions.  |   |  |   |  |  |  |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |   |  |   |  |  |  |  |
| 8 Breakdown of line 7:  |   |  |   |  |  |  |  |
| a Excess from 2015  |   |  |   |  |  |  |  |
| <b>b</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,<br/>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;<br/>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<br/>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<br/>instructions).

Facts And Circumstances Test

|        |   | rint - DO NOT PROCESS As Fil   | ed Data -                                   |   |          | DL                            | N: 934930                      |                |
|--------|---|--|---|---|----------|-------------------------------|--------------------------------|----------------|
|        | HEDULE D<br>m 990)                                | Supplemen  | ntal Financi                                | al Statements   |          |                               |                                | 1545-0047      |
| ·      | rtment of the Treasury                            | Part IV, line 6, 7, 8, 9, 1  |   |   |          |                               |                                | 19<br>o Public |
|        | al Revenue Service                                | ► Go to <u>www.irs.gov/Form</u>  |   |   |          |                               | Insp                           | ection         |
| HIL    | me of the organ<br>TON HEAD REGIONA<br>MANITY INC |  |   |   | -        | p <b>loyer ide</b><br>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<br>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<br>roperty, subject to the organization's ex  |   |   |          | funds are t                   |                                | es 🗌 No        |
| 6      | Did the organiza<br>charitable purpo              | ation inform all grantees, donors, and do<br>oses and not for the benefit of the donor   | onor advisors in wri<br>or donor advisor, o | ting that grant funds car<br>or for any other purpose | n be us  |                               | nissible                       | es 🗆 No        |
| Pa     | rt III Conser                                     | vation Easements.<br>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<br>e last day of the tax year.  | qualified conservat                         | ion contribution in the fo                            | orm of a |                               | tion<br>t <b>the End of I</b>  | 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<br>n the National Register  |   |   | 2d       |                               |                                |                |
| 3      | Number of cons<br>tax year <b>&gt;</b>            | 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<br>to f the conservation easements it holds  | he periodic monitor                         | ing, inspection, handling                             | of viol  | —<br>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)<br>(h)(4)(B)(ii)?  |   |   | 170(h)(  |                               | 🗌 Yes 🛛                        |                |
| 9      | balance sheet, a                                  | scribe how the organization reports cons<br>and include, if applicable, the text of the<br>n's accounting for conservation easemen | footnote to the org                         |   |          |                               |                                |                |
| Pai    |   | zations Maintaining Collections<br>te if the organization answered "Ye   |   |   | her Si   | milar As:                     | sets.                          |                |
| 1a     | art, historical tre                               | on elected, as permitted under SFAS 11<br>easures, or other similar assets held for<br>XIII, the text of the footnote to its finar | public exhibition, e                        | ducation, or research in                              | further  | nt and bala<br>ance of pu     | nce sheet wor<br>blic service, | ks of          |
| b      | historical treasu                                 | on elected, as permitted under SFAS 11<br>res, or other similar assets held for pub<br>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<br>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 <b>2</b> |
|------------|--|-----------------------|--------------|----------|---------|------------------|-------------|---------------|---------------|-------------|---------------|
| 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<br>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<br>Complete if the organization answ<br>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         |             | -<br>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>(b)</b> P | rior yea | ar      | <b>(c)</b> Two y | ears back   | (d) Three ye  | ars back (e   | ) Four year | rs back       |
| <b>1</b> 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>&gt;</b>  |                       |              |          |         |                  |             |               |               |             |               |
| 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<br>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<br>(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 <b>3</b>                           |
|--|---|----------------------|-------------|-----------------|------------|--------------|---|
| Part VII   | <b>Investments—Other Securities.</b><br>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<br>(including name of security)   | (b)<br>Book<br>value |             |                 | ethod of v | aluation:    |   |
| <ul><li>(1) Financia</li><li>(2) Closely-</li><li>(3)Other</li></ul> | I derivatives   |                      |             |                 |            |              |   |
| (A)  |   |                      |             |                 |            |              |   |
| (B)  |   |                      |             |                 |            |              |   |
| (C)  |   |                      |             |                 |            |              |   |
| (D)  |   |                      |             |                 |            |              |   |
| (E)  |   |                      |             |                 |            |              |   |
| (F)  |   |                      |             |                 |            |              |   |
| (G)  |   |                      |             |                 |            |              |   |
| (H)  |   |                      |             |                 |            |              |   |
|  | n (b) must equal Form 990, Part X, col. (B) line 12.)   | •                    |             |                 |            |              |   |
| Part VIII  | <b>Investments—Program Related.</b><br>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:<br>of-year market<br>Ilue |
| (1)  |   |                      |             |                 |            |              |   |
| (2)  |   |                      |             |                 |            |              |   |
| (3)  |   |                      |             |                 |            |              |   |
| (4)  |   |                      |             |                 |            |              |   |
| (5)  |   |                      |             |                 |            |              |   |
| (6)  |   |                      |             |                 |            |              |   |
| (7)  |   |                      |             |                 |            |              |   |
| (8)  |   |                      |             |                 |            |              |   |
| (9)  |   |                      |             |                 |            |              |   |
| Total. (Colum.<br>Part IX  | n (b) must equal Form 990, Part X, col.(B) line 13.)<br>Other Assets.<br>Complete if the organization answered 'Yes' on Form 990, F | Part IV, lir         | ►<br>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.<br>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)<br>(7)   |   |                      |             |                 |            |              |   |
| (7)  |   |                      |             |                 |            |              |   |
| (8)  |   |                      |             |                 |            |              |   |
| (9)  |   |                      |             |                 |            |              |   |
| (10)   | n (b) must equal Form 990, Part X, col.(B) line 25.)  |                      |             |                 | ▶ 178,     | 415          |   |
| \ comm   | ,   |                      |             |                 | - 1-10,    | ( <b>L</b> 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 <b>2e</b> from line <b>1</b>   | 3   |
|        |  |   | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :   | 4   |
|        |  | 4a  | Investment expenses not included on Form 990, Part VIII, line 7b   | а   |
|        |  | 4b  | Other (Describe in Part XIII.)   | b   |
| 4c     |  | · · ·   | Add lines <b>4a</b> and <b>4b</b>  | с   |
| 5      | [  | )   | Total revenue. Add lines <b>3</b> and <b>4c.</b> (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 <b>2a</b> through <b>2d</b>  | е   |
| 3      |  |   | Subtract line <b>2e</b> from line <b>1</b>   | 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 <b>4a</b> and <b>4b</b>  | С   |
| 5      | [  | .)  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18   | 5   |
|        | 1<br>2e<br>3<br>4c<br>5<br>eturn.<br>1<br>2e<br>3<br>2e<br>3<br>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 |  |  |  |  |  |
|  |             |  |  |  |  |  |
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#### 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<br>D IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE PROV<br>ISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF FASB ASC. THIS GUIDANCE<br>ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINAN<br>CIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DER<br>ECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDE<br>S RELATED GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE.<br>THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL A<br>ND DISCLOSURE. |

| upplemental Information                  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Return Reference                         | Explanation  |  |  |  |  |  |
| PART XI, LINE 2D - OTHER<br>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<br>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<br>mplete if the organiz                | draisir                 | ng or<br>ered "Yes"                                 | Gaming Activi<br>on Form 990, Part IV, lines            | ties<br>17, 18, or 1         | 9, or if the  | 2019   |
|  |  |           |   |                         |   |   | Open to Public<br>Inspection |   |  |
| Name of the  | me of the organization Employer identification number  |           |   |                         |   |   |                              |   |  |
|  | ILTON HEAD REGIONAL HABITAT FOR UMANITY INC 57-0916245 |           |   |                         |   |   |                              |   |  |
|  | -  |           | t <b>ies.</b> Complete i<br>re not required | -                       |   | answered "Yes" on F<br>part.                            | orm 990,                     | , Part IV, line :   | 17.  |
| <b>1</b> 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<br>on with professional fund |                              | · ~   | es 🗆 No  |
|  |  |           | id individuals or e<br>,000 by the organ    |                         | ndraisers)  | pursuant to agreements                                  | under wh                     | ich the fundraise   | er is  |
|  | d address of ind<br>ity (fundraiser)                   |           | (ii) Activity                               | fundrai<br>cust<br>cont | ) Did<br>iser have<br>ody or<br>trol of<br>butions? | (iv) Gross receipts<br>from activity                    | (or ro<br>fundra             | nount paid to<br>etained by)<br>iser listed in<br>col. <b>(i)</b> | <b>(vi)</b> Amount paid to<br>(or retained by)<br>organization |
|  |  |           |   | Yes                     | No  |   |                              |   |  |
|  |  |           |   |                         |   |   |                              |   |  |
|  |  |           |   |                         |   |   |                              |   |  |
|  |  |           |   |                         |   |   |                              |   |  |
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|  |  |           |   |                         |   |   |                              |   |  |
|  |  |           | · · · · · · ·                               |                         |   | 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<br>than \$15,000 of fundraising e<br>gross receipts greater than \$5  | vent contributions and  |  |  |  |
|------------------|--|---|--|--|--|
|                  | group receipes greater than ye   | (a)Event #1 GOLF TOURNAMENT   | <b>(b)</b> Event #2  | (c)Other events                          | (d) Total events<br>(add col. (a) through<br>col. (c))                             |
| Revenue          |  | (event type)  | (event type)   | (total number)                           |  |
| R                |  |   |  |  |  |
|                  | 1 Gross receipts   | 25,771  |  |  | 25,771   |
|                  | <ul> <li>2 Less: Contributions.</li> <li>3 Gross income (line 1 minus line 2)</li> </ul>   | 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<br>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  |
|                  | <ul><li><b>10</b> Direct expense summary. Add lines 4 t</li><li><b>11</b> Net income summary. Subtract line 10</li></ul>   |   | <br>   | · · · · · ►                              |  |
| Par              |  | from line 3, column (d)   | s" on Form 990, Part I   | V, line 19, or reporte                   | 3,006  |
|                  | <b>11</b> Net income summary. Subtract line 10<br><b>Gaming.</b> Complete if the orga  | from line 3, column (d)   | s" on Form 990, Part I<br>(b) Pull tabs/Instant<br>bingo/progressive bingo | V, line 19, or reporte                   | 3,006  |
|                  | <b>11</b> Net income summary. Subtract line 10<br><b>Gaming.</b> Complete if the orga  | from line 3, column (d)<br>anization answered "Ye   | ( <b>b)</b> Pull tabs/Instant  |  | 3,006<br>d more than \$15,000<br>(d) Total gaming (add                             |
| s Revenue        | 11 Net income summary. Subtract line 10<br>t III Gaming. Complete if the orga<br>on Form 990-EZ, line 6a.  | from line 3, column (d)<br>anization answered "Ye   | ( <b>b)</b> Pull tabs/Instant  |  | 3,006<br>d more than \$15,000<br>(d) Total gaming (add                             |
| s Revenue        | <ul> <li>11 Net income summary. Subtract line 10</li> <li><b>Gaming.</b> Complete if the orgation on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>  | from line 3, column (d)<br>anization answered "Ye   | ( <b>b)</b> Pull tabs/Instant  |  | 3,006<br>d more than \$15,000<br>(d) Total gaming (add                             |
| EXPENSES REVEINE | <ul> <li>11 Net income summary. Subtract line 10</li> <li>Gaming. Complete if the orgation on Form 990-EZ, line 6a.</li> <li>Gross revenue</li></ul>   | from line 3, column (d)<br>anization answered "Ye   | ( <b>b)</b> Pull tabs/Instant  |  | 3,006<br>d more than \$15,000<br>(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)<br>anization answered "Ye   | ( <b>b)</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)<br>anization answered "Ye   | ( <b>b)</b> Pull tabs/Instant  |  | 3,006<br>d more than \$15,000<br>(d) Total gaming (add                             |
|                  | <ul> <li>11 Net income summary. Subtract line 10</li> <li>Gaming. Complete if the orgation on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ul>                        | from line 3, column (d)<br>anization answered "Ye<br>(a) Bingo  | (b) Pull tabs/Instant<br>bingo/progressive bingo                           | (c) Other gaming                         | 3,000<br>d more than \$15,000<br>(d) Total gaming (add                             |
|                  | <ul> <li>11 Net income summary. Subtract line 10</li> <li>Gaming. Complete if the orgation on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li></ul> | from line 3, column (d)<br>anization answered "Ye<br>(a) Bingo<br>(a) Bingo<br>Yes%<br>No<br>hrough 5 in column (d)   | (b) Pull tabs/Instant<br>bingo/progressive bingo                           | (c) Other gaming<br>. Yes% . No          | 3,000<br>d more than \$15,000<br>(d) Total gaming (add                             |
| EXPENSES REVENUE | <ul> <li>11 Net income summary. Subtract line 10</li> <li>Gaming. Complete if the organization form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li></ul>  | from line 3, column (d)<br>anization answered "Ye<br>(a) Bingo<br>(a) Bingo<br>Ves<br>No<br>hrough 5 in column (d)<br>t line 7 from line 1, colum<br>on conducts gaming activities in each of | (b) Pull tabs/Instant<br>bingo/progressive bingo                           | (c) Other gaming<br>(c) Other gaming<br> | 3,006<br>d more than \$15,000<br>(d) Total gaming (add<br>col.(a) through col.(c)) |

| Sche | dule G (Form 990 or 990-EZ) 2                                 | 019  |   |        |        |       | F | Page <b>3</b> |
|------|---|--|---|--------|--------|-------|---|---------------|
| 11   | Does the organization conduct                                 | t gaming activities with nonmembers  | ?   |        |        | 🗌 Yes |   |               |
| 12   |   | beneficiary or trustee of a trust or a<br>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<br>   | 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<br>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-<br>EZ)                            | Supplemental Information to Form 990 or 990-EZ<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information. |                                     |   | 2019                         |  |
| Department of the Treasury                          | ► Go to <u>и</u>   | Attach to Forn<br>www.irs.gov/Form9 | n 990 or 990-EZ.<br><u>90</u> for the latest information. | Open to Public<br>Inspection |  |
| Namel Betrevolganization Employer identification nu |  |                                     | r identification number                                   |                              |  |
| HILTON HEAD REGIONAL HAE<br>HUMANITY INC            | BITAT FOR  |                                     | 57-09162  | 45                           |  |
| 000 Cale adula 0. C.                                |  | -                                   |   |                              |  |

| Return<br>Reference                             | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE BOARD OF DIRECTORS IS PROVIDED A DRAFT COPY OF THE TAX RETURN, A COPY OF THE ANNUAL FI<br>NANCIAL STATEMENTS, AN EXPLANATION OF THE RETURN, WITH ANY QUESTIONS OR CONCERNS BEING RES<br>OLVED PRIOR TO THE FILING OF THE RETURN. |

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

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

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

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

| Return<br>Reference              | Explanation |
|----------------------------------|-------------|
| FORM 990,<br>PART XI,<br>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 9<sup>th</sup>.

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