_	0	90	Return of Organization Exempt Fro			OMB No. 1545-0047
For	mJ	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	-		
Depa	artment	of the Treasury	Do not enter social security numbers on this form as in	-	-	Open to Public
_		enue Service	► Go to www.irs.gov/Form990 for instructions and the lar year, or tax year beginning JUL 1, 2021 and end		UN 30, 2022	Inspection
				ung U	•	
B	Check if applicab	lo:	forganization TAT FOR HUMANITY INTERNATIONAL EAST		D Employer identifie	cation number
	Addre		JEFFERSON COUNTY			
	Chang				91-18856	67
F	chang Initial returr		usiness as r and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Final	D O	BOX 658	om/suite	360-379-2	
	lreturr termii ated	2	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,373,307.
	Amer		TOWNSEND, WA 98368		H(a) Is this a group re	
F			nd address of principal officer: NILS PEDERSEN		for subordinates	
	pendi		AS C ABOVE		H(b) Are all subordinates in	
11	Tax-ex	empt status:		527		list. See instructions
			HABITATEJC.ORG		H(c) Group exemption	
ΚF	orm o	f organization:	X Corporation Trust Association Other ►	L Year o		State of legal domicile: WA
Pa	art I	Summary				
-	1	Briefly describ	be the organization's mission or most significant activities: SEEKING	G TO	PUT GOD'S I	LOVE INTO
Governance		ACTION,	HABITAT FOR HUMANITY BRINGS PEOPLE	TOGE	THER TO BUI	LD HOMES,
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	ets.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	13
		Number of inc	dependent voting members of the governing body (Part VI, line 1b) \ldots			13
es	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)			24
viti	6		of volunteers (estimate if necessary)			267
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		1,571,220.	3,694,522.
Revenue	9	•	ice revenue (Part VIII, line 2g)		1,185,168.	1,560,779.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,385.	24,695.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>1,476.</u> 2,761,249.	<u>2,745.</u> 5,282,741.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,701,249.	0.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		723,346.	957,672.
ses	160		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l lua		ing expenses (Part IX, column (D), line 25) 196, 203		0.	
Ä	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,470,421.	2,364,973.
	18	-	es Add lines 13-17 (must equal Part IX, column (A), line 25)		2,193,767.	3,322,645.
	19	-	expenses. Subtract line 18 from line 12		567,482.	1,960,096.
or Sol					ginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (I	Part X, line 16)		4,524,086.	6,807,996.
Ass	21	,	s (Part X, line 26)		582,221.	906,035.
Net	22		fund balances. Subtract line 21 from line 20		3,941,865.	5,901,961.
	art II	Signatur				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.	

Sign	Signature of officer			Date							
Here	NILS PEDERSEN, TREASUR										
Paid	Print/Type preparer's name Preparer's signature Date Check PTIN										
Preparer	Firm's name JOHNSON STONE &	PAGANO, P.S.		Firm's EIN ▶ 91-1623649							
Use Only	Firm's address 🖕 1501 REGENTS BLV	D., SUITE 100									
	FIRCREST, WA 98466 Phone no. (253) 566-707										
May the IRS discuss this return with the preparer shown above? See instructions											
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Docu

Sign	Envelope ID: D7F7C6BB-C433-4A1F-B34A-40EB2B8E82D6
	HABITAT FOR HUMANITY INTERNATIONAL EAST
Form	990 (2021) EAST JEFFERSON COUNTY 91-1885667 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS
	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,026,086. including grants of \$) (Revenue \$ 1,147,058.)
	HOMEOWNERSHIP PROGRAMS: THE ORGANIZATION CONSTRUCTED OR RECYCLED 5
	HOMES DURING THE FISCAL YEAR, SELLING THEM TO LOW-INCOME FAMILIES. IT
	MADE CRITICAL REPAIRS TO THE HOMES OF 2 LOW-INCOME HOMEOWNERS. IN ITS
	HISTORY HABITAT HAS BUILT 55 HOMES, RECYCLED 10, SOLD 66 AND REPAIRED
	38. THE ORGANIZATION PROVIDED SKILLED CONSTRUCTION SUPERVISION TO 142
	VOLUNTEERS WHO DONATED 3,700 HOURS VALUED AT APPROXIMATELY \$118,453.
	HOMES BUILT WERE CERTIFIED ENERGY STAR, ENSURING AFFORDABILITY OVER THE
	LONG TERM. PARTNER FAMILIES WERE PROVIDED EDUCATION AND SUPPORT TO
	BECOME SUCCESSFUL HOMEOWNERS.
	051 056 420 716
4b	(Code:) (Expenses \$ 851,056. including grants of \$) (Revenue \$ 439,716.)
	HABITAT FOR HUMANITY STORE: THE PORT TOWNSEND STORE WAS OPERATED BY 61
	VOLUNTEERS WHO DONATED 4,332 HOURS VALUED AT APPROXIMATELY \$129,728.
	THE STORE RECYCLES USED FURNISHINGS AND HOUSEHOLD GOODS, KEEPING ITEMS OUT OF LANDFILLS AND PROVIDING A SOURCE TO THE COMMUNITY OF HIGH
	QUALITY, REASONABLY PRICED HOUSEHOLD GOODS. HABITAT HOMEOWNER PARTNERS
	EARN SWEAT EQUITY HOURS AND LEARN RETAIL SALES SKILLS. THE STORE IS A
	VENUE FOR COMMUNITY MEMBERS TO ADDRESS THE PROBLEMS OF POVERTY HOUSING,
	PROVIDE INFORMATION TO PROSPECTIVE HOMEOWNER APPLICANTS AND VOLUNTEERS,
	AND KEEP HABITAT FOR HUMANITY AND AFFORDABLE HOUSING FOREMOST IN THE
	MIND OF THE COMMUNITY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	2,877,142.		

Form **990** (2021)

HABITAT FOR HUMANITY INTERNATIONAL EAST

		.885667	Р	age 3
Pa	rt IV Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	r		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in e	ffect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	r		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	Part I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or	Х,		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule I	D,		
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>	Х	
b	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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

HABITAT FOR HUMANITY INTERNATIONAL EAST

EAST JEFFERSON COUNTY 91-1885667 Page 4 Form 990 (2021) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х 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 х Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а Х "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С х "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I х 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
				_	000	

Part V

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

Statements Regarding Other IRS Filings and Tax Compliance

Х

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_	90 (2021) EAST JEFFERSON COUNTY 91-1885	667	P	Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	
2 a ⊑	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	1
		01-	Х	E
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	┢
	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	bid the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b li	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		╞
4a /	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
f	nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		L
b li	"Yes," enter the name of the foreign country 🕨			
S	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a V	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
bС	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Γ
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		T
	boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			t
	ny contributions that were not tax deductible as charitable contributions?	6a		L
	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts			t
		Ch		L
		6b		t
	Drganizations that may receive deductible contributions under section 170(c).	_		t
	id 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		╀
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		╀
сĽ	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
t	o file Form 8282?	7c		L
d li	"Yes," indicate the number of Forms 8282 filed during the year 7d			L
e D	bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f D	bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g li	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ι
h li	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	Γ
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			T
	ponsoring organization have excess business holdings at any time during the year?	8		Ε
	ponsoring organizations maintaining donor advised funds.			t
	is the end of a superior inclusion and the distributions under section 40000	02		Ē
	Vid the sponsoring organization make any taxable distributions under section 4966?	9a		╀
	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		┢
	Section 501(c)(7) organizations. Enter:			L
	nitiation fees and capital contributions included on Part VIII, line 12 10a			L
	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
1 8	Section 501(c)(12) organizations. Enter:			L
a (Bross income from members or shareholders			L
b 0	Bross income from other sources. (Do not net amounts due or paid to other sources against			L
а	mounts due or received from them.)			
2a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
	"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Γ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
	s the organization licensed to issue qualified health plans in more than one state?	13a		T
	lote: See the instructions for additional information the organization must report on Schedule O.	100		t
	inter the amount of reserves the organization is required to maintain by the states in which the			L
				L
	rganization is licensed to issue qualified health plans			
	inter the amount of reserves on hand			╀
	bid the organization receive any payments for indoor tanning services during the tax year?	14a		╀
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		╀
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
e	xcess parachute payment(s) during the year?	15		Ļ
	"Yes," see the instructions and file Form 4720, Schedule N.			
i le	the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
lt	"Yes," complete Form 4720, Schedule O.			ſ
	section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			ſ

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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HABITAT FOR HUMANITY INTERNATIONAL EAST

Form	EAST JEFFERSON COUNTY 91-188		Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \bigvee WA			<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd financ	cial	
~~	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 JAMIE MACIEJEWSKI - 360-379-2827			

P.O.	BOX	658,	PORT	TOWNSEND,	WA	98368

HABITAT FOR HUMANITY INTERNATIONAL EAST		
Form 990 (2021) EAST JEFFERSON COUNTY	91-1885667	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization'	s tax vear.

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do	Positio (do not check more				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) JAMIE MACIEJEWSKI	40.00				-		-			
EXECUTIVE DIRECTOR		1		Х				96,989.	0.	14,712.
(2) RACHEL WILLIAMS	36.00									
FINANCE MANAGER		1		Х				47,896.	0.	8,578.
(3) LORI TSCHOHL	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) MARGO GARTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) EMILY INGRAM	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) MARY CARR	3.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MICHAEL BYERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SARAH WRIGHT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TERRY COPELAND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JIM GOLDEN	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(11) VIC DIRKSEN	3.00									
TREASURER		Х		Х				0.	0.	0.
(12) AISLINN DIAMANTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KEVIN CAMFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KATHLEEN CROSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) WILL LAIDLAW	1.00									
BOARD MEMBER		х						0.	0.	0.
		<u> </u>								

HABITAT FOR HUMANITY INTERNATIONAL EAST

	990 (2021) EAST JEFE	FERSON C	OU	NT	Y					91-18	856	67	Page 8	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	nours per t					Average Position Reportable						(F) Estimated a amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	5/	comper from organiz and re organiz	isation the zation lated	
1b	Subtotal								144,885.		0.	23,	290.	
	Total from continuation sheets to Part VI	I, Section A							0.		<u>0.</u> 0.	23	<u>0.</u> 290.	
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to th						o re			••	<u> </u>	0	
3	Did the organization list any former officer,	director trust	e k	ev e	mol	ove	e or	hia	hest compensated empl		Г	Ye		
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	uch individual								•		3	X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	X	
	rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ich į	oers	on .					5	X	
<u> </u>	tion B. Independent Contractors Complete this table for your five highest con										ensati	on from		
	the organization. Report compensation for t (A) Name and business) NE			<u>or wi</u>		(B) Description of s		Co	(C) ompensa	tion	
2	Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	0				(,					

TT 7 1

Form	n 990	(2	2021) EAS				MANITY N COUNTY	INTERNATIO.	NAL EAST	91-1885	667 Page 9
Pa	rt VI		Statement of Rev	venue							
			Check if Schedule O c	contains a	respon	ise d	or note to any lir	ne in this Part VIII			
					·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a	Federated campaigns		1 a			-			
àrai our	ŀ	b	Membership dues		1b			-			
s, C		С	Fundraising events		1c			_			
Sift ar		d	Related organizations		1d						
s, (mil		е	Government grants (contri	ibutions)	1e						
ron Si	1	f	All other contributions, gifts,	grants, and							
but			similar amounts not included	above	1f 🗍	3,	694,522.				
l O I	ļ	g	Noncash contributions included in I	lines 1a-1f	1g \$		580,072.				
Cor	I	h	Total. Add lines 1a-1f				>	3,694,522.			
							Business Code				
ð	2 8	а	HOME SALES				531390	1,024,212.	1,024,212.		
vic	-		THRIFT SHOP			_	453310	439,716.			
Ser			MORTGAGE LOAN	DSCT	' AMC)	531390	90,251.			
n Ser			HOME REPAIRS			_	531390	6,600.			
Program Service Revenue		e				_	001000				
Pro		-	All other program service	rovopuo		-					
-				-			•	1,560,779.			
			Total. Add lines 2a-2f					<u>, , , , , , , , , , , , , , , , , , , </u>			
	3		Investment income (includ	•				1,445.			1,445.
			other similar amounts)					1,443.			,44J.
	4		Income from investment o		•	•	-				
	5		Royalties								
					(i) Real		(ii) Personal	-			
			Gross rents	6a				-			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
			Net rental income or (loss)		<u></u>		····· •				
	7 a	а	Gross amount from sales of	(i) S	Securitie		(ii) Other	-			
			assets other than inventory	7a			113,816.	-			
	ŀ		Less: cost or other basis								
enue			and sales expenses	7b			90,566.	_			
ver		С	Gain or (loss)	7c			23,250.				
Reve		d	Net gain or (loss)				►	23,250.	23,250.		
Other	8 8	а	Gross income from fundraisin	ng events (not						
đ			including \$		_ of						
			contributions reported on	line 1c). S	See						
			Part IV, line 18			8a					
	ŀ	b	Less: direct expenses		[8b					
		С	Net income or (loss) from t	fundraisin	g event	s	🕨				
	9 a	а	Gross income from gamin	g activitie	s. See						
			Part IV, line 19			9a					
	I	b	Less: direct expenses			9b					
		С	Net income or (loss) from	gaming ad	ctivities		►				
	10 a	а	Gross sales of inventory, le	ess return	is (
			and allowances			10a					
	1	b	Less: cost of goods sold			10b					
			Net income or (loss) from s		-	·					
					1		Business Code				
snc	11 :	а	OTHER INCOME				531390	2,745.	2,745.		
nec		b				-					
scellaneo Revenue		c				-					
Miscellaneous Revenue			All other revenue			-					
Σ			Total. Add lines 11a-11d				•	2,745.			
	12		Total revenue. See instructio						1,586,774.	0.	1,445.
											,

Form 990 (2021)

HABITAT FOR HUMANITY INTERNATIONAL EAST EAST JEFFERSON COUNTY

ectic	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	(C)	<u>X</u> (D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	104 524	C1 0 CT	00.040	22 410
	trustees, and key employees	184,534.	61,267.	89,849.	33,418
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			40.655	
	Other salaries and wages	565,650.	445,403.	49,655.	70,592
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	118,041.	79,724.	21,951.	16,366
C	Payroll taxes	89,447.	60,411.	16,634.	12,402
1	Fees for services (nonemployees):				
а	Management				
b	Legal	4,329.	4,329.		
с	Accounting	15,808.		15,808.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	86,151.	68,581.	13,495.	4,075
2	Advertising and promotion				
3	Office expenses				
	Information technology	32,175.	17,161.	9,205.	5,809
	Royalties				
	Occupancy	80,227.	71,391.	3,753.	5,083
	Travel	39,154.	38,203.	738.	213
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	17,638.	16,072.	319.	1,247
	Interest	33,421.	31,679.	1,607.	135
	Payments to affiliates	,	,	,	
	Depreciation, depletion, and amortization	37,428.	35,200.	963.	1,265
	Insurance	19,105.	4,241.	14,864.	,
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM & HOUSE BLDG EX	1,293,076.	1,293,076.		
	COST OF STORE SALES	439,716.	439,716.		
	TITHES	75,991.	75,991.		
	DUES, FEES, LICENSES &	50,893.	25,828.		25,065
		139,861.	108,869.	10,459.	20,533
	· · · ·	3,322,645.	2,877,142.	249,300.	196,203
	Total functional expenses. Add lines 1 through 24e	5,522,043.	2,011,1420	247,3000	170,203
	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

HABITAT FOR HUMANITY INTERNATIONAL EAST

	n 990 () rt X	2021) EAST JEFFERSON	COU	JNTY		91-	1885667 Page 11
	•••	Check if Schedule O contains a response or not	e to an	line in this Part X			
			e to any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			62,378.	1	278,679.
	2	Savings and temporary cash investments			1,691,161.	2	845,492.
	3	Pledges and grants receivable, net			29,059.	3	4,500.
	4	Accounts receivable, net			29,130.	4	55,639.
	5	Loans and other receivables from any current or					
		controlled entity or family member of any of the	trustee, key employee, creator or founder, substantial contributor, or 35%				
	6	Loans and other receivables from other disquali				5	
	ľ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			45,688.	8	48,857.
As	9				8,770.	9	<u>48,857</u> . 6,635.
		Land buildings and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,483,556.			
	ь	basis. Complete Part VI of Schedule D	10b	329,335.	653,100.	10c	1,154,221.
	11	Investments - publicly traded securities				11	, - ,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2,004,800.	15	4,413,973.
	16	Total assets. Add lines 1 through 15 (must equ			4,524,086.	16	6,807,996.
	17	Accounts payable and accrued expenses			125,265.	17	134,416.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			2,653.	21	6,153.
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ons		22		
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	454,303.	23	765,466.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X			
					F00 001	25	000 005
	26	Total liabilities. Add lines 17 through 25			582,221.	26	906,035.
s		Organizations that follow FASB ASC 958, che	eck here				
JCe		and complete lines 27, 28, 32, and 33.			2 524 695		5,363,911.
alaı	27			<u>3,524,685.</u> 417,180.	27	538,050.	
d B	28	Net assets with donor restrictions			417,100.	28	550,050.
'n		Organizations that do not follow FASB ASC 9					
٩. ٣	00	and complete lines 29 through 33.					
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				29 30	
Ass	30	Retained earnings, endowment, accumulated in				30	<u> </u>
Net Assets or Fund Balances	31	Total net assets or fund balances			3,941,865.	32	5,901,961.
Ž	33	Total liabilities and net assets/fund balances			4,524,086.	33	6,807,996.
	- 55	rotar habilities and het assets/fully balances			-,52-,000.	00	Eorm 990 (2021)

Form 990 (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 5, 282, 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 322, 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 960, 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 941, 5 6 6	Page 12
1Total revenue (must equal Part VIII, column (A), line 12)15, 282,2Total expenses (must equal Part IX, column (A), line 25)23, 322,3Revenue less expenses. Subtract line 2 from line 131, 960,4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))43, 941,555	
2Total expenses (must equal Part IX, column (A), line 25)23, 322,3Revenue less expenses. Subtract line 2 from line 131, 960,4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))43, 941,555	
2Total expenses (must equal Part IX, column (A), line 25)23, 322,3Revenue less expenses. Subtract line 2 from line 131, 960,4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))43, 941,555	741.
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,941, 5 5	
5 Net unrealized gains (losses) on investments 5	
7 Investment expenses7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
	961.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Ye	es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	2
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	2
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133?	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

	HED rm 990		A Public Charity Status and Public Support						OMB No. 1545-0047	
(-,	Co	• •	nization is a section 501			or a section		2021
Depar	tment of	the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
Interna	al Reveni	ue Service			v/Form990 for instructions and the latest information.					Inspection
Nam	ne of th	he organizatio			MANITY INTERN	IATIO	NAL EA	AST		identification number
Da	- I I	Deeeer		JEFFERSON						1-1885667
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
					For lines 1 through 12, cl					
1					on of churches described		on 170(b)(⁻	I)(A)(i).		
2					Attach Schedule E (Form					
3				· · ·	anization described in se					
4			-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
-		city, and state		ar the herefit of a col	llaga ar university owned	or operat		vorpmontolu	nit dooorib	
5					llege or university owned	or operation	eu by a go	vernmentaru	nit describe	
6		-		Complete Part II.)	nental unit described in	soction 17	70(6)(1)(1)	60		
	37	,	, U	8	ntial part of its support fr			• •	no gonoral i	oublic described in
'		0		omplete Part II.)	Initial part of its support if	on a gove	annentai		le general j	
8		-			(1)(A)(vi). (Complete Part	· II)				
9		-			in section 170(b)(1)(A)(i	-	ed in conii	unction with a	land-grant	college
•		-	-	-	ulture (see instructions).		-		-	•
		university:		, , ,			, ,		5	
10		An organizatio	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section &	509(a)(2). (Co	mplete Part III.)						
11		An organization	on organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
				-	d in section 509(a)(1) o					Check the box on
		1	-	• •	f supporting organization		-		-	
а					upervised, or controlled I	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
L		1 ²		complete Part IV, Se		ion with it		d arganizatio	n(a) hy hay	vin a
b				-	l or controlled in connect			•		•
			0	it complete Part IV,	anization vested in the sa	ane perso	ns mai co	Introl of Inaria	ge the supp	Joned
с		, Ŭ	()		g organization operated i	in connect	tion with	and functional	llv integrate	ad with
Ū	L		-	• • • •). You must complete F				ny mograte	Ja with,
d			•	.,.	porting organization operation			-	rted organiz	zation(s)
			-	• •	ation generally must sati			• •	° °	
				°	nplete Part IV, Sections	•		•		
е		1			written determination from				II, Type III	
		functionally	integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	r the number o	of supported of	organizations						
g				n about the supporte		(iv) Is the orac	nization listed			
	(1)	Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	Support (See ii	istructions	
Tota	l.									

Schedule A (Form 990) 2021

Part II

HABITAT FOR HUMANITY INTERNATIONAL EAST

EAST JEFFERSON	COUNTY	91-188
for Organizations Desci	ibed in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(v

35667 /i) Support Schedule (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or flocal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total I office grants, contributions, and grants, ') B07, 236. 1347478. 1451454. 1571220. 3694522. 8871910. I have used level to the organization without charge I <td< th=""><th>Sec</th><th>ction A. Public Support</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Sec	ction A. Public Support						
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 b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
		more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
	18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

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HABITAT FOR HUMANITY INTERNATIONAL EAST

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Schedule A (Form 990) 2021	EAST	JEFFERSON	COUNTY	91
Part III Support Schedule fo	r Organ	izations Descri	ped in Section 509(a)(2)	

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

See	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Public	c Support Per	rcentage			, ,	
15	Public support percentage for 2021 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage			, ,	
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	id stop here. The	organization qual	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	• •
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tł	his box and see ins	tructions	

HABITAT FOR HUMANITY INTERNATIONAL EAST

Schedule A (Form 990) 2021

EAST JEFFERSON COUNTY

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	HABITAT FOR HUMANITY INTERNATIONAL EAST		_	
	edule A (Form 990) 2021 EAST JEFFERSON COUNTY 91-	188566	<u>7 Pa</u>	age 5
Pa	rt IV 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 line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

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

supported organizations played in this regard. 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 instr	ruction	ns)
--	---------	-----

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructio	ns).
---	--	---	--	------

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

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

HABITAT FOR HUMANITY INTERNATIONAL EAST

EAST	JEFFERSON	COUNTY	

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	dule A (Form 990) 2021 EAST JEFFERSON COUNTY	0		91-1885667 Page 6					
Pa									
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.					
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
_1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount				Current Year					
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							

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

Schedule A (Form 990) 2021

HABITAT FOR HUMANITY INTERNATIONAL EAST

Caba		UMANITY INTERNA		1-1885667 Page 7
	t V Type III Non-Functionally Integrated 509		 A provide the second sec	1-1005007 Page7
	on D - Distributions		nizations (continued)	Current Year
<u>Sect</u>	Gurrent fear			
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2 3 3	
4	Amounts paid to acquire exempt-use assets	es of supported organizations	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions) Excess		Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u> i</u>	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

υλοτπλη ΈΛΟ ΠΙΜΑΝΤΗΥ ΤΝΗΕΟΝΙΑΠΤΛΝΑΙ ΕλΟΠ

	HABITAT FOR HUMANITY INTERNATIONAL EAST
Schedule A	(Form 990) 2021 EAST JEFFERSON COUNTY 91-1885667 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

90	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)		2021		
•			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest informa	tion.	Inspection
Nam	e of the organizatio	n HABITAT FOR HUMANI EAST JEFFERSON COU	TY INTERNATIONAL EAST	Em	ployer identification number
Dec			91-1885667		
Pa		answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds o	or Accour	Its. Complete if the
	organization		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5			writing that the assets held in donor advise	d funds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be u		
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
	impermissible priva				
Pa			ganization answered "Yes" on Form 990, Pa	art IV, line 7	
1		ervation easements held by the organization			
		of land for public use (for example, recrea	·		important land area
		natural habitat	Preservation of a	a certified hi	storic structure
•		of open space	in al an annual in a na shiin shinn in Alan fa maa a		tion concert on the lock
2	day of the tax year.	c c .	ied conservation contribution in the form of	r a conserva	Held at the End of the Tax Year
а				2a	
b					
c	•		ucture included in (a)		
d			after 7/25/06, and not on a historic structure		
3			eased, extinguished, or terminated by the c		during the tax
	year 🕨				
4	Number of states w	here property subject to conservation eas	sement is located		
5	Does the organizati	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	,	prcement of the conservation easements it			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ease	ements during the year
-					to do to the contract
7	Amount of expense ► \$	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation	on easemen	its during the year
8		ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
Ū					Yes No
9			on easements in its revenue and expense s		
		•	ote to the organization's financial statemer		
	organization's acco	ounting for conservation easements.	-		
Pa			Art, Historical Treasures, or Oth	er Simila	r Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance s	heet works
		· ·	plic exhibition, education, or research in fur		public
			ncial statements that describes these items		
b	-		8, to report in its revenue statement and ba		
			exhibition, education, or research in furthe	erance of pu	DIIC SERVICE,
	-	ng amounts relating to these items:			¢
					\$ \$
2			asures, or other similar assets for financial g		
~		nts required to be reported under FASB A		9411, providi	<u>.</u>
а	-			►	\$
		duction Act Notice, see the Instructions			Schedule D (Form 990) 2021

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		FOR HUMAN		INTERN	ATIONAL	EASI					
		FFERSON CO					9	<u>1-18</u>	8566	7 г	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	Similar A	Assets	contin	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ls, check	any of the f	following that	make sig	nificant us	e of its			
а	Public exhibition	(1 L	Loan or exc	hange progra	ım					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit of	•			•						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								_ line 9. or		
	reported an amount on Form 990, Pa			5				,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liarv for o	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII							····· <u>·</u>			
	······································								Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	_
	t V Endowment Funds. Complete						<u></u> ງ			<u> </u>	
		(a) Current year		Prior year	(c) Two year		d) Three yea	ars back	(e) Fou	vears	back
10	Beginning of year balance	(u) ourient your	(2)!	nor your					(0) 1 00	youre	buon
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	•	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	t are held ar	nd administer	ed for the	organizati	on	1		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr		• • •	or other (other)	• •	cumulated reciation		(d) Boo	k valu	ie
1 a	Land		-	48	2,892.				48	2,8	92.
	Buildings				9,909.		8,20	3.			06.
	Leasehold improvements				2,158.	2	20,02				32.
d	Equipment				8,597.		01, 10				91.
	Other				- , , •		-,			· / -	•
	Add lines 1a through 1e. (Column (d) must e		V colum	nn (P) line 1					1,15	4.2	21.
1010	in Add intes the through the [Column (d) MUSE	iqual FUIII 990, Part	A, COIUN	<u>III (D), III (D)</u>	UU.J				D (Forn		
											,

			ERNATIONAL EAST	
	(Form 990) 2021 EAST JEFFERS	SON COUNTY		91-1885667 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
.,	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	<u> </u>
		Description		(b) Book value
	ND HELD FOR DEVELOPMENT			2,763,102.
	NSTRUCTION IN PROGRESS			1,227,411.
(3) MC	RTGAGES RECEIVABLE			422,481.
(4) DE	POSITS			979.
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	15)		▶ 4,413,973.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

	HABITAT FOR HUMANITY INTER	NATIONAL	EAST			
Sche	dule D (Form 990) 2021 EAST JEFFERSON COUNTY			91-2	1885667	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,343	,245.
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	60,504.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,504.</u>
3	Subtract line 2e from line 1			3	5,282	<u>,741.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b	4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,282	,741.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		(penses per H	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,383	<u>,149.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		60,504.			
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,504.
3	Subtract line 2e from line 1			3	3,322	,645.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,322	,645.
Pa	t XIII Supplemental Information.					

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

PART IV, LINE 2B:

SEE PART XIII

PART X, LINE 2:

THE ORGANIZATIONS'S MANAGEMENT EVALUATES TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION

HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE

SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE

ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2021 EAST JEFFERSON COUNTY 91-1885667 Page Part XIII Supplemental Information (continued) 91-1885667 Page
THE ORGANIZATION COLLECTS ESCROW FUNDS FROM MORTGAGEES AFTER BEING
SELECTED FOR HOME OWNERSHIP BUT BEFORE CLOSING THE PURCHASE. THE FUNDS ARE
FOR THE PURPOSE OF DOWN PAYMENTS, FIRST YEAR HOMEOWNER INSURANCE AND SOME
OF THE CLOSING COSTS.

SCHEDULE L		Trar	nsactior	ns W	Vith	Inte	erested	P	ersons			ON	1B No	1545-00	47
(Form 990)											2	N 2	1		
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.									0	ZUZ Open To Public					
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.											spect		nic.		
Name of the organization			R HUMAN			FERN	IATIONAI	Ŀ	EAST			identi		on nu	mber
David L. Francisco I			RSON CO									856	57		
									n 501(c)(29) organ						
1			lationship betv				ine 25a or 25b), Or	Form 990-EZ, Pa	rt v, i	ine 40	D.	(4)	Corre	ected?
(a) Name of disqual	ified person		person and or			mea	(0	c) D	escription of trans	sactio	n			es	No
													_		
													+		
2 Enter the amount o	f tax incurred by	the org	anization man	agers	or disc	ualifie	d persons dur	ing 1	he year under						
3 Enter the amount o	if tax, if any, on li	ne 2, at	ove, reimburs	ed by 1	the ore	ganizat					▶ \$				
Part II Loans to	and/or From	n Inter	rested Pers	sons.											
Complete i	f the organizatior	n answe	red "Yes" on F	Form 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, line	e 26;	or if th	e orgar	nizatio	n	
	n amount on Forr				2. an to or							(h) App	roved	(n) 1	1.11
(a) Name of interested person	(b) Relation with organi		(c) Purpose of loan	from	n the		e) Original cipal amount	(1) Balance due) In ault?	by boa	rd or		Vritten ement?
·	Ŭ			<u> </u>	zation? From					Yes	No	Yes	No	Yes	1
Total							> \$								
	or Assistance	Bene	fiting Inter	estec	l Per	sons									
Complete i	f the organization	n answe	red "Yes" on I	Form 9	90, Pa	art IV, li	ine 27.								
(a) Name of intere	sted person		Relationship (nterested pers the organiza	son and		(4	c) Amount of assistance		(d) Type assistanc	., .			f		
			•												
		+													
LHA For Paperwork R	eduction Act No	tice, se	e the Instruc	tions f	or For	m 990	or 990-EZ.				Sche	dule L	(Forr	n 990) 2021

HABITAT FOR HUMANITY INTERNATIONAL EAST

Schedule L (Form 990) 2021 EAST	JEFFERSON COU	 NTY		91-1885	667	Page 2
Part IV Business Transactions Invol	ving Interested Pers	ons.				
Complete if the organization answere	d "Yes" on Form 990, Part	IV, line 28a, 2	8b, or 28c.	1		<u> </u>
(a) Name of interested person	(b) Relationship betwe		(c) Amount of	(d) Description of	organiz	aring of zation's
	person and the org	anization	transaction	transaction	reven	
					Yes	No
LORI TSCHOHL	BOARD MEMBER	OWNS E	19,471.	EAGLE PIPE		X
						<u> </u>
Part V Supplemental Information.	-			•		
Provide additional information for resp	oonses to questions on Sc	hedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS	INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF DEDGON, LODI						
(A) NAME OF PERSON: LORI	ISCHOHL					
(B) RELATIONSHIP BETWEEN	ראיידסדפיידה סדו	CON AND		ON		
(b) RELATIONSHIP DETWEEN	INTERESTED FER	CON AND	OKGANIZAII	.011.		
BOARD MEMBER OWNS EAGLE PI	PE AND MECHAN	ITCAL				
		12 0112				
(D) DESCRIPTION OF TRANSAC	CTION: EAGLE F	PIPE AND	MECHANICAL	INSTALLED		
HEATING SYSTEM IN SOME HOM	1ES					

	HEDULE M rm 990)		Nonc	ash Contri	butions		OMB No. 18	_	
	ment of the Treasury I Revenue Service	Attach to Form 990).		n Form 990, Part IV, lines 2	9 or 30.	Open to Inspec	Publ	-
					the latest information.	F armelessee	-		
Name	e of the organization				ATIONAL EAST		identificatio		nber
Par		EAST JEFFERS Property	ON COU	N.T. X		9	1-10000	00/	
I UI		Поренцу	(a)	(b)	(c)	1	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d of determini ontribution an	•	s
1	Art - Works of art								
2	Art - Historical treas	sures							
3	Art - Fractional inte	rests							
4		tions							
5		ehold goods	X		446,148.	THRIFT S	HOP		
6		icles							
7									
8		у							
9		y traded							
10		held stock							
11	Securities - Partner	ship, LLC, or							
12		aneous							
13	Qualified conservat								
	Historic structures								
14		tion contribution - Other	x	1	105 000	FAIR VAL			
15		ential		L	105,000.	FAIR VAL	UE		
16		nercial							
17									
18 19									
20		supplies							
21		supplies							
22									
23		าร							
24	Archeological artifa								
25		JILDING MATE)	X	50	28,924.	FAIR VAL	UE		
26	Other ► (,)							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8	3283 received by the organi	zation during	g the tax year for co	ontributions				
	for which the orgar	nization completed Form 82	83, Part V, D	Oonee Acknowledge	ement				
								Yes	No
30a	During the year, did	d the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at lea	ast three years from the date	e of the initia	al contribution, and	which isn't required to be us	sed for			
		or the entire holding period	?				30a		X
	b If "Yes," describe the arrangement in Part II.								
31					of any nonstandard contribut	tions?	31	Х	├──
32a	0	ion hire or use third parties	or related or	ganizations to solic	t, process, or sell noncash				v
	contributions?	- D+ II					<u>32a</u>		X
	If "Yes," describe in					a lua al			
33		uiun t report an amount in c	column (C) fo	r a type of property	for which column (a) is cheo	ckea,			
	describe in Part II.	Doduction Act Nation	the lesters	tions for Farme 000	<u> </u>	O-k-	dulo M /Earr	000	2004
LHA	For Paperwork I	Reduction Act Notice, see	ine instruc	uons for Form 990		Sche	dule M (Form	1 990)	2021

Schedule M (Form 990) 2021

HABITAT FOR HUMANITY INTERNATIONAL EAST EAST JEFFERSON COUNTY

SON	COUNTY	Z			9	1-1885	667	Page 2
ide the	information	required by Part	I, lines 30b	, 32b, and	1 33, and	whether the	organization	<u></u> า

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	HABITAT FOR HUMANITY INTERNATIONAL EAST EAST JEFFERSON COUNTY		ridentification number 885667

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

COMMUNITIES AND HOPE.

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

A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE

BOARD OF DIRECTORS.

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

AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE GOVERNANCE COMMITTEE

DISTRIBUTES THE ANNUAL DISCLOSURE STATEMENTS TO DIRECTORS AND OFFICERS FOR

COMPLETING. IF A CONFLICT ARISES AT ANOTHER TIME, IT IS DISCLOSED AND

DOCUMENTED IN CONTEMPORANEOUS MEETING RECORDS.

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

A COMPENSATION REVIEW COMMITTEE REVIEWS COMPENSATION STUDIES BY INDEPENDENT

ORGANIZATIONS AS WELL AS DOCUMENTED COMPENSATION FOR POSITIONS IN SIMILAR

ORGANIZATIONS. THE BOARD RECEIVES AND REVIEWS COMPARABILITY DATA. THE

DELIBERATION AND DECISION ARE DOCUMENTED IN CONTEMPORANEOUS MEETING

RECORDS.

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

FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OTHER:

Schedule O (Form 990) 2021 Name of the organization HABITAT FOR HUMANITY INTERNATIONAL EAST EAST JEFFERSON COUNTY	Page 2 Employer identification number 91-1885667
PROGRAM SERVICE EXPENSES	24,629.
MANAGEMENT AND GENERAL EXPENSES	3,204.
FUNDRAISING EXPENSES	14,015.
TOTAL EXPENSES	41,848.
SUPPLIES/EQUIPMENT:	
PROGRAM SERVICE EXPENSES	26,570.
MANAGEMENT AND GENERAL EXPENSES	5,877.
FUNDRAISING EXPENSES	2,741.
TOTAL EXPENSES	35,188.
VOLUNTEER EXP:	
PROGRAM SERVICE EXPENSES	33,112.
MANAGEMENT AND GENERAL EXPENSES	262.
FUNDRAISING EXPENSES	1,119.
TOTAL EXPENSES	34,493.
TAXES:	
PROGRAM SERVICE EXPENSES	15,865.
MANAGEMENT AND GENERAL EXPENSES	719.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,584.
HOMEOWNER SERVICES:	
PROGRAM SERVICE EXPENSES	5,667.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5 , 6 6 7 . Schedule O (Form 990) 2021

 Schedule O (Form 990) 2021
 Page 2

 Name of the organization
 HABITAT FOR HUMANITY INTERNATIONAL EAST
 Employer identification number

 EAST JEFFERSON COUNTY
 91–1885667

COMMUNITY AND PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES	1,648.
MANAGEMENT AND GENERAL EXPENSES	72.
FUNDRAISING EXPENSES	2,231.
TOTAL EXPENSES	3,951.

EQUIPMENT RENTAL AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	1,378.
MANAGEMENT AND GENERAL EXPENSES	325.
FUNDRAISING EXPENSES	427.
TOTAL EXPENSES	2,130.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	139,861.

FORM 990, PART XII, LINE 2C

HABITAT FOR HUMANITY INTERNATIONAL POLICIES REQUIRE ANY AFFILIATE WITH

OVER \$250,000 IN GROSS REVENUE TO HAVE ITS FINANCIAL STATEMENTS AUDITED

ANNUALLY. HABITAT FOR HUMANITY OF EAST JEFFERSON COUNTY HAS ITS

FINANCIAL STATEMENTS AUDITED EACH YEAR BY AN INDEPENDENT CERTIFIED

PUBLIC ACCOUNTANT. THE FINANCIAL COMMITTEE HAS OVERSIGHT OF THE AUDIT

OF OUR FINANCIAL STATEMENTS AND HAS AUTHORITY TO RECOMMEND A CHANGE IN

AUDITORS SHOULD THAT BECOME NECESSARY.