_	0	on	Return of Organization Exempt F			OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		ZUZI
		of the Treasury	Do not enter social security numbers on this form a		•	Open to Public Inspection
		nue Service e 2021 calend	► Go to www.irs.gov/Form990 for instructions and ar year, or tax year beginning JUL 1, 2021 and e		UN 30, 2022	Inspection
			f organization		D Employer identifica	tion number
D a	heck if pplicabl	le:	I OIGAIIIZATION		D Employer identifica	
	Addre		TAT FOR HUMANITY OF GREATER PORTLA	ND		
	Name		usiness as		22-2570213	3
	Initial			Room/suite	E Telephone number	-
		659	WARREN AVE		207-772-23	151
	termin		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,768,596.
	Amen		LAND, ME 04103		H(a) Is this a group retu	rn
	Applic tion	^{ca-} F Name a	nd address of principal officer: TARA HILL		for subordinates?	
	pendii	^{ng} SAME	AS C ABOVE		H(b) Are all subordinates inclu	
		empt status: [r 🗌 527	If "No," attach a lis	t. See instructions
_			HABITATPORTLANDME.ORG		H(c) Group exemption r	
			X Corporation Trust Association Other ►	L Year of	of formation: 1984 M s	State of legal domicile: ME
Pa	nrt I	Summary				
Ø			be the organization's mission or most significant activities: \underline{TO}			
anc			FOR THOSE IN NEED, AND TO MAKE DEC			
erné			x if the organization discontinued its operations or dispose	ed of more		
0 V						14
ত ক			lependent voting members of the governing body (Part VI, line 1b)			14
ies			of individuals employed in calendar year 2021 (Part V, line 2a)			21
Activities & Governance			of volunteers (estimate if necessary)			175
Act						<u>38,339.</u> 26,989.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11			Current Year
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 1,377,636.	2,107,934.
Iue					46,608.	419,931.
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		866.	805.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		104,932.	53,970.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,530,042.	2,582,640.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
S			r compensation, employee benefits (Part IX, column (A), lines 5-10)		670,607.	775,844.
Ise	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	b		ing expenses (Part IX, column (D), line 25)	3.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		469,986.	944,740.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,140,593.	1,720,584.
	19	Revenue less	expenses. Subtract line 18 from line 12		389,449.	862,056.
s or				Be	ginning of Current Year	End of Year
Assets - d Balanc	20	Total assets (F	Part X, line 16)		3,920,075.	4,759,457.
it As Id B	21		(Part X, line 26)		1,673,261.	1,630,321.
E Net			fund balances. Subtract line 21 from line 20		2,246,814.	3,129,136.
	nrt II					
	-		I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	cn preparer	nas any knowledge.	
						

Sign	Si	gnature of officer	Date			
Here		ARA HILL, EXECUTIVE D	IRECTOR			
	Ту	pe or print name and title				
	Print/Ty	pe preparer's name	Preparer's signature	Date	Check	PTIN
Paid	PATR	ICK NICHOLAS, CPA	PATRICK NICHOLAS,			₽00289567
Preparer	Firm's n	ame 🕨 WIPFLI LLP			Firm's EIN 🕨 39	-0758449
Use Only	Firm's a	ddress 30 LONG CREEK DR	IVE			
		SOUTH PORTLAND,	ME 04106-2437		Phone no.207.	774.5701
May the IF	RS discu	ss this return with the preparer shown abo	ve? See instructions			X Yes No
132001 12-0	9-21 L	HA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HABITAT FOR HUMANITY OF GREATER PORTLAND 22-2570213 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CREATE DECENT, AFFORDABLE HOUSING FOR THOSE IN NEED, AND TO MAKE
	DECENT SHELTER A MATTER OF CONSCIENCE WITH PEOPLE EVERYWHERE.
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 If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses 1, 308, 203. including grants of \$) (Revenue \$ 394, 465.)
	CONSTRUCTION AND SALE OF HOUSES TO QUALIFYING LOWINCOME FAMILIES AT
	COST, WITH LOWINTEREST OR NOINTEREST FINANCING. WE'VE BUILT 92 HOMES IN
	SOUTHERN MAINE SINCE 1985. IN FY22 WE COMPLETED TWO OUT OF THREE HOMES
	IN FREEPORT. LAND WAS PURCHASED FOR EIGHT HOMES TO BE BUILT IN SOUTH
	PORTLAND. WE STARTED A CRITICAL HOME REPAIR PROGRAM IN FY20 THAT HAS
	NOW COMPLETED 68 HOME REPAIRS THROUGHOUT CUMBERLAND COUNTY.
	NOW COMPLETED 00 HOME REFAIRS HIROUGHOUT COMDERLIAND COUNTI.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
14	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 1,308,203.
40	Form 990 (2021)
132002	2 12-09-21

HABITAT FOR HUMANITY OF GREATER PORTLAND 22-2570213 Page 3 Form 990 (2021) 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)? Х If "Yes," complete Schedule A 1 2 х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X е Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 anization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

10	bid the organization report more than \$10,000 total of fundraising event gross income and contributions of that vin, lines		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
	complete Schedule G, Part III	19	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	

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Form 990 (2021)

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Part IV Checklist of Required Schedules (continued) 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 27 (If Yes,* complete Schedule I, Parts I and II 22 X 3D Dt the organization new? Yes' to Part IV, Sector A, line 3, 4, or 5, shout compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? (If Yes,* complete Schedule I, Parts I and III 22 X 240 Dt the organization revest any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the vers, that was issued after December 31, 2002? (If Yes,* answer lines 24b through 24d and complete Schedule I, Part I 24a X 241 Dt the organization revest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 243 Dt dith organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hear network any of the organization is prior Pars 800 or 590 CE27 (If Yes,* complete Schedule I, Part I 25a X 244 Did the organization creates any amount on Part X, line 6 or 22, for receivables from or payables to any current or former forter, director, trustes, key employee, creator or founder, substantial contributor, 9356 26b X 245 Did the organization neeves any amount on Part X, line 6 or 22, f	Form	990 (2021) HABITAT FOR HUMANITY OF GREATER PORTLAND 22-2570	213	Р	_{age} 4
22 Del the organization report more than \$5,000 of grants or other assistance to or for demestic individuals on Part IX. Commole Schedule. Part I and III. 22 X 23 Del the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directos, trustees, key employees, and highest compensation demolysee? If "Yes," complete Schedule K. If "Ne," go to Ine 25a. X 24 Del the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K. If "Ne," go to Ine 25a. X 25 Del the organization matter any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K. If "Ne," go to Ine 25a. X 26 Did the organization matter any proceeds of tax-exempt bond issue with a dual tax any time during the year? 24a 27 Z Section 501(46), 501(42) and grantston. Did the organization mages in an excess benefit transaction was that the transaction. Did the organization matter any differe principal amount with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 900 ar 900-E27 # Yes, "complete Schedule L, Part I 25a X 26 Did the organization report any amount on Part X, line 5 or 22, for neceivables from or payable to any current or former officer, director, trustee, key amployee, cereator or founder, substantial contributor or 356 26a X 27 Did	Par				ugo -
Part IX column (A), line 27. If "Ves," complete Synduce (. Part J and III. 22 X 20 bit the organization answer "Very for Part VI. Schedule (. Part J and III. 23 X 244 Did the organization answer "Very for Part VI. Schedule (. Part J and III. 23 X 245 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 yar, that was issued after Desember 31, 2002? If "Ves," answer lines 240 through 240 and complete Schedule I. Pin (. Pin,				Yes	No
23 Did the organization arswer "Yes" to Part VI, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J, Was, 'to yes, 'to yes	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, ' complete last day of the year, that was issued after December 31, 2002? If 'Yes, ' answer times 244 brough 244 and complete last day of the year, that was issued after December 31, 2002? If 'Yes, ' answer times 244 brough 244 and complete last day of the year, that was issued after December 31, 2002? If 'Yes, ' answer times 244 brough 244 and complete last day of the year, that was issued after December 31, 2002? If 'Yes, ' answer times 244 brough 244 and complete last day of the year. 24a X 24b D Did the organization meast any proceeds of tax exempt bonds beyond a temporary period exception' 24a X 25c Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Dud the organization engage in an excess benefit transaction with a disqualified perior in a prior year, and that the transaction bars on been reported on any of the organization's prior Forms 590 or 590 C27. If 'Yes, ' complete Schedule L, Part I 25a X 25 Did the organization creates and or the satistication with a disqualified perior or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes, ' complete Schedule L, Part II 25a X 26 D d the organization report on the part or the satistication trustee, key employee, creator or founder, or substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes, ' complete Schedule L, Part II 25a X 27 Z4 Z4 Z4 Z4 Z4 Z4		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 24 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, 1g or to line 25e X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d 2 Section 501(c)(3), 501(c)(4) and 501(c)(20) organizations. Did the cognization again an excess benefit transaction with a disqualified person during the year? 25d X 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organization is prior Forms 900 or 900 E27. If "res," complete Schedule I, Part I 25e X 26 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or form of form, direct, trustes, lever and or form as differ. Jean II 26e X 27 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or form of form, direct, trustes, leve and or form as differ, direchr, trustes, leve and or forme or field, recleret, le	23				
24a Did the organization have a tax-everyth 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 Mo, "g to bine 25a. b Did the organization invest any proceeds of tax-everyth bond beyond a temporary paried exception? 24a b Did the organization invest any proceeds of tax-everyth bond soutstanding at any time during the year to defease any tax-everyth bond? 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 discualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are proved on any other? 25a X b Is the organization exacts are not been reported on any of the organization is prior Forms 900 or 900 E27 (f 'Yes, * complete Schedule L, Part I) 25b X 25 Did the organization provide a grant or the assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or a 39b; controlled entity including an employee thereory or family member of any of these persons? (f ''''''es, * complete Schedule L, Part I) 25b X 27 Did the organization provide a grant or the assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or anyloge thereof an any member of any of these persons? (f '''''''es, * complete		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Z4a X DD by the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Z4b Z4b C Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Z4d Z4c D d the organization and the an entitle organization engage in an excess benefit transaction with a disqualified person during the year? Z4d Z4d Z5 Section 501(C)(3) 501(C)(4) and 501(C)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Z4d Z5s Z5 Did the organization aver that the rengaged in an excess benefit transaction with a disqualified person during the year? Z5s X Z6 Did the organization period 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 molece sectored transaction are not been reported any of these person? If "Yes," complete Schedule L, Part II Z6 X Z7 Did the organization period a grant or their assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or grapted Schedule L, Part IV Z6 X Z9 Did the organization acpet the organization acpet the following parties (see the Schedule L, Part IV Z8 X A current			23		Х
Schedule K. If Yo, "go to line 25a 24a X D Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b X C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c X Z55 Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory sear, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E2? If "Yes," complete Schedule L, Part I 25a X 2 Did the organization care as more than the person? Ji "Yes," complete Schedule L, Part I 26b X 2 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employe, creator or founder, substantial contributor, or 356 26b X 2 Did the organization provide a grant or othera satistance 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 356 kontolled entity inductual described in line 28a? If "Yes," complete Schedule L, Part IV 26 X 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II "Yes," complete Schedule L, Part IV 27 X 29 A family membe	24a				
b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of lax-exempt bonds? 24d d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 255 Section 501(KS), 501((k1), 400((k1), 501(k1), 400(k1), 500(k1), 500(k1), 400(k1), 500(k1), 500(k1), 400(k1), 500(k1), 500(last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exampt bonds? 246 250 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 258 251 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 258 252 Section 501(c)(3), and 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 258 251 bit the organization avame that it engaged in an excess benefit transaction with a disqualified person during the year? 258 262 X Did the organization provide agrant or that assistance to any current or form or payables to any current or form or toget, dividing an employee agrant or that assistance to any current or form or toget, dividing an employee thereol, a grant selection committee member, or to a 39% controlled entity (including an employee thereol, transte, key employee, creator or founder, substantial contributor? Jf X 278 Did the organization provide agrant or that assistance to any current or form or toget, dividual described to regate to rotunder. 276 X 280 Did the organization provide thereof, transte, key employee, creator or founder, a grant selection committee Schedule L, Part I N, instructions for applicable fing threshol					X
any taxes example bonds? 24c 2b Dit the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2b 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 2b Is the organization aware that the nagaed in an excess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part I 25b X. 2c 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 former officer, director, trustee, key empl	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 507(63), 501(44), and 501(42) organizations. Did the organization encage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 25a 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 may of the organization spore Forms 900 or 900-E71 'Yes,' complete Schedule L, Part I 25b X 2 Did the organization report of 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 S5% controlled entity including an employee thereol, a grant selection committee member, or to a 36% controlled entity finctuling an employee thereol of any individual describe thereol, 1 agrant selection committee member, or to a 36% controlled entity including an employee of thereol of the persons? If 'Yes,' complete Schedule L, Part I 26 X 28 Was the organization a porty to a business transaction with one of the following parties (see the Schedule L, Part IV instructors for applicable ling thresholds, conditions, and exceptions): 27 X 28 A tamily member of any oldwalu described in line 28a? If 'Yes,' complete Schedule L, Part IV 28a X 29 X to foll memory of any of the erganization second the second of an inflowing parties (see the Schedule L, Part IV 28a X 20 Lot the organization on ecolubule. The art I, historic	С				
25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person (in a prior year, and that the transaction mas not been reported on any of the organization site of 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 'Yea,' complete Schedule L, Part I 26a X 27 Zd the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or other agrant steetic normittee members, or to a 35% controlled entity or tamily member of any of these persons? If 'Yea,' complete Schedule L, Part II 26 X 28 Was the organization agrant to a business transaction with one of the following parties (see the Schedule L, Part II 26 X 29 A acrient of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yea,' complete Schedule L, Part IV 28b X 20 A admity member of any individual discribed in line 28a? If 'Yea,' complete Schedule L, Part IV 28b X 20 A differed free controlloting of ath. Instoreal transactor, or ther similar assets, or qualified conservation contributions? 28 X 20 Did the organization		any tax-exempt bonds?	24c		
transaction with a disputitive period 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 SP0 or 990-E27 // *Yes,* complete Schedule L, Part I 25a X b 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 point forms officer, director, trustee, key employee, creator of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof or farmally member of any of these person? 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 35% controlled entity including an employee thereof or farmally member of any of these persons? If *Yes,* complete Schedule L, Part IV 26 X 28 Was the organization provide a grant or other sensition owith one of the following parties (see the Schedule L, Part IV 28a X 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If *****, complete Schedule L, Part IV 28b X 29 Did the organization receive more than 250,000 in non-cash contributions? If *Yes,* complete Schedule N, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27: if "Yes," complete Schedule L, Part I 25b X 27 Zd It the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, thustee, key employee, creator or founder, substantial contributor on 35% 266 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 on 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II) 28 X 29 A armity member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 X 29 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 20 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or	25a				
the the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete 25b X Schedule L, Part I 25b X 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% 25b X 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 35% 26 X Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "yes," complete Schedule L, Part III 26 X Was the organization receive controllows, and exceptions?: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV 28a X Did the organization receive more than 255,000 in non-cash contributions? If "yes," complete Schedule L, Part IV 28a X Did the organization receive more than 255,000 in non-cash contributions? If "yes," complete Schedule L, Part IV 28c X Did the organization receive more than 255,000 in non-cash contributions? If "yes," complete Schedule L, Part IV 28c X Did the organization receive more than 255,000 in non-cash contributions? If "yes," co		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part 1 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 folcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "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 35% controlled entity of any to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, " complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization neceive more than 255,000 nno-cash contributions? If "Yes," complete Schedule M 20 X 31 Did the organization neceive contributions of art, historical treasures, or other sets? If "Yes," complete Schedule M 30 X 32 Did the organization neceive ontrol than 325% of the dasset? If "Yes," complete Schedule M, Part II 31 X 33 Did the organization neceive ontrol than 255,000 nno-cash contributions? If "Yes," complete Schedule M, Part II 31<	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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," <i>complete Schedule L, Part II</i> 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity (including an employee thereof or farmy of these persons?). If "Yes," <i>complete Schedule L, Part II</i> 28 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A a X 29 A summer or any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 20 Did the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28b X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part II 20 X 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 210 Did the organization sell, exchange, dispose of		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 20 Did the organization provide a grant or other assistance to any current or former officer, furstee, 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 IV. 27 X 28 Was the organization provide thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 20 A Start or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 20 A A start or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 X 30 Did the organization receive contributions of art, historical treasures, or the similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part		Schedule L, Part I	25b		Х
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 55% 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 the Schedule L, Part III. 28 X 28 A tarnity member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 A tarnity member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 30 X 31 Did the organization sele, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization related to any taxewempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contribution or employee thereof), or family member of any of these persons? II "Yes," complete Schedule L, Part II. Z X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. Zeia X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L, Part IV. Zeia X 29 Did the organization receive more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV. Zeia X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I Zii X 30 ID the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization and exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization neek expanded as separate from the organization under Regulations sections 51/2(b)(13)? ("Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee threof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current of four of four of the organization and the control the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current of four of the organization and the control the following parties (see the Schedule L, Part IV, instructions for applicable following parties (see the Schedule L, Part IV, instructions for appliet Schedule L, Part IV, instructions for the organization receive contributions of at thistorical treasures, or other similar assets, or qualified conservation contributions for the signal treas assets of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, and I, X 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, ill, or IV, and Part V, line 1 31 X 33 Did the organization neal to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, line 1 32 X 34 <		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
entity (including an employee thereof) or family member of any of these persons? /f "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f Yes, "complete Schedule L, Part IV 28a X b A tarning member of any individual described in line 28a? /f 'Yes," complete Schedule L, Part IV 28b X 28 D A tarning member of any individual described in line 28a? /f 'Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f 'Yes," complete Schedule N 291 X 20 Did the organization receive contributions of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 and 301.7701-37 if 'Yes," complete Schedule R, Part I 30 X 21 M as the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 23 Did the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 28a X b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M, Part IV 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule M 30 X 31 Did the organization individual terminate, or dissolve and cease operations? // *Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // *Yes," complete Schedule R, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // *Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // *Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 35 a Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 35 a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule O for Part VI, line 2 38 X 30 Did the organization complete Schedule R, Part V, line 2 39 Did the organization complete Schedule R, Part V, line 2 30 Did the organization complete Schedule R Part V, line 2 31 Did the organization complete Schedule R, Part V, line 2 32 Did the organization complete Schedule R, Part V, line 2 33 Did the organization complete Schedule R, Part V, line 2 34 Did the organization c		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If *Yes,* complete Schedule L, Part IV 28b X c A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28b X 29 Did the organization receive contributions? If *Yes,* complete Schedule M 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule M, Part I 30 X 31 Did the organization receive any topsoe of, or transfer more than 25% of its net assets? If *Yes,* complete Schedule N, Part I 31 X 32 Did the organization related to any tax-exempt or taxable entity? If *Yes,* complete Schedule N, Part II 31 X 33 Did 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 33 X 34 Was the organization neaces than y tax-scentor tore or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a Jid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35a 34 If *Yes, * complete Schedule R, Part V, line 2 36 37 37 <td>28</td> <td>Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,</td> <td></td> <td></td> <td></td>	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 37 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 X Y Yes Note: All Form 990 filers are required to complete Schedule O Yes Note: All Form 990 filers are required to complete Schedule O 11	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization provide explanations on Schedule O for Part VI, line 1 38 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O contains a response or note to any line in this Part V	32				
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 35b 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? // f"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? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 39 Statements Regarding Other IRS Filings and Tax Compliance 28 X 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1b 0 a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17	34				
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 9art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37				
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 9art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38				
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O contains a response or note to any line in this Part V		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a 17 Yes No 1a 17 1a 17 1a 17 1a 17 1b 0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
Ia 17 Yes No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17 b 0 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17	'		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Image: Complex compl					
32004 12-09-21 Form 990 (2021		(gambling) winnings to prize winners?			
	132004	12-09-21	Form	990	(2021)

Part	90 (2021) HABITAT FOR HUMANITY OF GREATER PORTLA V Statements Regarding Other IRS Filings and Tax Compliance (continued)		570213		age
				Yes	No
2 a E	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
fi	led for the calendar year ending with or within the year covered by this return	2a	21		
b li	f at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	Х	
٩	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
				Х	
b lf	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О	<u>3b</u>	Х	
4a A	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
fi	inancial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		X
	f "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solici			
	ny contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
	"Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	vere not tax deductible?		<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).				v
	bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a service of the servi	vices provided to the p			X
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	-			- -
	o file Form 8282?	1	<u>7c</u>		X
	"Yes," indicate the number of Forms 8282 filed during the year	7d			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
	the organization received a contribution of qualified intellectual property, did the organization file Fo				
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		3-C? 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
	Sponsoring organizations maintaining donor advised funds.		0.		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>9b</u>		
	nitiation fees and capital contributions included on Part VIII, line 12	10a			
	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
		11a			
	aross income from members or shareholders Bross income from other sources. (Do not net amounts due or paid to other sources against				
	mounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	s the organization licensed to issue qualified health plans in more than one state?		13a		
	Jote: See the instructions for additional information the organization must report on Schedule O.				
	Inter the amount of reserves the organization is required to maintain by the states in which the				
	rganization is licensed to issue qualified health plans	13b			
	Inter the amount of reserves on hand	13c			
			14a		X
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		·····		
	excess parachute payment(s) during the year?		15		x
	f "Yes," see the instructions and file Form 4720, Schedule N.				
	s the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	f "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	ictivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	f "Yes," complete Form 6069.				

	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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	••		
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	d finano	cial	
	State the name, address, and telephone number of the person who possesses the organization's books and records			
?0	TARA HILL - 207-772-2151			
20	<u>TARA HILL - 207-772-2151</u> 659 WARREN AVE, PORTLAND, ME 04103		990	

						Public Cop				
		NITY OF GREA				213 Page 7				
Part VII Compensation of Officers, Dire	ectors, Ti	rustees, Key Emplo	yees,	Highest Co	mpensated					
Employees, and Independent	Contracto	ors								
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Em	ployees, a	nd Highest Compensate	ed Emp	loyees						
1a Complete this table for all persons required to be	e listed. Rep	ort compensation for the	calenc	ar year ending w	ith or within the orgar	nization's tax year.				
• List all of the organization's current officers, c Enter -0- in columns (D), (E), and (F) if no compensati		· ·	ls or or	ganizations), rega	ardless of amount of c	ompensation.				
 List all of the organization's current key employed 	oyees, if any	. See the instructions for	definit	on of "key emple	oyee."					
• List the organization's five current highest corr able compensation (box 5 of Form W-2, Form 1099-MISC,										
• List all of the organization's former officers, ke reportable compensation from the organization and			ated en	nployees who re	ceived more than \$100),000 of				
• List all of the organization's former directors more than \$10,000 of reportable compensation from		<i>,</i> , , , ,	,		or or trustee of the org	anization,				
See the instructions for the order in which to list the	persons ab	ove.								
Check this box if neither the organization nor a	any related o	organization compensate	d any c	urrent officer, di	rector, or trustee.					
(A)	(B)	(C)		(D)	(E)	(F)				

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar T	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			bense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal 1		ploye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TARA HILL	40.00	Ē	Ë	5	Ke	1 <u>7</u> 8	Fo			
EXECUTIVE DIRECTOR	40.00			x				57,733.	0.	4,155.
(2) JULIE C. RAY	2.00							57,755.	0.	4,155.
	2.00	x		37				0	0	
PRESIDENT	0.00	X		X				0.	0.	0.
(3) LEX MEAGHER	2.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) JEREMY HANDLON	2.00									
TREASURER		Х		X				0.	0.	0.
(5) CHRISTINE HUME	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JOHN FITZSIMONS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MATT FLAHERTY	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LINDA HALLERAN	2.00									
DIRECTOR		х						0.	0.	0.
(9) BART JAMES	2.00									
DIRECTOR		х						0.	0.	0.
(10) KATY LITTLEFIELD	2.00									
DIRECTOR		х						0.	0.	0.
(11) PAUL LONES	2.00									
DIRECTOR		х						0.	0.	0.
(12) JOHN SHUMADINE	2.00									U
DIRECTOR		х						0.	0.	0.
(13) JUSTIN ST.JOHN	2.00									
DIRECTOR		х						0.	0.	0.
(14) APRIL TARDIFF	2.00									
DIRECTOR		х						0.	0.	0.
(15) PETER TOUSIGNANT	2.00									
DIRECTOR		х						0.	0.	0.
								, v .		Ŭ
122007 12 00 21										Form 990 (2021)

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Form 990 (2021)

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									ATER PORTLAI		57021	L3 F	Page 8
Part			oloye	ees,			ghes	t C		, ,			
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more son is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	(F) Estimat amount other	t of
		(list any hours for related organizations below line)	individual trustee or director	institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI 1099-NEC)	is c SC/	from the organiza and rela	ation ne tion ted
									E9 933		0	A 1	FF
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							57,733 0 57,733	•	0.0.		<u>55.</u> 0. 55.
	Total number of individuals (including but non- compensation from the organization	ot limited to th	ose	liste	d ab	ove) whe	o re	eceived more than \$10	0,000 of reportable	e		0
	Did the organization list any former officer,	director, truste	e. k	ev e	empl	ove	e. or	hia	nhest compensated er	nplovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	uch individual										3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue compen	satio	on fr	rom a	any	unre	late	ed organization or ind	vidual for services		4	X
Sect	rendered to the organization? <i>If</i> "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	oerse	on .					5	X
	Complete this table for your five highest co the organization. Report compensation for t	•	•								pensatior	n from	
	(A) Name and business			ONE					(B) Description o		Con	(C) npensatio	on
2	Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t	thos	e list	ted	above) who received	more than			
	\$100,000 of compensation from the organiz	0				0					Fo	rm 990	(2021)

132008 12-09-21

			2021) HABITAT FOR H	HUMANITY (OF GREATER	PORTLAND	22-2570	213 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)	(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ω ^E E			Fundraising events 1c					
r A			Related organizations 1d					
nila			Government grants (contributions) 1e	689,762.				
Sir			All other contributions, gifts, grants, and	,				
her		•	similar amounts not included above 1f	1,418,172.				
ot tri		a	Noncash contributions included in lines 1a-1f	1,096,633.				
Son		-	Total. Add lines 1a-1f		2,107,934.			
				Business Code	· · ·			
Ð	2	а	SALES OF HOMES	531390	230,000.	230,000.		
, vic		b	MORTGAGE LOAN DISCOUNT AMORTIZATI	900099	98,622.	98,622.		
Ser		с	SECOND MORTGAGE INCOME	900099	58,498.	58,498.		
an Sve		d	HOME REPAIR PROGRAM	531390	32,811.	32,811.		
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f		419,931.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)	►	805.			805.
	4		Income from investment of tax-exempt bond	proceeds 🕨 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents					
			Less: rental expenses 6b 54,181					
		С	Rental income or (loss) 6c 38,339	•				
			Net rental income or (loss)	>	38,339.		38,339.	
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
~		b	Less: cost or other basis					
evenue		_	and sales expenses					
eve			Gain or (loss) 7c					
Other Re	•		Gross income from fundraising events (not	······				
Ę	0	a	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	50,260.				
		h	Less: direct expenses 8t					
			Net income or (loss) from fundraising events		41,097.			41,097.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	a				
		b	Less: direct expenses 9t	b				
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	a 1,097,146.				
		b	Less: cost of goods sold 10	b 1,122,612.				
		с	Net income or (loss) from sales of inventory		-25,466.	-25,466.		
s				Business Code				
Miscellaneous Revenue	11	а						
scellaneo <u>Revenue</u>		b						
Sev		С						
Mis			All other revenue					
	40		Total. Add lines 11a-11d		2,582,640.	394,465.	38,339.	41,902.
40.0	12		Total revenue. See instructions	▶	2,302,040.	554,405.	1 30,339.	Form 990 (2021)
132009	12	-09-	-21					ronn 330 (2021)

10

22-2570213 Page 10 HABITAT FOR HUMANITY OF GREATER PORTLAND Form 990 (2021) Part IX Statement of Functional Expenses

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

Check if Schedule O contains a re				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizat and domestic governments. See Part IV, line 21	ions 			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and fore	eign			
individuals. See Part IV, lines 15 and 16 \ldots				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	110 501		40.005	4
trustees, and key employees	118,601.	84,212.	19,007.	15,382
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	E00 444	381,581.	82,129.	69,404
7 Other salaries and wages	,		02,129.	09,404
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9 Other employee benefits		42,268.	18,526.	8,387
0 Payroll taxes		39,562.	8,243.	7,143
1 Fees for services (nonemployees):			.,	.,
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2				
column (A), amount, list line 11g expenses on Sch	10.) 58,564.	10,250.	24,557.	23,757
2 Advertising and promotion	20.001	10 504	15 054	0.000
3 Office expenses		13,534.	15,974.	2,873
4 Information technology				
5 Royalties		49,296.	14,779.	
6 Occupancy	0.000	3,387.	3,920.	1,071
7 Travel8 Payments of travel or entertainment expense		5,507.	5,920•	1,0/1
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest	10 600	29,453.	11,246.	
Payments to affiliates				
2 Depreciation, depletion, and amortization		34,831.	10,325.	8,948
3 Insurance	12 222	27,129.	16,194.	
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. I line 24e amount exceeds 10% of line 25, column (amount, list line 24e expenses on Schedule 0.)				
a COST OF SALES TO HOMEO	W 365,339.	365,339.		
b CRITICAL HOME REPAIR P	R 135,661.	135,661.		
c SMALL TOOLS, SUPPLIES .	A 26,440.	26,028.	317.	95
d BANK FEES	21,204.	19,049.	2,155.	
e All other expenses	94,572.	46,623.	32,706.	15,243
5 Total functional expenses. Add lines 1 through 2	4e 1,720,584.	1,308,203.	260,078.	152,303
6 Joint costs. Complete this line only if the organiza	tion			
reported in column (B) joint costs from a combine				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720))			Form 990 (202

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ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	85,517.	1	32,351
	2	Savings and temporary cash investments	918,292.	2	1,055,829
	3	Pledges and grants receivable, net		3	428,518
	4	Accounts receivable, net		4	11,831
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	555,996.	7	503,67
	8	Inventories for sale or use	56,806.	8	56,48
	9	Prepaid expenses and deferred charges	4,093.	9	
		Land, buildings, and equipment: cost or other	· ·		
		basis. Complete Part VI of Schedule D 10a 2,336,503.			
	b	Less: accumulated depreciation 10b 552,301.	1,853,033.	10c	1,784,20
	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	446,338.	15	886,56
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,920,075.	16	4,759,45
1	17	Accounts payable and accrued expenses	78,665.	17	83,86
	18	Grants payable	,	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Francisco en estado de la constructiva de la		21	
	22	Loans and other payables to any current or former officer, director,		~ 1	
	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
				22	
	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties	1,400,535.	22	1,501,64
	23 24		1,100,000	23	1,301,04
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			194,061.	25	44 81
	26	of Schedule D Total liabilities. Add lines 17 through 25	1,673,261.	26	<u>44,81</u> 1,630,32
+	20	Organizations that follow FASB ASC 958, check here X	1,075,201.	20	1,050,52
		and complete lines 27, 28, 32, and 33.			
	27		2,234,814.	27	3,084,86
	28	Γ	12,000.	28	44,27
	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	12,000.	20	11,47
		and complete lines 29 through 33.			
	00			00	
	29 20	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	2 216 011	31	2 1 2 0 1 2
	32	Total net assets or fund balances	2,246,814.	32	3,129,13
	33	Total liabilities and net assets/fund balances	3,920,075.	33	4,759,45

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Form	990 (2021) HABITAT FOR HUMANITY OF GREATER PORTLAND	22-	2570	213	Pa	_{ge} 12	
Pa	rt 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	,582	2,6	40.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,72	0,5	84.	
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6		2	0,2	66.	
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	3	,12	9,1	36.	
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 on Schedule	О.					
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	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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	e 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 Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	t				
	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 required	red audi	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2021)

	i ubiic
Status and Dublic Support	OMB No. 1545-0047
Status and Public Support n is a section 501(c)(3) organization or a section	2021
() ()	

SC	HEDULE A		Dublic Cha	rity Status an	d Dub	lic Si	innort		OMB No. 1545-0047
(For	m 990)			•			••		2021
		Co	omplete if the orga مر	<u> </u>					
Departi	nent of the Treasury			4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.				Open to Public	
Internal	Revenue Service			ov/Form990 for instruction			nformation.		Inspection
Name	e of the organizati	on						Employe	r identification number
		HABI	TAT FOR HU	MANITY OF GRI	EATER	PORTI	JAND	2	2-2570213
Par	t I Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	is.	
The c				(For lines 1 through 12, cl					
1	-	-		on of churches described		-	I)(A)(i).		
2				(Attach Schedule E (Form					
3				anization described in se		(b)(1)(A)(ii	i).		
4				, onjunction with a hospital)(iii). Enter	the hospital's name,
	city, and state:						1 <i>i</i>		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit describe						ed in		
-	section 170(b)(1)(A)(iv). (Complete Part II.)								
6				mental unit described in	section 17	70(b)(1)(A)	(v).		
-		-	-	antial part of its support fr				he general i	oublic described in
	•		complete Part II.)		on a gore			general j	
8	-)(1)(A)(vi). (Complete Par	EIL)				
9	-		-	d in section 170(b)(1)(A)(ed in conii	inction with a	land-grant	college
-	-			culture (see instructions).		-		-	-
	university:		grant conege of agri			lame, enj	, and clate of	the conege	
10	·	on that norma	Illy receives (1) more	e than 33 1/3% of its supp	ort from c	ontributior	ns. memberst	nip fees, an	d gross receipts from
				ct to certain exceptions; a					
				e (less section 511 tax) fro					
			mplete Part III.)			looo doqui		gamzation	
11				sively to test for public sat	etv See	section 50)9(a)(4).		
12	-	-	-	sively for the benefit of, to	•			arry out the	nurnoses of one or
	-	-	-	ed in section 509(a)(1) o				-	
				of supporting organization					
а		•		supervised, or controlled	-			-	aivina
u				egularly appoint or elect a	• • • •	-		•••••	
		-	complete Part IV, S		majority o				apporting
b	-		-	d or controlled in connect	ion with ite	s sunnorte	d organizatio	n(s) by hay	vina
D			-	ganization vested in the sa			-		-
		-		, Sections A and C.				ge the supp	
с	•	. ,	•	ng organization operated	in connect	ion with	and functiona	lly integrate	ad with
Ŭ				s). You must complete I				ny mograte	Ja with,
d		•	.,.	porting organization oper				rted organi [.]	zation(s)
u	••	-		ization generally must sat				•	. ,
			•	mplete Part IV, Sections	•		•		1000
е		·	,	written determination from					
e		•		onally integrated supporti			турет, туре	п, туре ш	
f	Enter the number	-	•••			au011.			
f			n about the support	od organization(s)					L
<u> </u>	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i		support (see instructions)
	-			above (see instructions))	100	110		-	
				1	1		1		1

<u>Total</u>

Schedule A	(Form 990) 2021	HABITAT	FOR	HUMANITY	OF	GREATER	PORTLAND	22-2570213	Page 2
Part II	Support Schedule	for Organizati	ions D	escribed in Se	ectio	ns 170(b)(1)(A)(iv) and 170	(b)(1)(A)(vi)	

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.)

ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")	1073407.	1324743.	869,346.	1377636.	2107934.	6753066.		
Tax revenues levied for the organ-								
•								
, ,								
	1072407	1204742	960 246	1277626	2107024	6752066		
	10/340/.	1324/43.	869,346.	13//030.	210/934.	6753066.		
•								
•								
						86,587.		
•••						6666479.		
						0000475.		
	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
		1324743.				6753066.		
and income from similar sources	563.	850.	2,221.	866.	805.	5,305.		
activities, whether or not the								
business is regularly carried on	23,147.	19,575.	41,232.	39,975.	38,339.	162,268.		
Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI.)								
Total support. Add lines 7 through 10						6920639.		
Gross receipts from related activities,	etc. (see instructio	ns)			12 4	<u>,385,767.</u>		
First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
						0())		
						<u>96.33 %</u>		
						95.70 %		
						N V		
		-						
	•					-		
-			-		-			
	-		• • • •	-				
	-							
· -								
-								
Schedule A (Form 990) 2021								
	ndar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Ction B. Total Support ndar year (or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (I Public support per	ndar year (or fiscal year beginning in) (a) 2017 Gifts, grants, contributions, and (a) 2017 Gifts, grants, contributions, and 1073407. Tax revenues levied for the organization's benefit and either paid to 1073407. Tax revenues levied for the organization's benefit and either paid to 1073407. The value of services or facilities 1073407. The value of services or facilities 1073407. Total. Add lines 1 through 3 1073407. The portion of total contributions 1073407. by each person (other than a governmental unit or publicly supported organization) included 1073407. Mount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 1073407. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 563. activities, whether or not the 23,147. Dassets (Explain in Part VI.) Cors receipts from related activities, etc. (see instructice First 5 years. If the Form 990 is for the organization's fir organization, check this box and stop here Ction C. Computation of Pu	dar year (or fiscal year beginning in) (a) 2017 (b) 2018 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1073407. 1324743. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 1073407. 1324743. The value of services or facilities furnished by a governmental unit to the organization without charge 1073407. 1324743. Total. Add lines 1 through 3 1073407. 1324743. 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) 1073407. 1324743. Public support. Subtract line 5 from line 4. 1073407. 1324743. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 23,147. 19,575. First 5 years. If the Form 990 is for the organization's first, second, third, t organization, check this box and stop here 23,147. 19,575. The support percentage for 2020 Schedule A, Part II, line 14 33 1/3% support test - 2021. If the organization did not check the box or stop here. The organization qualifies as a publicly supported organization or stop here. The organization qua	dar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 1073407. 1324743. 869,346. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 1073407. 1324743. 869,346. The value of services or facilities furnished by a governmental unit to the organization without charge 1073407. 1324743. 869,346. Total. Add lines 1 through 3	ndar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 Gifts, grants, contributions, and membership fees received. (b ond include any "unusual grants.") 1073407. 1324743. 869, 346. 1377636. Tax revenues levied to the organization's benchman during that of the organization without charge 1073407. 1324743. 869, 346. 1377636. The value of services or facilities Introduction during that of the organization without charge 1073407. 1324743. 869, 346. 1377636. 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) 1073407. 1324743. 869, 346. 1377636. Public support. Subtratine 6 form life 4. 1073407. 1324743. 869, 346. 1377636. Cross income from interest, dividends, payments received on securities loans, rents, royaitis, and income from similar sources activities, whether or not the business is regularly carried on Charles Thom similar sources activities, set from related business activities, whether or not the cost and activities, set (, see instructions) 23, 147. 19, 575. 41, 232. 39, 975. First S years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sector 5 organization, check this box and stop here. 3	dar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 Gifts, grants, contributions, and membership fees received, (Do not include any 'unusual grants.') 1073407. 1324743. 869, 346. 1377636. 2107934. Tax revenues level for the organization benefit and either paid to or expended on its behalf 1073407. 1324743. 869, 346. 1377636. 2107934. The value of services or facilities furnished by a governmental unit to the organization without charge 1073407. 1324743. 869, 346. 1377636. 2107934. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 1073407. 1324743. 869, 346. 1377636. 2107934. Public support. Success from interest, dividends, payments received on securities loans, rents, roystiles, and income from interest, dividends, payments received on securities loans, rents, roystiles, and income from similar sources 563. 850. 2, 221. 866. 805. Net income from nertext, dividends, payments received on securities loans, rents, roystiles, and income from similar sources 563. 850. 2, 221. 866. 805. Total support. Add lines 7 through 10 Companization for the organization fist, second, third, fourth, or fif		

SCHEDULE	D
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Supplemental Financial Statements

Public Copy OMB No. 1545-0047

	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,					OMB No. 1545-0047			
(1 011		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12		_				
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	ation.		Open to Inspecti			
	e of the organization				nployer ide			er	
			TY OF GREATER PORTLAN			-25702			
Pa	rt I Organiza	ations Maintaining Donor Advise							
		n answered "Yes" on Form 990, Part IV, lin				·			
			(a) Donor advised funds	(b) Fi	unds and o	ther accou	ints		
1	Total number at er	nd of year							
2		f contributions to (during year)						_	
3		f grants from (during year)							
4	Aggregate value at	t end of year							
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		L	Yes		lo	
6	•	on inform all grantees, donors, and donor a							
		ooses and not for the benefit of the donor o		0	_	_			
Do	impermissible priv					Yes		lo	
Pa		ation Easements. Complete if the org		Part IV, line	7.				
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·						
		n of land for public use (for example, recrea	·				1		
		of natural habitat	Preservation of	a certified	nistoric strl	lcture			
0		of open space	ind concernation contribution in the form	of a concorr	ation acco	mant an th			
2	day of the tax year	through 2d if the organization held a qualit r	red conservation contribution in the form of			he End of th		ar	
а				2a				<u> </u>	
b									
c	-	vation easements on a certified historic structure		·····				_	
d		vation easements included in (c) acquired a						—	
		nal Register							
3		vation easements modified, transferred, rel			n during th	e tax			
	year 🕨			0	Ū				
4	Number of states	where property subject to conservation eas	ement is located						
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of						
	violations, and enf	forcement of the conservation easements it	holds?		L	Yes		lo	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ea	sements du	uring the ye	ear		
	▶								
7		ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easeme	ents during	the year			
-	►\$								
8		vation easement reported on line 2(d) abov			_				
•)(4)(B)(ii)?				Yes		No	
9		be how the organization reports conservation d include, if applicable, the text of the footr	-						
		counting for conservation easements.		ins that ue	SCHDES LIE				
Pa		ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simil	ar Asset	s.		—	
		f the organization answered "Yes" on Form							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance	sheet work	s		—	
	U U	easures, or other similar assets held for put							
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these item	S.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance she	et works of				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	erance of p	ublic servic	ce,			
	provide the followi	ing amounts relating to these items:							
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		►	\$				
	(ii) Assets include	ed in Form 990, Part X		►	\$				
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial	gain, provi	de				
	•	unts required to be reported under FASB A							
а		on Form 990, Part VIII, line 1			\$				
		i Form 990, Part X		►	\$				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.		Schedul	e D (Form	990) 20	21	

132051 10-28-21

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27

07520109 147695 254012

	dule D (Form 990) 2021 HABITAT	FOR HUMAN							70213	
3	Using the organization's acquisition, accessi								Continue	
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ey further th	ne organizatio	on's exen	npt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgar	nization's co	llection?			🗌	Yes	No
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo	orm 990, Part				-	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	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	rent year end balanc	e (line 1g	g, column (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	red for th	e organiz	ation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	', line 11a. S	ee Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book v	/alue
		basis (invest	ment)		(other)	de	preciation	1		
	Land				1,234.			0.0		,234.
	Buildings			1,71	4,557.		371,6	08.	1,342	,949.
	Leasehold improvements				1 1 1 2		=1 -			
	Equipment				$\frac{1,112}{2}$		51,0		20	,073.
	Other				9,600.		129,6			,946.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colun	nn (B). line 1	0c.)			. 🕨	1,784	,202.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- Fauna 000 Davit IV/ line	11d Cas Faure 000 Dath V line 15	
Complete if the organization answered "Yes" o	Description	TTd. See Form 990, Part X, line TS.	(b) Book value
	Description		878,068
			8,500
			0,50
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	886,568
Part X Other Liabilities.	<u>10.</u>]		
	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete in the organization answered integration		· · ·	(b) Book value
(a) Description of liability			
(a) Description of liability			
(a) Description of liability			44,81
(a) Description of liability (1) Federal income taxes			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS (3)			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS (3) (4)			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS (3) (4) (5)			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS (3) (4) (5) (6)			44,81
(a) Description of liability (1) Federal income taxes (2) ESCROW DEPOSITS (3) (4) (5) (6) (7)			44,81

Schedule D (Form 990) 2021

132053 10-28-21

_	dule D (Form 990) 2021 HABITAT FOR HUMANITY OF G				2570213	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		, ,		
1				1	3,788,	862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments			-		
b	Donated services and use of facilities	2 b	20,266.			
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIII.)	2d	1,185,956.			
е	Add lines 2a through 2d			2e	1,206,	
3	Subtract line 2e from line 1			3	2,582,	640.
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	2,582,	640.	
Par	t XII Reconciliation of Expenses per Audited Financial Staten	ments Wit	h Expenses per I	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	2,906,	540.
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					
с	Other losses	2c				
d	Other (Describe in Part XIII.)		1,185,956.			
е	Add lines 2a through 2d			2e	1,185,	956.
3	Subtract line 2e from line 1			3	1,720,	584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,720,	584.
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 11	o and 2b; Part V, line 4	; Part)	K, line 2; Part XI	 I,
	2d and 4b: and Part XII lines 2d and 4b. Also complete this part to provide any ac	,		,	, , ,	,

PART X, LINE 2:

THE	ORGANIZATION	IS	А	NON-PROFIT	AS	DESCRIBED	IN	SECTION	501	(C)(3)	OF	THE
-----	--------------	----	---	------------	----	-----------	----	---------	-----	--------	----	-----

INTERNAL REVENUE CODE, AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE

ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED

BUSINESS INCOME.

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED

THAT THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS

THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITIES. THE ORGANIZATION

IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE

INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES GENERALLY FOR THREE

YEARS AFTER THE FILING OF A RETURN

132054 10-28-21

Schedule D (Form 990) 2021 HABITAT FOR HUMANITY OF GREATER	PORTLAND 22-2570213 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	54,181.
COST OF SALES ON RESTORE	1,122,612.
FUNDRAISING EXPENSES	9,163.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,185,956.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	54,181.
COST OF SALES ON RESTORE	1,122,612.
FUNDRAISING EXPENSES	9,163.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,185,956.

Schedule D (Form 990) 2021

132055 10-28-21

							Public Co
SCHEDULE G	Suppleme	ntal Information Regarding	j Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Complete if the	2021					
epartment of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.		Open to Public
ernal Revenue Service ame of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati		Inspection dentification number
arrie of the organization		FOR HUMANITY OF G	REA	FER	PORTLAND	22-257	
Part I Fundrais		Complete if the organization answ					
required to	complete this par	t.					
Indicate whether th a Mail solicitat	-	e Solicitien sed funds through any of the followi e Solicitien	-		Check all that apply. overnment grants		
	email solicitations				nment grants		
c Phone solici	tations		ıl fundra				
d 🗌 In-person so							
		or oral agreement with any individua art VII) or entity in connection with p					es 🗌 No
		viduals or entities (fundraisers) purs					
compensated at le	÷ .			5			
			(iii)	Did		(v) Amount paic	
(i) Name and addres or entity (fund		(ii) Activity	have c	Did aiser ustody trol of	(iv) Gross receipts from activity	to (or retained by fundraiser	' to (or retained by)
or entity (lunc				utions?	nom activity	listed in col. (i)	organization
			Yes	No			
tal							
		n is registered or licensed to solicit		utions	or has been notified	it is exempt from	registration
or licensing.							

132081 10-21-21

Schedule	G	(Form	990)	2021

HABITAT FOR HUMANITY OF GREATER PORTLAND 22-2570213 Page 2

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 grace income on Form 900 FZ lines 1 and 6b. List events with grace respired gracter than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GPBR -		-	(add col. (a) through
ne			AUCTION	WALKS	6	col. (c))
			(event type)	(event type)	(total number)	
Revenue				12 505		50.000
Bev	1	Gross receipts	36,753.	13,507.		50,260.
-						
	2	Less: Contributions				
			36,753.	12 507		50 260
	3	Gross income (line 1 minus line 2)	50,755.	13,507.		50,260.
		Cash prizes				
	4					
	5	Noncash prizes				
Se	Ŭ					
Direct Expenses	6	Rent/facility costs				
, dx	-					
ц	7	Food and beverages				
Dire		•				
_	8	Entertainment				
	9	Other direct expenses	9,163.			9,163.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			9,163.
		Net income summary. Subtract line 10 from li				41,097.
Pa	irt I	•••••••••••••••••••••••••••••••••••••••	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1		
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ě						
	1	Gross revenue				
		Oracle arritege				
ses	2	Cash prizes				
Sue	2	Noncash prizas				
Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
Ē	-					
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No // No	□ No	□ No	
	-					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b) If "	Yes," explain:				
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021 HABITAT FOR HUMANITY OF GREATER PORT	TLAND 22-2570213 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	Ind records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes 🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of arrangement activities during the tay year.	or spent in the
organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i	iii) and (v) : and Part III lines 9.9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
132083 10-21-21	Schedule G (Form 990) 2021
34	

Schedule G	a (Form 990)	HABITAT	FOR	HUMANITY	OF	GREATER	PORTLAND	22-2570213	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contin}	ued)						9
								Schedule G (F	orm 990)

132084 11-18-21

	describe in Part II.
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Noncash Contributions

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

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

Attach to Form 990.

OMB No. 1545-0047 ZUZ **Open to Public** Inspection

Name of the organization	

Types of Property

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

HABITAT FOR HUMANITY OF GREATER PORTLAND

Employer identification number 22-2570213

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribui	•		
4	Art Works of art			Form 990, Fart VIII, line Tg				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BUILDING MATE)	Х	0	1,096,633.	FAIR MARKET	VALU	Έ	
26	Other ()			· · ·		,		
27	Other ()					,		
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 820		•					
			ence / termenceg			Ye	es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.					50a		
31	Does the organization have a gift acceptance p	olicy that re	ouires the review o	of any nonstandard contribut	tions?	31		Х
						31	+	
s∠a	Does the organization hire or use third parties		•	· · ·		20-		х
Ŀ	contributions?					32a		Δ
	If "Yes," describe in Part II.	ali			al va al			
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	v for which column (a) is che	скеа,			

Schedule M (Form 990) 2021

132141 11-17-21

Schedule N	1 (Form 990) 2021	HABITAT	FOR HUMANI	TY OF GREA	TER PORTLAN	D 22-2570213	Page 2
Part II	Supplementa is reporting in Par this part for any a	l Information. t I, column (b), the dditional informat	Provide the information of contribution.	ation required by Pa itions, the number o	rt I, lines 30b, 32b, and f items received, or a c	d 33, and whether the organiz combination of both. Also con	ation nplete
132142 11-17-	21					Schedule M (Forr	n 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

SCHEDULE O (Form 990)

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

Go to www.irs.gov/Form990 for the latest information. HABITAT FOR HUMANITY OF GREATER PORTLAND

Employer identification number 22-2570213

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

CONSCIENCE WITH PEOPLE EVERYWHERE.

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

FORM 990 IS REVIEWED BY BOTH THE FINANCE COMMITTEE AND THE BOARD. IT IS

SUBJECT TO THEIR APPROVAL.

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

HABITAT FOR HUMANITY OF GREATER PORTLAND BOARD MEMBERS AND EMPLOYEES ARE

REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM AND REVIEW ORGANIZATIONAL

POLICY ANNUALLY.

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

MEMBERS OF THE BOARD CONDUCT AN ANNUAL PERFORMANCE REVIEW AT WHICH TIME A

THE BOARD OF DIRECTORS WILL EDUCATE SALARY ADJUSTMENT IS DETERMINED.

THEMSELVES ON COMPARABLE PAY RATES VIA A REVIEW OF THE MAINE ASSOCIATION OF

NON-PROFIT WAGE AND HOUR REPORT. SALARY INCREASES ARE APPROVED BY THE FULL

BOARD OF DIRECTORS.

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST

POLICY ARE AVAILABLE TO THE PUBLIC THROUGH HABITAT FOR HUMANITY

INTERNATIONAL AND UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21