CLIENT'S COPY

EXTENDED TO FEBRUARY 15, 2022

Form **991**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	nding M	AR 31, 2021	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
Г	Addre	HABITAT FOR HUMANITY DETROIT			
	Name chang			38-27080	25
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe	
	Final return termin	_		(313) 52	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	981,277.
F	return	DEIROII, MI 40205		H(a) Is this a group r	
	⊥ltiòh pendir	IF Name and address of principal officer; Siffiffication Collection		for subordinates	
_	T	empt status:	527	H(b) Are all subordinates i	
		te: NWW. HABITATDETROIT. ORG	527	H(c) Group exemption	list. See instructions
		organization: X Corporation Trust Association Other ►	I Vear		M State of legal domicile; MI
		Summary	L Toar (or formation. ±300 F	VI State of legal dofficile, 111
		Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	DECENT, AF	FORDABLE
Governance		HOUSING TO LOW INCOME FAMILIES.		, , , , , , , , , , , , , , , , , , ,	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ssets.
ove		Number of voting members of the governing body (Part VI, line 1a)			8
ত		Number of independent voting members of the governing body (Part VI, line 1b)			8
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	6
Σį	6	Total number of volunteers (estimate if necessary)		6	25
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		227,682.	342,863.
		Program service revenue (Part VIII, line 2g)		342,916.	
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90,356.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,847. 700,801.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		700,801.	901,277.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		263,332.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		56,429.	
ben	h	Total fundraising expenses (Part IX, column (D), line 25) 108,65	7.	30,123	27,7200
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		816,064.	578,291.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,135,825.	
		Revenue less expenses. Subtract line 18 from line 12		-435,024.	
Net Assets or Find Balances	8	,	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,511,252.	2,494,357.
t As	21	Total liabilities (Part X, line 26)		98,402.	38,806.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		2,412,850.	2,455,551.
		Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		,		Date	
He	re	STEPHANIE OSTERLAND, CEO Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MICHAEL B. BOISVENU, CPA		if	
	o parer	Firm's name BOISVENU & COMPANY, P.C.		self-employ Firm's EIN ▶	38-2857129
	Only	Firm's address 30600 TELEGRAPH ROAD, SUITE 1300		TIIII 3 LIIV	
	•,	BINGHAM FARMS, MI 48025		Phone no. (2	48)647-7200
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1 1101 (=	X Yes No

1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	=
•	TO PROVIDE DECENT, AFFORDABLE HOUSING TO LOW INCOME FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	— No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
3	If "Yes," describe these changes on Schedule O.	NO
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 \$ 673,963. including grants of \$) (Revenue \$ 529,924 HOME CONSTRUCTION: TO PROVIDE HOUSING TO LOW INCOME PERSONS BY BUILDIN NEW, AND REHABILITATING OLD, RESIDENCES AND SELLING THEM TO QUALIFIED PERSONS ON A LOW OR NO INTEREST BEARING MORTGAGE AT THE COST OF CONSTRUCTION OR LESS. FAMILY SUPPORT SERVICES: TO SELECT, TRAIN, AND WORK WITH QUALIFIED LOW INCOME HOMEOWNERS TO ENABLE THEM TO BECOME	
	HABITAT FOR HUMANITY HOMEOWNERS AND TO WORK WITH NEW AND EXISTING RESIDENTS TO IMPROVE NEIGHBORHOOD CONDITIONS AND REINVEST NET	_
	COLLECTIONS IN FUTURE HABITAT FOR HUMANITY ACTIVITIES.	
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 673,963.	_

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
''	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	\Box		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
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	
b	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		Х
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
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 ►MI			
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	/) avail	able
-	for public inspection. Indicate how you made these available. Check all that apply.	,,	,	-
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd fina	ncial	
	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			
	RDM ASSOCIATES - (248) 620-7100			
	7457 M E CAD BLVD., STE. 200, CLARKSTON, MI 48348			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)	l	AI 112C		C)	прс	i ioai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	ustee (trustee		90	beusa		(W-2/1099-MISC)		organization
	organizations below	lual tri	tional		nploye	st com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE OSTERLAND	40.00									
CEO				X				70,000.	0.	2,948.
(2) EVELYN BROWN	20.00									_
FORMER CEO				Х				49,956.	0.	0.
(3) GARY DAWES	4.00								0	•
PRESIDENT	F 0.0	Х		X				0.	0.	0.
(4) ERIC HANNA	5.00	X		х		ľ		0.	0.	0.
TREASURER (5) DONNA STALLINGS	2.00	^		^				0.	0.	0.
VICE PRESIDENT	2.00	Х		x				0.	0.	0.
(6) LEONA MEDLEY	5.00									
SECRETARY		x		x				0.	0.	0.
(7) ERIN GIANOPOULOS	2.00							-		
DIRECTOR		Х						0.	0.	0.
(8) TED FLY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CLEAMON MOORER, JR.	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) SYLVIA HUBBARD	2.00	,,							0	0
DIRECTOR		Х				<u> </u>		0.	0.	0.
										_
		_	_	_		_				
		ŀ								
										- 000

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	-			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	timate	:d
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation			ount (of
		week (list any	\vdash				1	1	from	from related			other	tion
		hours for	directo				_		the organization	organizations (W-2/1099-MISC	3)		pensa om the	
		related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100	"		anizati	
		organizations	trust	al tru		yee	ompe					•	d relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	lest co	ner				orga	ınizatio	ons
		line)	İndi	Insti	Officer	Key	Highest compensated employee	굡			\dashv			
											+			
											\dashv			
			-											
									A		T			
											+			
			_								\dashv			
			-											
						4								
											+			
									110 056					
	Subtotal								119,956.		0.		2,9	<u>48.</u> 0.
	Total from continuation sheets to Part V								119,956.		0.		2,9	
	Total (add lines 1b and 1c)								·				4,9	±0.
2	Total number of individuals (including but r compensation from the organization	iot iimited to tr	iose	IISLE	eu ai	DOV	e) wi	no re	eceived more than \$100	,,000 or reportable				0
													Yes	No
3	Did the organization list any former officer			•	•	•	-	_		•				X
	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15	=		-					· · · · · · · · · · · · · · · · · · ·	the organization		4		Х
5	Did any person listed on line 1a receive or			•						idual for convices		4		
3	rendered to the organization? If "Yes," con											5		Х
Sec	etion B. Independent Contractors	.p.oto comeau.	<u> </u>	0. 0.		<i>p</i> 0. c						<u> </u>		
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ition f	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	/ithir		year.			_	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	Сс	(C omper	;) nsatio	า
								_						
								\dashv						
	Total number of independent contractors (includina but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organ						0							
											F	orm (990 (2	2020)

032008 12-23-20

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		1	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	4 -	Follow-to-discount into-					0001101101011
aut		Federated campaigns 1a					
흥리		Membership dues 1b					
Ţŝ,		Fundraising events1c					
ig je	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
호기	f	All other contributions, gifts, grants, and					
igi Lipin		similar amounts not included above 1f	342,863.				
d d	g	Noncash contributions included in lines 1a-1f					
a Co	_	Total. Add lines 1a-1f		342,863.			
			Business Code	-			
o l	2 a	SALE TO HOMEOWNERS	531390	273,410.	273,410.		
Program Service Revenue	2 u	PROVISION FOR MORTGAGE	531390	235,658.	235,658.		_
Se al		OTHER PROGRAM INCOME	900099	20,856.	20,856.		
E P	C		200022	20,030.	20,030.		
gra	d						
Š	е						
-	f	All other program service revenue		F20 024			
\blacksquare	g	Total. Add lines 2a-2f		529,924.			
	3	Investment income (including dividends, intere		100 500			100 500
		other similar amounts)		102,729.			102,729.
	4	Income from investment of tax-exempt bond p	roceeds >				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	.,				
	h	Less: cost or other basis					
<u>o</u>	, L						
ther Revenue	_						
ě		, , , , , , , , , , , , , , , , , , , ,					
¥		Net gain or (loss)					
Ţ.	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 ^	MISC. INCOME	900099	5,761.			5,761.
ne Tue	b			-,,,,,,,			2,.020
ella Ve							
Re	C						
Σ		All other revenue		5,761.			
		Total. Add lines 11a-11d Total revenue. See instructions		981,277.	529,924.	0.	108,490.
	12	10101 16761106. OEE 111311 UUIIU113		JUL,4110	_ JUJ,JUT•	1	

032009 12-23-20

Part IX Statement of Functional Expenses

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

of include amounts reported on lines 6b, 6, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, incustees, and key employees Compensation not included above to disqualified oversons (as defined under section 4958(f)(1)) and oversons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	121,122. 177,133.	Program service expenses 66,616.	Management and general expenses 12,113.	Fundraising expenses
Grants and other assistance to domestic individuals. 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 Genefits paid to or for members Compensation of current officers, directors, incustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
andividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, in the compensation of current officers, directors, in the compensation not included above to disqualified oversons (as defined under section 4958(f)(1)) and oversons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				42,393
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				42,393
ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, crustees, and key employees Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Compensation of current officers, directors, crustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				42,393
Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits				12,333
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	177,133.	150,579.		
Dersons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	177,133.	150,579.		
Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	177,133.	150,579.		
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits			19,780.	6,774
section 401(k) and 403(b) employer contributions) Other employee benefits				
Other employee benefits				
	12,769.	9,852.	1,387.	1,530
	22,208.	16,212.	2,376.	1,530 3,620
Fees for services (nonemployees):			,	
Management	95,250.		95,250.	
	7,768.	7,768.		
Professional fundraising services. See Part IV, line 17	27,450.			27,450
nvestment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	28,528.		14,417.	786
Advertising and promotion				14,186
Office expenses	26,879.	19,415.	3,505.	3,959
nformation technology				
Royalties				
Decupancy	36,676.	33,108.	1,415.	2,153
Fravel				
Payments of travel or entertainment expenses				
or any federal, state, or local public officials	1 401	1 025	150	
, , , , , , , , , , , , , , , , , , ,	1,421.	1,037.	152.	232
nterest	1 000	1 000		
			600	1 046
				1,046 1,623
nsurance	41,004.	44,313.	1,000.	1,043
Durer expenses, itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
ine 24è amount exceeds 10% of line 25, column (A)				
	268 207	268 207		
			A 167	2,896
			Ŧ, ±0 / •	2,090
			5	9
			_	108,657
	230,2130	070,000	130,3330	
* * * * * * * * * * * * * * * * * * * *				
. —				
	Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses For any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	Accounting Cobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses or any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Ocpereciation, depletion, and amortization Insurance Other expenses. Itemize expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) CONSTRUCTION COSTS DUES PROG ACTIVITIES MAT'LS EQUIP TOOLS BLDG SUPPLY All other expenses Intel functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization eported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Accounting	Accounting

Part X | Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,388,382.	1	1,434,386
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			84,055.	4	113,819
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			615,744.	7	670,986
Assets	8	Inventories for sale or use				8	
⋖	9				9,775.	9	7,608
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		695,966.			
	b	Less: accumulated depreciation	10b	488,910.	224,870.	10c	207,056
	11	Investments - publicly traded securities	767.	11	1,186		
	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			187,659.	15	59,316
	16	Total assets. Add lines 1 through 15 (must equ			2,511,252.	16	2,494,357
	17	Accounts payable and accrued expenses			97,920.	17	38,806
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the			400	22	
_	23	Secured mortgages and notes payable to unre			482.	23	0
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24	. Complete Part X		05	
	00	of Schedule D			98,402.	25	38,806
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			90,402.	26	30,000
es			eck ner	e 🖊 🔼			
ا <u>م</u> اد	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			2,165,850.	27	2,353,711
g	27 28	Net assets with donor restrictions Net assets with donor restrictions			247,000.	28	101,840
<u> </u>	20	Organizations that do not follow FASB ASC			247,000.	20	101,010
፤		and complete lines 29 through 33.	930, CIII	ck liefe P			
, P	29	Capital stock or trust principal, or current funds	2			29	
jets	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,412,850.	32	2,455,551
_	-	Total liabilities and net assets/fund balances			2,511,252.	33	2,494,357

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5 6 7	98 93	1,2 8,9 2,3 2,8	73. 04.
8	Investment expenses Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X
b	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 Were the organization's financial statements audited by an independent accountant?				
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c		X
За	If the organization changed either its oversight process or selection process during the tax year, explain on ScI As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

HABITAT FOR HUMANITY DETROIT

Employer identification number 38-2708025

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	he hospital's name									
city, and state:	no noopital o name,									
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from the general part o	oublic described in									
section 170(b)(1)(A)(vi). (Complete Part II.)										
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of	college									
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college	e or									
university:										
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and	d aross receints from									
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support f										
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization a	arter June 30, 1975.									
See section 509(a)(2). (Complete Part III.)										
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the										
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Ch	heck the box in									
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by	giving									
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the su	upporting									
organization. You must complete Part IV, Sections A and B.										
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by hav	vina									
control or management of the supporting organization vested in the same persons that control or manage the supporting	-									
	Jorted									
organization(s). You must complete Part IV, Sections A and C.	at									
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated	a with,									
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.										
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organiz	ation(s)									
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attention	veness									
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.										
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III										
functionally integrated, or Type III non-functionally integrated supporting organization.										
f Enter the number of supported organizations										
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iii) Islie organization (i	(vi) Amount of other									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	(vi) Amount of other support (see instructions)									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iiii) Type of organization (iv) Is the organization in your governing document? (v) Amount of monetary	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1-10) (v) Amount of monetary support (see instructions) (v) Amount of monetary suppo	` '									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total							
1	Gifts, grants, contributions, and													
	membership fees received. (Do not													
	include any "unusual grants.")	1271970.	221,691.	254,270.	227,682.	342,863.	2318476.							
2	Tax revenues levied for the organ-													
	ization's benefit and either paid to													
	or expended on its behalf													
3	The value of services or facilities													
	furnished by a governmental unit to													
	the organization without charge													
4	Total. Add lines 1 through 3	1271970.	221,691.	254,270.	227,682.	342,863.	2318476.							
5	The portion of total contributions													
	by each person (other than a													
	governmental unit or publicly													
	supported organization) included													
	on line 1 that exceeds 2% of the													
	amount shown on line 11,													
	column (f)						31,158.							
6	Public support. Subtract line 5 from line 4.						2287318.							
Sec	ction B. Total Support													
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020 342,863.	(f) Total 2318476.							
7	Amounts from line 4	1271970.	221,691.	254,270.	227,682.	342,863.	2318476.							
8	Gross income from interest,													
	dividends, payments received on													
	securities loans, rents, royalties,													
	and income from similar sources	321,020.	811,381.	320,747.	86,606.	102,729.	1642483.							
9	Net income from unrelated business													
	activities, whether or not the													
	business is regularly carried on													
10	Other income. Do not include gain													
	or loss from the sale of capital													
	assets (Explain in Part VI.)	50,900.	904,351.	37,044.	12,048.	5,761.	1010104.							
11	Total support. Add lines 7 through 10						4971063.							
12	Gross receipts from related activities,						,646,648.							
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)								
_	organization, check this box and stop						<u></u> ▶□							
	ction C. Computation of Publ					г т	46 01							
	Public support percentage for 2020 (I					14	46.01 %							
	Public support percentage from 2019					15	61.51 %							
16a	33 1/3% support test - 2020. If the o	•		•		•								
	stop here. The organization qualifies as a publicly supported organization													
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box													
	and stop here. The organization qual													
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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													
b	10% -facts-and-circumstances tes	_					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													
<u>18</u>	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													

Part III | Support Schedule for Organizations Described 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.)

now, please com	piete i art ii.j				
(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(=,/=0.0	(3) = 5 11	(5,25.15	(2, 23.10	(5), 2020	(7)
			1		
(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
`					
e organization's fi	I irst second third	fourth or fifth tox	Vear as a section	1 501(c)(3) organizati	 ion
· ·		•		. , . ,	
		column (fl)		15	9
					9
				<u>, .~ ,</u>	,
				17	9
				18	ç
s. gar neathorr and r					
dstop here The	organization quali	ifies as a publicly s	supported organiz	ation	▶ I
	organization qual				 and
organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ation ore than 33 1/3%, a orted organization	
	(a) 2016 (a) 2016 (a) 2016 (a) 2016 (a) 2016 (b) C Support Pene 8, column (f), column	(a) 2016 (b) 2017 (a) 2016 (b) 2017 C Support Percentage ne 8, column (f), divided by line 13, Schedule A, Part III, line 15 Stment Income Percentage 20 (line 10c, column (f), divided by line 13, Schedule A, Part III, line 17	(a) 2016 (b) 2017 (c) 2018 (a) 2016 (b) 2017 (c) 2018 (a) 2016 (b) 2017 (c) 2018 (b) 2017 (c) 2018 (c) 2018 (d) 2016 (e) 2017 (c) 2018 (e) 2018 (e) 2018 (e) 2017 (c) 2018 (f) 2018 (e) 2017 (e) 2018 (g) 2018 (e) 2017 (e) 2018 (g) 2018 (e) 2017 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2018	(a) 2016 (b) 2017 (c) 2018 (d) 2019 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (a) 2016 (b) 2017 (c) 2018 (d) 2019 e organization's first, second, third, fourth, or fifth tax year as a section c Support Percentage ne 8, column (f), divided by line 13, column (f) Schedule A, Part III, line 15 strement Income Percentage 20 (line 10c, column (f), divided by line 13, column (f)) 1019 Schedule A, Part III, line 17	(a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (c) 2018 (d) 2019 (e) 2020 (e) 2020 (e) 20

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	low, the governing body of a supported organization?	11a		
b	A family	y member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
Sect	ion B	. Type I Supporting Organizations			
				Yes	No
1		governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) rely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ration, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ted 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			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sect	ion C	. Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
<u>Soci</u>		ported organization(s). . All Type III Supporting Organizations	1		
360	ם ווטוו	. All Type III Supporting Organizations		V	N
	م ملا اما			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the cation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		eation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	nanization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	son of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū		ant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
Sect		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	T	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activitie	es Test. Answer lines 2a and 2b below.		Yes	No
а	Did sub	ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	oported 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	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

					9
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI	Part IV, S line 1; Pa	Section A, li art IV, Secti D, lines 5, 6	ines 1, 2 on D, lin	, 3b, 3c, 4b es 2 and 3	o, 4c, 5a ; Part IV	i, 6, 9a, 9b, , Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11 2b, 3a,	c; Part IV, So and 3b; Part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHEDU	LE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
MISC.	INCOM	E								

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

HABITAT FOR HUMANITY DETROIT

38-2708025

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule .						
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or						
property) from an	y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1 any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.						
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one						
	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,						
	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsec*						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization Employer identification number

HABITAT FOR HUMANITY DETROIT

38-2708025

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN 333 WEST FORT STREET, SUITE 2010 DETROIT, MI 48226	\$ 21,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	\$14,263.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HABITAT FOR HUMANITY MICHIGAN 618 S. CREYTS RD., SUITE A LANSING, MI 48917	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HABITAT GROSSE POINTE PARTNERS 32 LAKESHORE RD. GROSSE POINTE FARMS, MI 48236	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LEAR CORPORATION 21557 TELEGRAPH RD.	\$11,934.	Person X Payroll
002450 11 0	SOUTHFIELD, MI 48033	Cabadula B /Farra	noncash contributions.)

Name of organization Employer identification number

HABITAT FOR HUMANITY DETROIT

38-2708025

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	MASCO CORPORATION 17450 COLLEGE PKWY. LIVONIA, MI 48152	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	MIGHTYCAUSE CHARITABLE FOUNDATION P.O. BOX 160 MARIANNA, FL 32447	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	TRAPP FAMILY FOUNDATION 41140 FOX RUN RD., APT. 511 NOVI, MI 48377	\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST., SW WASHINGTON, DC 20416	\$ 58,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HABITAT FOR HUMANITY DETROIT

38-2708025

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

Name of organization **Employer identification number** 38-2708025 HABITAT FOR HUMANITY DETROIT Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY DETROIT

Employer identification number 38-2708025

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring				
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (for example, recrea		storically important land area				
	Protection of natural habitat	Preservation of a ce	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str		. 2c				
a	Number of conservation easements included in (c) acquired						
•	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	lanization during the tax				
4	year Number of states where property subject to concernation as	ecomont is located					
4 5	Number of states where property subject to conservation ea						
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	b	, mandling of violations, and emoreting conserve	ation casements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year				
-	▶ \$	ag -,a, aa -,gg	cacemente aaning inc year				
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9							
	balance sheet, and include, if applicable, the text of the foot	-					
	organization's accounting for conservation easements.	-					
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		•				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide				
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these items:					
	Revenue included on Form 990, Part VIII, line 1		•				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020				

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Sche	edule D (Form 990) 2020 HABITAT	FOR HUMAN	ITY DETR	OIT		38-2	2708025	Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Other	Similar As	sets(continue	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b								
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organizati	on's exemp	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit o		•	•		1		
_	to be sold to raise funds rather than to be ma						Yes	└── No
Pai	rt IV Escrow and Custodial Arran		ete if the organiz	ation answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	•						
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	∐ No
	rt V Endowment Funds. Complete in							<u> </u>
Fai	rt V Endowment Funds. Complete i						ok (-) Four w	ara baak
	Decimalization of control of	(a) Current year	(b) Prior year	(c) Two year	is back (a)	Three years ba	ck (e) Four ye	ears back
_	Beginning of year balance			<u> </u>				
b	Contributions			/				
C	Net investment earnings, gains, and losses						+	
	Grants or scholarships						+	
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance	ront year and balance	o (line 1g. colum	no (a)) hold as:				
2	Board designated or quasi-endowment	ent year end balanc	%	iii (a)) iielu as.				
a h		0/4						
	b Permanent endowment \(\begin{align*}							
·	c Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 100%.							
3a	Are there endowment funds not in the posse	•	ation that are he	ld and administe	ered for the	organization		
-	by:	ocion or the organiz	anon mar aro me	ia ana aaniiniota	7,00,101,110	organization	[v	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						····	
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere		D, Part IV, line 11	a. See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or o		ost or other		umulated	(d) Book v	/alue
		basis (investr		sis (other)		ciation	(2) 2001(1	
1a	Land	· · · · · · · · · · · · · · · · · · ·	·	9,460.			9	,460.
	Buildings			500,954.	30	8,073.		,881.
	Leasehold improvements			-		-		-
اء	Fauinment			185 552	1.8	0 837	1	715

Schedule D (Form 990) 2020

207,056.

e Other

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

Schedule D (Form 990) 2020 HABITAT FOR	HUMANITY DET	ROIT 38	3-2708025 Page 3
Part VII Investments - Other Securities.			r ago s
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		4	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	. 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	110 or 11f Soo Form 990 Part V line 2	5
(a) Description of lightith.	off Fart IV, life	The or Th. See Form 990, Falt A, line 25	(b) Book value
1. (7)			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			i

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...

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY DETROIT

Employer identification number 38-2708025

Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Ifilers are not
 1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitar f X Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ECHO MEDIA OF MICHIGAN, LLC - P.O. BOX 871902, CANTON, MI	EVENT SERVICES/FUND DEVELOPMENT	Yes	No x	0.	27,450.	0.
Total 3 List all states in which the organization or licensing. MI	on is registered or licensed to solicit	contrib	• Dutions	s or has been notified	27,450. d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	tice, see the Instructions for Form	990 or	990-	EZ . 9	Schedule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

SEE PART IV FOR CONTINUATIONS

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.					
		or iditarialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
Φ			(event type)	(event type)	(total number)	COI. (C))	
Revenue							
Rev	1	Gross receipts					
	2	Less: Contributions					
	-	Less. Contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
es		Noncash phizes					
Direct Expenses	6	Rent/facility costs					
Ä				A			
rect	7	Food and beverages					
		Entartainment					
	8	Entertainment Other direct expenses					
	10	Direct expense summary. Add lines 4 through			•		
	11	Net income summary. Subtract line 10 from li					
Pa	art I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.					
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)	
æ	1	Gross revenue					
	Ė						
Se	2	Cash prizes					
ens							
Direct Expenses	3	Noncash prizes					
ect	4	Rent/facility costs					
ä		Tionizia dinity doord					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	└── No	│└── No	└── No		
	_	Direct cynones cummany Add lines 2 through	a E in actumn (d)				
	7	Direct expense summary. Add lines 2 through	1 5 in column (a)		>		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>		
		,	, ,		·	•	
		ter the state(s) in which the organization condu	· · -				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		L Yes L No	
k	If "	No," explain:					
	_						
10a		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No	
	b If "Yes," explain:						
	_						
0320	82 1 ⁻	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020	

Schedule G (Form 990 or 990-EZ) 2020 HABITAT FOR HUMANITY DETROIT	38-2708025 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name ▶ Address ▶	
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
13a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou	nt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on roo, onto hamo and address of the third party.	
Name ▶	
Name >	
Address	
- Madroso P	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
danning manager compensation P	
Description of services provided	
Bookingtion of convious provided P	
Director/officer Employee Independent contractor	
Employee Employee	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
rotain the state gaming licenses?	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year \$\bigs\$	i trie
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III lines 0. Ob. 10b
	and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	rgrrg.
Deniabola G, TAKI I, DINE 2D, DIDI OF TEN HIGHEDI TATO FONDRA	IDEND.
(I) NAME OF FUNDRAISER: ECHO MEDIA OF MICHIGAN, LLC	
(1) NAME OF FONDRAIDER: ECHO MEDIA OF MICHIGAN, DEC	
(I) ADDRESS OF FUNDRAISER: P.O. BOX 871902, CANTON, MI 48187	7
(1) ADDRESS OF FUNDRALBER: 1:0: BOX 0/1902, CANTON, MI 4010	1

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HABITAT FOR HUMANITY DETROIT

Employer identification number 38-2708025

FORM 990, PART VI, SECTION A, LINE 3:

HFHD PAID \$95,704 TO RDM ASSOCIATES FOR MANAGEMENT AND ACCOUNTING SERVICES.

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

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVIEWED BY THE BOARD PRESIDENT AND BOARD TREASURER FOR ACCURACY AND COMPLETENESS. ONCE THE FORM IT IS SENT TO THE FULL BOARD OF DIRECTORS BEFORE 990 HAS BEEN REVIEWED, SUBMITTING IT TO THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT ALL OFFICERS AND DIRECTORS SIGN A CONFLICT OF INTEREST COMPLIANCE ACKNOWLEDGEMENT ON AN ANNUAL BASIS.

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

THE ORGANIZATION RESEARCHES SIMILAR POSITIONS FOR SALARY LEVELS. RESULTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

REQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPEN TO PUBLIC ACCESS, MAY BE MADE BY APPLICATION TO THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) 2020