efile	e Pu	ıblic Visı	al Render	ObjectId: 20	232261934930141	L7 - Submissi	on: 2023-09	9-18	T	IN: 02-0485406
	00	20	Re	eturn of Oro	ganization Exe	empt Fron	n Income	Tax	(OMB No. 1545-0047
Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo Do not enter social security numbers on this form as it may be made public.									ons)	2022
			1	Do not enter soci	ial security numbers on	this form as it m	ay be made pu	blic.		
		f the Treasury nue Service	•	Go to <u>www.irs.go</u>	<u>ov/Form990</u> for instru	ictions and the	latest inform	ation.		Open to Public Inspection
A F	or th	ie 2022 ca	alendar year,	or tax year begin	ning 07-01-2022 , a	nd ending 06-3	0-2023			
B Che	ck if a	applicable:			aitu			D Employe	r identif	ication number
B Check if applicable: Address change NH Capital Region Habitat for Humanity								02-04854	406	
 Name change Initial return 			Doing busines	is as						
_	 Initial return Final return/terminated Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 									
Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite						number				
О Ар	plicati	ion pending	PO Box 546					(603) 24	2-2718	
			City or town, s Warner, NH 0		ntry, and ZIP or foreign post	al code				
								G Gross rece	eipts \$ 7	3,999
			Name and Mark Tierney	address of principa	I officer:			s a group retu	ırn for	
			54 Flanders R Warner, NH 0					dinates? I subordinate	s	🗌 Yes 🜌 No
I Tax	(-exei	mpt status:			0	0	includ	ed?		🗆 Yes 🗌 No
		·	501(c)(3)	└ 501(c)()◀(insert no.) 🗌 4947(a)(1) or 🗌 527		," attach a lis		
JW	ebsi	te:▶ hab	itatconcordnh.o	org			Group	exemption r	lumber	6545
V Form	a of o	rappization	Comparation	n 🗌 Trust 🗌 Asso	ciption Other		L Year of forma	ition: 1987	M State	of legal domicile: NH
N FUIT		nganization.								
Pa	art I	Sumi	mary							
					r most significant activit helping low-income hou		a cafe and affe	rdabla bauci		
Ce		bullu strell	igtil, stability, a						ıy.	
lar										
Governance	_	Charlethi	s box 🕨 🗌							
69				pers of the governin	g body (Part VI, line 1a))			3	6
×ð	4	Number o	of independent	voting members of	the governing body (Pa	art VI, line 1b) .			4	6
Activities &	5	Total num	otal number of individuals employed in calendar year 2021 (Part V, line 2a)							0
tivi	6	Total num	ber of voluntee	ers (estimate if nec	essary)				6	35
Ac	7a	Total unre	elated business	revenue from Part	VIII, column (C), line 12	2			7a	0
	b	Net unrel	ated business t	taxable income from	n Form 990-T, Part I, lin	e11			7b	
							Pri	or Year		Current Year
ø	8	Contribut	ions and grants	s (Part VIII, line 1h)				87	76	71,925
nuə	9	Program s	service revenue	e (Part VIII, line 2g)						2,000
Revenue	10	Investme	nt income (Par	t VIII, column (A), l	ines 3, 4, and 7d) .				3	0
	11	Other rev	enue (Part VIII,	, column (A), lines	5, 6d, 8c, 9c, 10c, and 3	11e)				74
	12	Total reve	evenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)					87	79	73,999
	13	Grants an	ıd similar amou	unts paid (Part IX, c	olumn (A), lines 1–3)					0
	14	Benefits p	baid to or for m	nembers (Part IX, co	olumn (A), line 4)					0
8	15	Salaries,	other compens	ation, employee be	nefits (Part IX, column ((A), lines 5–10)				0
Exp enses				. ,	mn (A), line 11e)					0
xbe	b	Total fundra	aising expenses (Part IX, column (D), I	ine 25) 3,727					
ш		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					30,09	92	66,742	
					al Part IX, column (A), I			30,09	_	66,742
200	19	Revenue	less expenses.	Subtract line 18 fro	om line 12			-29,23		7,257
Net Assets or Fund Balances							Beginning	of Current Ye	ar	End of Year
sets alar	20	Total acce	ts (Part X line	. 16)				317,43	37	326,598
dB				ine 26)				517,75		3,357
Pun				-	21 from line 20			317,43	37	323,241
	rt II	_	ature Block		· · · ·			. = . ,	1	

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

		2023-09-18									
Sign	Si	gnature of officer				Date					
Here	6	a li Tiana a Brasila a									
	1 TO	ark Tierney President pe or print name and title									
	/ /	· ·	Droppror	signature	Date		PTIN				
Paid	ł	Print/Type preparer's name	Preparers	signature	2023-09-18	Check if self-employed	P11N P00581700				
	barer	Firm's name 🕨 Rowley & As	Firm's EIN 🕨 0	2-0522619							
Use	Only	Firm's address 🏲 46 N State S	Street			Phone no. (603) 228-5400				
		Concord, NH	03301								
May th	he IRS disc	cuss this return with the preg	arer shown above?	(see instructions) .			. 🗹 Yes 🗌 No				
For Pa	aperwork	Reduction Act Notice, see	e the separate inst	ructions.	Cat. N	No. 11282Y	Form 990 (2021				
				Page 2							
Form	000 (2021	`					_				
Pari	990 (2021) atement of Program Se	ervice Accompli	shments			Page				
i cit		eck if Schedule O contains a	-								
1		scribe the organization's miss									
		stability, and self-reliance by n that every man, woman an					itat for Humanity was founded				
		ould be a matter of conscience			to live in dignity	and safety. De	seent shelter in decent				
2	Did the or	ganization undertake any sig	inificant program se	rvices during the year w	hich were not lis	ted on					
		Form 990 or 990-EZ?		. .			🗆 Yes 🛛 No				
		lescribe these new services o									
3	Did the or	ganization cease conducting	or make significant	changes in how it condu	ucts, any progra	m					
	services?						. 🗌 Yes 🗹 No				
	If "Yes," d	lescribe these changes on Sc	hedule O.								
		the organization's program se									
	Section 50	01(c)(3) and 501(c)(4) orgar nue, if any, for each program	nizations are require service reported	d to report the amount o	of grants and allo	ocations to oth	ers, the total expenses,				
		ac, i any, for each program									
4a	(Code:) (Expenses \$	52,792	including grants of \$) (Revenue \$	2,000)				
	The Organi	zation constructs, renovates and	preserves homes. The h	ouses are sold to those in n	eed at no profit and	d with no interes	t charged.				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)				
40	(Coue.) (Expenses \$		including grants or \$) (Revenue ș)				
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)				
4d	Other pro	gram services (Describe in S	chedule O.)								
	(Expenses	s \$	including grants of	f \$) (Revenue s	\$)				
4e	Total pro	ogram service expenses 🕨	52,	792							

-	Page 3			
Form	990 (2021)			Page 3
	t IV Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 5	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🧐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 😼	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21		No

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1	1 /	1
		1	

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orm Pai	990 (2021) IV Checklist of Required Schedules (continued)			Page
T CI	Checkinst of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔞	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1/31/24, 10:00 AM

Habitat For Humanity International Inc - Full Filing- Nonprofit Explorer - ProPublica

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Yes

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

1/31/24	, 10:00	AM	[
-				ς.	 •		

~		1	1	I
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 00	0 (2021

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

16b

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?

Se	ection C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed NH	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	🗌 Own website 🛛 Another's website 🛛 Upon request 👘 Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Mark Tierney PO Box 546 Warner, NH 03278 (603) 242-2718	
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	Page 7	
Form	990 (2021)	Page 7
Par	rt VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Co	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizati	on's tax

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) Mark Tierney	30.00	х		х				0	0	0
President										
(2) Neil Donnenfeld Treasurer		х		х				0	0	0
(3) Kim Smalley Secretary	17.00	x		х				0	0	0
(4) Rachel deThomas Member	8.00	х						0	0	0
(5) Eric Weiner Member	18.00	x						0	0	0
(6) Scott Smalley Member	16.00	x						0	0	0

1/31/24, 10:00 AM	Habitat	For Hum	nanity	Intern	tional In	ic - Fi	ull Filing- Nonprofit F	xplorer - ProPublica	
				_	+ +				
									Form 990 (2021)
									, , , , , , , , , , , , , , , , , , ,
			— F	Page 8	;				
Form 990 (2021) Part VII Section A. Officers, Dire	ctors. Trustee	s. Kev	Emp	ovee	s. and	Hia	hest Compensate	ed Employees (cor	Page 8
		-, , .			-,				[
(A) Name and title	(B) Average hours per week (list any hours	than c is b	one bo oth a	ox, un	theck m less per er and a stee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
(A) Name and title	Average hours per week (list	than c is b	one bo oth a direct	o not ox, un n offic	less per er and a stee)	son	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	than c is b	one bo oth a direct	o not ox, un n offic or/tru	less per er and a stee)	son a	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related

d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than 100,000 of reportable compensation from the organization 2

. .

. . .

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

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c Total from continuation sheets to Part VII, Section A

1b Sub-Total

/31/24, 10:00 AM		Habitat For Humani	ty International Inc - F	Full Filing- Nonprofit 1	Explorer - ProPublica		
 Did any person listed on line 1a services rendered to the organi 					lividual for	5	No
Section B. Independent Con	tractors						
1 Complete this table for your fiv	e highest com					pensation	
from the organization. Report c	compensation (A)		ear ending with or w	ithin the organizatio	(B)		(C)
	Name and busir			Des	cription of services	Com	npensation
Takel number of independent cont	hun ataun (in alu	ding but not limite.	d to these listed she		and then \$100,000	-	
2 Total number of independent cont compensation from the organization	ion 🕨	ang bat not innited		ive) who received if		01	
						Form	990 (2021
			Page 9				
Form 990 (2021)							Page
Part VIII Statement of Rev	enue						Tuge
Check if Schedule O co		onse or note to any	v line in this Part VII				. 🗆
			(A)	(B)	(C)		(D)
			Total revenue	Related or exempt	Unrelated business		venue ded from
				function	revenue	tax unc	ler sections
🧖 🙍 derated campaigns 🔒 .	1a			revenue		51.	2 - 514
	14						
mbership dues	1b						
s a line is in p ddes i i i	10						
hdraising events	1c						
	10						
lated organizations	1d						
	14						
support sup	1e						
0 La	10						
f All other contributions, gifts, grants,							
and similar amounts not included above	1f						
71,925	I						
g Noncash contributions included in lines 1a - 1f:\$	1g						
28,000							
h Total. Add lines 1a-1f		• • 71,925					
		Business Code					
2a Service fees		236000	2,000	2,000			
en							
ue,							
Be							
ce							
Service Revenue							
S I							
Program							
304							
f All other program service rev	enue						
	ciliuci						

	9 Total. Add lines 2a–2f	00		
	3 Investment income (including dividends, interest, and other similar amounts)	Ţ		
	4 Income from investment of tax-exempt bond proceeds			
	5 Royalties			
	(i) Real (ii) Personal			
I				

https://projects.propublica.org/nonprofits/organizations/20485406/202322619349301417/full

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1724,	10.007111				maon	at 1 01 11t	inan	ity international file - I	un i mig- Ronpront i	Explorer - I for ublica	
6a	Gross rents	6a									
ь	Less: rental expenses	6b									
с	Rental income or (loss)	6c									
	A Net rental income	or (loss)		·	· 1		1			
	1		(i) Secur			i) Other	-				
7-	Gross amount	I	(1) Decui		(,	i) other					
77	from sales of assets other than inventory	7a									
b	Less: cost or other basis and sales expenses	7b									
с	Gain or (loss)	7c									
	d Net gain or (loss)			• •		. 1	•				
r Revenue	Gross income from fur (not including \$ contributions reported See Part IV, line 18 b Less: direct expense c Net income or (loss	on l •	of ine 1c).	8a 8b	nts .						
	Gross income from <u>c</u> See Part IV, line 19 DLess: direct expens c Net income or (loss	• ses	· · ·	9a 9b activitie	25 .		,				
I	aGross sales of inve returns and allowar Less: cost of goods Net income or (loss	nces s sol	d	10a 10b		_					
-	Miscellaneo			invente		ness Co	de				
11	La _{Prompt} pay discou						0099	74	74		
ł	b										
C	c										
6	All other revenue										
	e Total. Add lines 11			• •		•	,	74			
12	2 Total revenue. Se	e in	structions .	•		• •	•	73,999	2,074		

Form 990 (2021)

Form 990 (2021)

Page 10 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). \cap Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and 0 domestic governments. See Part IV, line 21 **2** Grants and other assistance to domestic individuals. See 0 Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign 0 governments, and foreign individuals. See Part IV, lines 15 and 16. 0 **4** Benefits paid to or for members

Page 10

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·				
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	1,445		1,445	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,985	3,985		
12 Advertising and promotion	3,727			3,727
13 Office expenses	617	617		
14 Information technology	720	720		
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,399	2,399		
23 Insurance	5,717	2,859	2,858	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a Net subsidy on homeowner sales	12,484	12,484		
b Net subsidy on NH Housing projects	10,411	10,411		
c Inventory property - maintenance/upkeep	13,137	13,137		
d Rapid Response program	6,020	6,020		
e All other expenses	6,080	160	5,920	
25 Total functional expenses. Add lines 1 through 24e	66,742	52,792	10,223	3,727
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
Check here It following 50F 50-2 (ASC 550-720).				

Form 990 (2021)

— Page 11 —

orm 990	(2021)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	154,881	1	188,848
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable net		4	

1	-		• • •	· · · ·	1 1		
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subsi- controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqualiti section 4958(f)(1)), and persons described in se			6		
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		🗌		8	
1SS	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	14,393			
	b	Less: accumulated depreciation	10b	2,399		10c	11,994
	11	Investments—publicly traded securities .	<u> </u>			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			162,556	15	125,756
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)		317,437	16	326,598
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete F	edule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	6 controlled entity				
Lia	22	Conversion and notes as while to visual	ممط المناطع الممع	+i		22 23	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	•				3,357
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		lated third parties,		25	3,307
	26	Total liabilities. Add lines 17 through 25 .			0	26	3,357
Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🕨	and			
ala	27	Net assets without donor restrictions			317,437	27	323,241
I B	28	Net assets with donor restrictions				28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or eq			30		
Assets	31	Retained earnings, endowment, accumulated inc				31	
As	32	Total net assets or fund balances			317,437	32	323,241
Net	33	Total liabilities and net assets/fund balances		317,437	33	326,598	
2	55	iotar nabilities and net assets/fullu balalities .			517,437	55	Form 990 (2021)

Page 12 -

Form 990 (2021) Page 12 Part XI **Reconcilliation of Net Assets** \Box 73,999 Total revenue (must equal Part VIII, column (A), line 12) 1 1 . . . Total expenses (must equal Part IX, column (A), line 25) 2 66,742 2 3 7,257 3 . . . 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 317,437 5 5 6 6 Donated services and use of facilities 7 7 Investment expenses 8 -1,453 8 Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) . 9 9 10 Net assets or fund halances at end of year Combine lines 3 through 9 (must equal Part X line 32 column (B)) 10 323 241

Return to Form

Ра	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗹 Accrual 🗍 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		

Form 990 (2021)

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Additional Data

Software ID: 22015461 Software Version: 22.0.1.0

Form 990, Special Condition Description:

Special Condition Description

efil	e Put	olic Visual	Render	ObjectId: 2	20232261934930	1417 - Submi	ission: 2023-	09-18	TIN: 02-0485406
SC	HED	ULE A		Public (Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
(Forr	n 990))	Con		rganization is a sect	ion 501(c)(3)	organization or		2022
Departi	ment of tl	ne Treasury			4947(a)(1) nonexe Attach to Form				
Interna	l Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			ormation.	Open to Public Inspection
		ne organiza						Employer identif	
NH Ca	ipital Re	gion Habitat f	or Humanity					02-0485406	
	rt I				us (All organization			See instructions.	
	organiz				e it is: (For lines 1 thro	5 ,	, ,	(•) (:)	
1 2					sociation of churches			(A)(I).	
_					1)(A)(ii). (Attach Sch	-			
3 4		•	•	•	vice organization descu			-	Entor the beenitel's
-	\cup		and state:		ed in conjunction with	a nospital desci	ibed in Section .	170(B)(1)(A)(III).	
5	\square	An organiz	ation operate	d for the benefi	t of a college or univer	sity owned or o	perated by a gov	ernmental unit desc	ribed in section
~		170(Ď)(1))(A)(iv). (Co	mplete Part II.)					
6 7				-	governmental unit de				
,	\Box			(vi). (Complete		s support from a	i governmentar u	init of from the gene	ral public described in
8		A commun	ity trust desc	ribed in sectior	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		An organiz	ation that no	rmally receives:	(1) more than 331/3%	o of its support f	rom contribution	s, membership fees,	and gross receipts
		investment	income and	unrelated busin		tain exceptions, ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its ses acquired by the	support from gross organization after June
11					omplete Part III.) I exclusively to test for	r public cofoty. C	an castion EOO	(a)(A)	
12			-	•					he purposes of one or
12	\cup	more publi	cly supported	l organizations o	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509	(a)(3). Check the box
а	\square				s the type of supportin ated, supervised, or co		•		y giving the supported
		organizatio	on(s) the pow		appoint or elect a majo				
b		Type II. A	supporting c	organization sup	ervised or controlled in				
				porting organiza V, Sections A a	ation vested in the san and C.	ne persons that	control or manag	ge the supported org	anization(s). You
с					supporting organization				rated with, its
d	\square		5	, ,	ions). You must com d. A supporting organi				anization(s) that is not
	\cup	functionally	y integrated.	The organizatio	n generally must satisi t IV, Sections A and	fy a distribution	requirement and		
е			-	-	ved a written determin	-		ре I, Туре II, Туре I	II functionally
f	Enter	. .			integrated supporting				
g			••					· · · · · · · · -	
	(i) N	lame of sup		(ii) EIN	(iii) Type of		anization listed	(v) Amount of	(vi) Amount of
		organizatio	1		organization (described on lines	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)
					1- 10 above (see instructions))				
						Vee	Ne		
						Yes	No		
									- <u> </u>
Tota	I								
		vork Reduc or 990-EZ.	tion Act No	tice, see the Iı	nstructions for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2022
					Pag	ge 2			
		(Form 990)					30/11/21/21		Page 2
Ра	rt II				tations Described the box on line 5, 7,				(1)(A)(vi) Ialify under Part III.
		If the o	rganization		ify under the tests I				,
	ection	A. Public	Support		I			I	<u> </u>

	/24, 10:00 AM	Habitat For	r Humanity Internat	ional Inc - Full Filing	g- Nonprofit Explore	er - ProPublica	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
ì	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	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						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
_	line 4.						
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th						zation, check
	this box and stop here	-					,
S	ection C. Computation of Public						
14	Public support percentage for 2022 (line	e 6, column (f) div	vided by line 11, c	column (f))		14	
15	Public support percentage for 2020 Sch	edule A, Part II, li	ne 14			15	
16a	33 1/3% support test—2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b)OX
	and stop here. The organization qualif						
b	33 1/3% support test-2021. If the	organization did r	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/3	3% or more, check	_
	box and stop here. The organization						
17a	10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" te			•	•		_
b	10%-facts-and-circumstances test	t-2021. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, o	r 17a, and line 15	is 10% or
	more, and if the organization meets th				•		-
	meets the "facts-and-circumstances" t						▶□
18	Private foundation. If the organizatio				•		
	instructions					Schedule A (F	orm 990) 2022
							· · · , -·-=
			Page 3				
			<u> </u>				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	r Organization	s Described in	Section 509(a)(2)		Fage J
	(Complete only if you					to qualify unde	er Part II. If
	the organization fails t	o qualify under	the tests listed	below, please co	omplete Part II.)	
	Section A. Public Support		1	T			
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
`1	Gifts, grants, contributions, and			7.000		74.005	
	membership fees received. (Do not include any "unusual grants.") .			7,622	876	71,925	80,423
2	Gross receipts from admissions,						
	merchandise sold or services			2,500		2,000	4,500
	performed, or facilities furnished in any activity that is related to the			2,500		2,000	4,500
_	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513		1				

Tax revenues levied for the organization's benefit and either paid

1/31/24, 10:00 AM

13112	to or expended on its penair	Internet i o					IICa	1	
5	The value of services or facilities								
	furnished by a governmental unit to								
-	the organization without charge			10.100	076		70.005		
6	Total. Add lines 1 through 5			10,122	876		73,925	84	4,923
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						5,800		5,800
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
с	Add lines 7a and 7b.						5,800		5,800
8	Public support. (Subtract line 7c							70	9,123
	from line 6.)							/.	9,125
	ection B. Total Support		1		1				
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total	
9	Amounts from line 6			10,122	876		73,925	84	4,923
10a	Gross income from interest,								.,
	dividends, payments received on				3				3
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								0
	businesses acquired after June 30,								Ŭ
с	1975. Add lines 10a and 10b.				3				3
11	Net income from unrelated business				5				
	activities not included on line 10b,								0
	whether or not the business is								Ŭ
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets						74		74
	(Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).			10,122	879		73,999	8	5,000
14	First 5 years. If the Form 990 is for t	he organization's	first, second, th	ird, fourth, or fifth t	ax year as a secti	on 501(c)	(3) orga	nization, che	ck
	this box and stop here								_
Se	ction C. Computation of Public						,		
15	Public support percentage for 2022 (lin			3, column (f))		15	1	93.09	90 %
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15			16			70 %
	ction D. Computation of Invest	ment Income	Percentage				<u> </u>		
17	Investment income percentage for 20			y line 13, column (1	f))	17	T		0 %
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17			18	1	0.07	30 %
	33 1/3% support tests-2022. If the					-	and line		
194	more than 33 1/3%, check this box and								
h	33 1/3% support tests—2021. If the								3 is
	not more than 33 1/3%, check this box								
20		•	5		, , , , , , , , , , , , , , , , , , , ,				
	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, check	this box and see	Schod	ns	orm 990) 2	022
						Scheu		01111 9 9 0 9 2	022
			Daga						
			Page 4	+ -					
Sche	dule A (Form 990) 2022							Pag	ge 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked								ed .
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			ox 12c, of Part I, con	nplete Sections A,	, D, and E	. If you c	checked box	
C	· · · ·	,	ompiete Part V.)						
56	ction A. All Supporting Organiz	auons						Yes	No
								1 1 5 5 1 1	

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).		
		2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	Sc Delow.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
с	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	

1a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or
	supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b
	and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by
	amendment to the organizing document).

- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

	Substitutions only has the substitution the result of an event beyond the organization's control.	5
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing	
	organization's supported organizations? If "Yes," provide detail in Part VI.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If Wea (formation for a substantial contributor of a substantial contributor) and the substantial contributor of a substantial contributor.	
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	-

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
	provide detail in Part VI.

- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

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

Schedule A (Form 990) 2022

Page 5

4a

4b

4c

5a

5b

Ec.

7

8

9a

9b

9с

10a

Page 5

Schedule A (Form 990) 2022

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
	V1.			

Section B. Type I Supporting Organizations

Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"
describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's
activities. If the organization had more than one supported organization, describe how the powers to appoint and/or
remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any
applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

1 ______ 2 _____

Yes

No

Yes

No

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organization	IS
---	----

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below. \square
 - С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) \square

2 Activities Test. Answer lines 2a and 2b below.

Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Page 6

Functionally Integrated FOO(a)(2) Supporting Organizations

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

Зb Schedule A (Form 990) 2022

2b

3a

1

Schedule A (Form 990) 2022

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
d	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):	1		1

		_	1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrate	ed Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7

Schedule A (Form 990) 2022				Page 7	
Part V Type III Non-Functionally Integrate Section D - Distributions	d 509(a)(3) Supporting	Organizations (co	ontinued)	Current Year	
	h avampt purpaga		1		
1 Amounts paid to supported organizations to accomplish					
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2		
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3		
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval require	5				
6 Other distributions (<i>describe in Part VI</i>). See instructi	6				
7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8		
9 Distributable amount for 2022 from Section C, line 6	9 Distributable amount for 2022 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022	
1 Distributable amount for 2022 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.					
3 Excess distributions carryover, if any, to 2022:					
a From 2017					
a From 2017					
a From 2017. . . b From 2018. . . c From 2019. . .					
a From 2017. .					
a From 2017. . . b From 2018. . . c From 2019. . .					
a From 2017. . . . b From 2018. . . . c From 2019. . . . d From 2020. . . . e From 2021. . . .					
a From 2017. . . b From 2018. . . c From 2019. . . d From 2020. . . e From 2021. . . f Total of lines 3a through e					
a From 2017. . . b From 2018. . . c From 2019. . . d From 2020. . . e From 2021. . . f Total of lines 3a through e . . g Applied to underdistributions of prior years					
 a From 2017					
 a From 2017					
 a From 2017					

b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.			
 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	Page 8	Sci	hedule A (Form 990) (2022
 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explase Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and 8;	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Secti	; Part IV, Section C, line 1; ion B, line 1e; Part V

	Facts And Circumstances Test		
Part III Section B Line 12 Prompt pay discounts			
Return Reference	Explanation		

Schedule A (Form 990) 2022

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Additional Data

Software ID: 22015461 Software Version: 22.0.1.0

efile Public Visual Rer	nder Objectld: 202322619349301417 - Submission: 2023-09-18	TIN: 02-0485406
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 	2022
Name of the organization NH Capital Region Habita	at for Humanity	ployer identification number
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	□ 527 political organization	
Form 990-PF	\Box 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization NH Capital Pagion Habitat for Humanity https://projects.propublica.org/nonprofits/organizations/20485406/202322619349301417/full Part I

Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$\$\$\$\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	B (Form 990) (2022)		Page 3	
Name of or NH Capital	ganization Region Habitat for Humanity	Employer identification	number	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	02-0485406		
(a) No. from Part I	anization egion Habitat for Humanity	(c) FMV (or estimate) (See instructions)	(d) Date received	

No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Descripti	ion of how gift is held
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns e total of <i>exclusively</i> religio tructions.) ► \$	s (a) through (e) a	and the following	line entry. For
NH Capital	rganization l Region Habitat for Humanity			02-0485406	
	B (Form 990) (2022)			Employer identi	Page 4
		Page 4			
					Schedule B (Form 990) (2022)
-			∃	\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received
			Ξ	\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received
-			Ξ	\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received
- Faili	· · ·			nstructions) \$	
(a) No. from Part I	(b) Description of noncash	property given		(c) pr estimate)	(d) Date received
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received
-			Ξ	\$	
1/31/24, 10:0	00 AM Habita	t For Humanity International Inc	- Full Filing- Nonpro	ofit Explorer - ProPub	lica

	Transferee's name, address, and Z) Transfer of gift Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	_	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and Z) Transfer of gift Relatio	nship of transferor to transferee		
(a)	(h) Durnoss of sift		(a) Use of sift	(d) Description of how gift is hold		

1/31/24, 10:00 AM	Habitat For	Humanity International Inc - Full Filing- No	onprofit Explorer - ProPublica
Part I	(b) Fulbose of glit	(c) use of gift	(u) שפאכרואנוטוו טו ווטא אווג וא וופוט)
	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relatior	nship of transferor to transferee
(a)			
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· <u> </u>		(e) Transfer of gift	
	Transferee's name, address, and ZIP	4 Relation	nship of transferor to transferee
			Schedule B (Form 990) (2022

Additional Data

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 Software ID:
 22015461

 Software Version:
 22.0.1.0

efile Public Visual Render ObjectId: 2023226				519349301417 - Submission	: 2023-09-	18	TIN: 02-0485406
SC	HEDULE D		Supplement	tal Financial Statem	onte		OMB No. 1545-0047
(For	m 990)		Supplemen	ital Fillancial Statem	2022		
			Complete if the or	ganization answered "Yes," on F LO, 11a, 11b, 11c, 11d, 11e, 11f,			
	tment of the Treasury		1	Attach to Form 990.	Open to Public		
	al Revenue Service me of the organ		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the late			Inspection tification number
	Capital Region Habita						
			utaining Danay Advi	sed Funds or Other Similar F	-	-0485406	
Pa				s" on Form 990, Part IV, line 6.		counts.	
				(a) Donor advised funds		(b) Funds	and other accounts
1		-					
2			ns to (during year)				
3	Aggregate value	-					
4		•	•				-
5				rs in writing that the assets held in clusive legal control?		i runus are tr	Yes No
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that grant fu	unds can be us	sed only for	
-	charitable purpo	oses and not fo	or the benefit of the donor	or donor advisor, or for any other p	ourpose confei	rring imperm	
-	•				••		🗌 Yes 🗌 No
Ра		vation Ease te if the orga		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
		on of land for p	public use (e.g., recreation	n or education) 🛛 🗍 Preservati	ion of an histo	orically impor	tant land area
	Protection	of natural hab	vitat		ion of a certifi	ed historic st	ructure
		on of open spa	ice				
2				qualified conservation contribution i	in the form of	a conservati	on
	easement on the				1	Held at	the End of the Year
а					2a		
b	2	•		· · · · · · · · · · · · · · · · · · ·			
c				c structure included in (a)			
d	structure listed i			ired after 7/25/06, and not on a hist	toric 2d		
3	Number of const tax year >	ervation easer	ments modified, transferre	ed, released, extinguished, or termin	nated by the o	rganization d	luring the
4	·	s where prope	erty subject to conservation	n easement is located b			
4 5				he periodic monitoring, inspection, h	andling of vic		
5	and enforcemen	it of the conse	rvation easements it holds	s?	-	. (Yes No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enf	orcing conser	vation easem	nents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcin	g conservatio	n easements	during the year
8				above satisfy the requirements of s	()		🗌 Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan		tatement, an	d
Par	t III Organi	zations Mai	intaining Collections	of Art, Historical Treasures,	or Other S	imilar Ass	ets.
	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 8.			
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.			
b	historical treasu following amour	res, or other s	imilar assets held for pub these items:	SC 958, to report in its revenue state lic exhibition, education, or research	n in furtherand	ce of public s	ervice, provide the
((i) Revenue includ	led on Form 99	90, Part VIII, line 1			. ▶\$	
(i	ii)Assets included	in Form 990,	Part X			. ►\$	
2	If the organizati	ion received or	r held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$	
b							
For	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	B3D Sched	lule D (Form 990) 2021

			Page 2								
Sche	dule D (Form 990) 2021										Page 2
Par	t III Organizations Maintaining Co	llections of Art	, Histori	ical T	reasu	res, o	r Other	Similar A	ssets (co	ontinued)	5
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other record		any of	the foll	owing t	hat are a	significant	use of its o	collection	
а	Public exhibition		d		Loan o	or exch	ange prog	jrams			
b	Scholarly research		e		Other						
с	Preservation for future generations										
4	Provide a description of the organization's co Part XIII.	llections and explai	in how the	ey furti	ner the	organiz	ation's ex	empt purpo	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to								🗌 Yes		lo
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		orm 990	, Part	IV, lin	e 9, or	reporte	d an amou			-
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?								_	_	
									🗌 Yes		lo
b	If "Yes," explain the arrangement in Part XII	and complete the	followina	table:		1			Amount		
c	Beginning balance	•	-				1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				_
2a	Did the organization include an amount on Fe	orm 990, Part X, lir	ne 21, for	escrow	/ or cus	todial a	account lia	ability?	🗌 Yes		lo
b	If "Yes," explain the arrangement in Part XIII								_		
Ра	rt V Endowment Funds.										
	Complete if the organization ans									_	
12	Beginning of year balance	(a) Current year	(b) F	Prior yea	ar (c) Two y	ears back	(d) Three ye	ears back (e) Four yea	ars back
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										<u> </u>
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, colu	mn (a))) held a	s:				
а	Board designated or quasi-endowment 🕨	-									
b	Permanent endowment 🕨										
с	Term endowment 🕨										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse organization by:	ssion of the organiz	zation tha	t are h	eld and	l admin	istered fo	r the		Yes	No
	(i) Unrelated organizations								3a(No
	(ii) Related organizations								3a(
b	If "Yes" on 3a(ii), are the related organization								. 31		
4	Describe in Part XIII the intended uses of the	organization's end	dowment	funds.						•	•
Par	t VI Land, Buildings, and Equipme			_							_
	Complete if the organization answDescription of property(a) Cost or ot							m 990, Pa lepreciation		10.) Book valu	0
	(investm			Dasis (i	other)		umulateu t	iepi eciation	(u) BOOK Vait	le
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			:	14,393			2,399			11,994
	Other										
	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	art X, colu	ımn (B), line 1	10(c).)		•	1		11,994

Schedule D (Form 990) 2021

1/31/24, 10:00 AM

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" or (a) Description of security or category				
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	
(1) Financial derivatives				
(2) Closely-held equity interests				
(A) Financial derivatives and other financial products				
(B) Closely-held equity interests (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' or	n Form 990. Part IV.	line 11c. See Fo	rm 990. Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990 Part IV	line 11d See For	m 990 Part X lin	e 15
(a) Description				(b) Book value
(1)Construction in progress (2)Prepaid fiduciary funds				120,257 5,499
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				125,756
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990 Part IV	line 11e or 11f S	ee Form 990 ¤	Part X. line 25
1. (a) Description of		inte 110 01 111.5		(b) Book value

(1) Federal income taxes

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,357

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Page 4					
Schor	iule D (Form 990) 2021			Da va		
	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		Return.	Page 4		
1	Total revenue, gains, and other support per audited financial statements .		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c	_			
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5			
Par	XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Par		Return.			
1	Total expenses and losses per audited financial statements		1			
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	2b	_			
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
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			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5			
Par	Part XIII Supplemental Information					
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and		rt V, line 4; Part	X, line 2; Part XI,		
	Return Reference	Explanation				
			Schedule D	(Form 990) 2021		

Additional Data

Return to Form

efil	e Public Visua	l Render C	biectId: 2	02322619349301417 -	Submission: 2023-0	9-18	TIN: 02-	0485	406
SCHEDULE M (Form 990) Noncash Contributions						OMB No. 1545-0047			
(Form 990) ► Complete if the ► Attach to Form			ne organizat m 990.	ions answered "Yes" on F	29 or 30.	2022 Open to Pub Inspectior		lic	
Name	e of the organizat					Employer iden			
	pital Region Habitat					02-0485406			
Pa	rt I Types	of Property				-			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determir ontribution a		S
2 3 4 5 7 8 9 10 11	Art—Works of art Art—Historical tri Art—Fractional ir Books and public Clothing and hou goods Cars and other v Boats and planes Intellectual prope Securities—Publi Securities—Publi Securities—Publi Securities—Partr or trust interest Securities—Misce Qualified conserv contribution—Hi structures	easures							
	Qualified conserv contribution—O Real estate—Res	vation ther	×	1		0 Fair Market Val			
16 17 18 19 20 21 22 23 24 25 26 27 28 29	Real estate—Cor Real estate—Oth Collectibles . Food inventory Drugs and medic Taxidermy . Historical artifact Scientific specim Archeological art Other ► (Other ► (Other ► (Other ► (During the year, hold for at least	nmercial er	y the organiza ed Form 8283	ation during the tax year for 3, Part IV, Donee Acknowledg y contribution any property r he initial contribution, and wh	contributions gement eported in Part I, lines 1 th	29		Yes	No
	If "Yes," describ	e the arrangemen	t in Part II.				30a	[No
31 32a	Does the organi	zation hire or use	third parties	olicy that requires the review or related organizations to so	blicit, process, or sell nonc		31 32a		No No
	If "Yes," describ If the organizati describe in Part	on didn't report a	n amount in c	column (c) for a type of prop	erty for which column (a) i	s checked,			
For P	aperwork Reductio	on Act Notice, see t	he Instruction	ns for Form 990. Page 2 -	Cat. No. 51227.	Sche	dule M (Form	990) (2022)

 Schedule M (Form 990) (2022)

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

 https://projects.propublica.org/nonprofits/organizations/20485406/202322619349301417/full

30/31

Page **2**

1/31/24, 10:00 AM	1	Habitat For Humanity International Inc - Full Filing- Nonprofit Exp	plorer - ProPu	olica		
		olumn (b), the number of contributions, the number of items received, or any additional information.				
	urn Reference	Explanation				
			Schedul	e M (Form 990) (2022)		
Additiona	al Data			Return to Form		
		Software ID: 22015461 Software Version: 22.0.1.0				
efile Public	Visual Render	ObjectId: 202322619349301417 - Submission: 2023-09	9-18	TIN: 02-0485406		
SCHEDUL	FO SU	inclamental Information to Form 000 or 00		OMB No. 1545-0047		
(Form 990)	Ju	pplemental Information to Form 990 or 99 complete to provide information for responses to specific question		2021		
Department of the Tre		Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.				
Internal Revenue Serv		Go to <u>www.irs.gov/Form990</u> for the latest information.		Open to Public Inspection		
Name of the org	ganization Habitat for Humanity	E	mployer id	entification number		
		0)2-0485406	5406		
Return Reference		Explanation				
Form 990, Part VI, Section A, Line 2	Board Members Kir	n Smalley and Scott Smalley are married.				
Form 990, Part VI, Section B, Line 11b	Members of the board have the opportunity to review the 990 before filing.					
Form 990, Part VI, Section B, Line 12c	The conflict of intere	est policy is reviewed regularly.				

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

Cat. No. 51056K

Schedule O (Form 990) 2021

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Additional Data

 Software ID:
 22015461

 Software Version:
 22.0.1.0