## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning JUI	1, 2022 <b>and</b>	ending J	UN 30, 2023	
В	Check if applicable	C Name of organization			D Employer ident	ification number
	Addres	HABITAT FOR HUMANITY INTERNATIONAL	TNC			
	change Name		, INC.		91-191486	8
	change Initial	Doing business as  Number and street (or P.0. box if mail is not delive	vared to etreet addrage)	Doom/cuito	E Telephone numb	
	return Final	322 W. LAMAR STREET	refeu to street audress)	NUUIII/SUILE	(800) 422-4	
	return/ termin- ated		IP or foreign postal code		G Gross receipts \$	339,855,974.
	Ameno		ii or foreign poetar oodo		H(a) Is this a group	
	Applic		HAN RECKFORD		for subordinat	
	pendin	g 285 PEACHTREE CNT AVE NE, STE 2700,			H(b) Are all subordinates	
ī	Tax-exe	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
J	Websit	e: WWW.HABITAT.ORG			H(c) Group exempt	tion number 8545
K	Form of	organization:	ociation Other	<b>L</b> Year		M State of legal domicile: GA
Р	art I	Summary				
	, 1	Briefly describe the organization's mission or most s	ignificant activities: SEEKING	G TO PUT	GOD'S LOVE INTO	)
Governonce	<u>[</u>	ACTION, HABITAT FOR HUMANITY BRINGS PEG	OPLE TOGETHER (SEE SCH	EDULE O)		
2	2	•	inued its operations or dispos		1	1
Š	3	Number of voting members of the governing body (F				3 23
٥	٠ i	Number of independent voting members of the gove				4 22
9	5	Total number of individuals employed in calendar ye				5 1130
Activities	6	Total number of volunteers (estimate if necessary)				896000
Š	7a	Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 99	90-1, Part I, line 11	·····	7 Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)			424,588,995	
9	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		13,096,703		
Dovod	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		1,266,038	
9	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			487,347	
	1	Total revenue - add lines 8 through 11 (must equal P			439,439,083	
		Grants and similar amounts paid (Part IX, column (A)			114,842,086	
		Benefits paid to or for members (Part IX, column (A),				0.
	45	Salaries, other compensation, employee benefits (Pa			98,476,255	108,271,906.
Evnonces	2 16a	Professional fundraising fees (Part IX, column (A), lin			9,660,408	10,788,919.
2	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line				
ú	Ì 17	Other expenses (Part IX, column (A), lines 11a-11d, 1	I1f-24e)		67,467,766	<u> </u>
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		290,446,515	
	19	Revenue less expenses. Subtract line 18 from line 12	2		148,992,568	
Net Assets or	Ses			Ве	ginning of Current Yea	_
sset	ਰੂ <b>20</b>				541,988,739	<del></del>
et A	21	Total liabilities (Part X, line 26)			110,813,465	
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		431,175,274	430,753,045.
		Ities of perjury, I declare that I have examined this return, in	acludina accompanyina cahadulaa	and statem	anta and to the heat of	mu knowledge and halief it is
		t, and complete. Declare that I have examined this return, in				-
uu	5, 001160	t, and complete. Declaration of preparer (other than officer)	is based on an information of wi	iicii pi epai ei	ilas ally kilowiedyg. / 2	0/2023
Siç	n	Signature of officer			Date	
		JIM MELLOTT, VP - FINANCE				
	10	Type or print name and title				
		Print/Type preparer's name	Pradazwis signaturanio	[	ate/20/2023 Check	PTIN
Pai	d	MICHELE MELCHIOR	A JEUGE SYMPLEMINE		11/20/2023 if self-emp	ployed P00488037
Pre	parer	Firm's name GRANT THORNTON LLP			Firm's EIN	36-6055558
	Only	Firm's address 1415 VANTAGE PARK DRIVE SU	TTE 500			
		CHARLOTTE, NC 28203			Phone no. (	704) 632-3500
Ma	y the IF	RS discuss this return with the preparer shown above	e? See instructions			X Yes No
						- 000 (2222)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 322 W. LAMAR STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. AMERICUS, GA 31709 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JIM MELLOTT Telephone No. ▶ 404-962-3446 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Tinal return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

257,777,840.

including grants of \$

Form 990 (2022)

Total program service expenses

91-1914868

Form 990 (2022)

#### 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	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,			<del></del>
7		_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	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	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the state of the Helbert Obstace	14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	- 1.12		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		_
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	21	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		├^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

232003 12-13-22

Form 990 (2022)

HABITAT FOR HUMANITY INTERM
Part IV Checklist of Required Schedules (continued)

22 X  23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, coling in Complete Schedule   Parts I and 8		· (continued)		Yes	No
Part IX. Column (A), line 2? If "Yes," complete Schedule I, Parts Land IM 20 Did the organization assert "Yes" to Part IVI, Section A, line 3.4, or 5, about compensation of the organization sourcett and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 21 Did the organization have a tax-escept bond issue with an addatading 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 insee 26b through 24d and complete Schedule K. If "No," go to line 25a D bid the organization meets any process of 1tax-exempt bonds beyond a temporary period exception? 21 Did the organization meets any process of 1tax-exempt bonds beyond a temporary period exception? 22 Did by the programation meets any an access account of the than a refunding secrow at any time during the year? 22 Did by the organization meets any an access account of the than a refunding secrow at any time during the year? 23 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? 23 If the organization are secret as a form behalf of issuer for bonds outstanding at any time during the year? 24 If the organization and the organization and the secret transaction with a disqualified person in a prior year. 25 If the organization are than the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, complete 25 Did the organization reported any agent or other assistance to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity of running member of any of three persons? If "Yes," complete Schedule L, Part IV 26 If the organization receive contributions or employee thereof, a grant selection committee member, or to	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
20 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organizations current and former officers, director, rustees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, and 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 240 through 24d and complete Schedule K. If "No," go to line 25e.  24d   Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?"			22		х
and former officers, direction, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  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 2ds through 2dd and complete Schedule J. Why "go to line December 31, 2002? If "Yes," answer lines 2ds through 2dd and complete Schedule J. Why "go to line a score was count in the thrain a refunding score with any time during the year to defease any tax exempt bonds?  4 bid the organization marks an or on behalf of issuer for bonds outstanding at any time during the year to defease any tax exempt bonds?  4 bid the organization available and so for 1998 of 1998	23				
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization markani an escrive account other than a refunding secret any time during the year to defease any tax-sewarpt bonds?  c Did the organization markani an escrive account other than a refunding secret any time during the year to defease any tax-sewarpt bonds?  d Did the organization markani an escrive account other than a refunding secret any time during the year?  d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year?  d Did the organization acres that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I  b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II  b Is the organization aware that the gaaged in an excess benefit transaction with a disparation or forms of fired, effect, ruitae, key employee.  creator or forms office, director, trustee, key employee.  creator or					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If Yes," to for line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I  25b Is the organization avare 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 organizations prior forms 900 or 990E2? If Yes, complete Schedule L, Part I  25b 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 antity or family member of any of these persons? If Yes, complete Schedule L, Part II  25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee hereof) or family member of any of these persons? If Yes, complete Schedule L, Part IV  26c X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV  27 Exemplete Schedule L, Part IV  28 Did the organization receive more than \$25.000 in non-cash contributions? If Yes, complete Schedule L, Part IV  29 Did the organization r		, · ·	23	Х	
Schedule K. If "No." go to line 25a	24a				
Schedule K. If "No." go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  4 bid the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year?  24 c		Schedule K. If "No," go to line 25a	24a		Х
d Did the organization at sa san "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a   25c   2	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Saction 501(53), 501(64), 4an 501(62)92 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if "Yes," complete Schedule I, 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 organizations prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I   25b   X    25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I   25b   X    25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) of raminy member of any of these persons? If "Yes," complete Schedule I, Part I   26   X    27c Did the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part I   X   27c   X   28b   X   28c   X   2		any tax-exempt bonds?	24c		
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	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (ff "Yes," complete Schedule L, Part I or of tomer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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, or a grant selection committee member, or to a 58% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X X 28 Was the organization as party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X X 29 Did the organization of the following parties (see the Schedule L, Part III 28 X X 28 X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II 28 X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X X 20 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 X X 20 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X X 30 Did the organization or will not office the organization receive and party to the schedule R, Part I, III N, or IV, and Part V, III Part II II N, or IV, and Part V,	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I   25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, 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 indeptee persons? If "Yes," complete Schedule I, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III.  28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III.  28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III.  28 Was the organization one officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part III.  28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part III.  29 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III.  29 Was the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule III.  30 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 III. "Yes," complete Schedule III.  30 Did the organization one 301.7701-37 III. "Yes," complete Schedule III.  31 Did the organization have a controlled entity within the meaning of se		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I  10 Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  21 Did the organization periode 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  22 Was the organization applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV [286] X  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV [286] X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M [29] X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M [29] X  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M [29] X  32 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I [30] X  32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I [30] X  33 Did the organization organization entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, III	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If V'es, "complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II   26		, and the second	25b		X
controlled entity or family member of any of these persons?     "Yes," complete Schedule L, Part II   26	26				
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 IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," "Complete Schedule L, Part IV			26		<u> </u>
entitly (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part IV.  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ##  "Yes," complete Schedule L, Part IV.  28b	27				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a			27		<u> </u>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV	28				
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-30 If "Yes," complete Schedule R, Part I  32 V  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19?  Note: All	а		00-		v
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b	L				⊢—
"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 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  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, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If the organization conduct more than			200		<u> </u>
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	C		280		x
Did the organization receive contributions of art, historical treasures, or other similar ask, or qualified conservation contributions? If "Yes," complete Schedule M.  30	20			х	<del></del>
contributions? If "Yes," complete Schedule M 30		,	_23		
31   Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   Stockedule N,	00		30		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  37 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  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 and that Is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  25 Check if Schedule O contains a response or note to any line in this Part V  26 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  27 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	31				-
Schedule N, Part II  32					
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	-	, ,	32		х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	33				
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			33	Х	
Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  2 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1 C X	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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  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 V			34	Х	L
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Table 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1 c X	35a		35a	Х	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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		•			
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		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 In	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 Yes  No  11 In		If "Yes," complete Schedule R, Part V, line 2	36		Х
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	38				
Check if Schedule O contains a response or note to any line in this Part V  The second of the number reported in box 3 of Form 1096. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The second of Forms W-2G included on line 1a. Enter -0- if not applicable  The secon	Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Yes No  1b 0  1b 0  1c X	Pal				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     253       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			┌──
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	_	The tree hamber reported in box 6 or 1 of in 1666. Effect 6 in 166 dephicable			
(gambling) winnings to prize winners?					
	С		4-	Y	
	00000				(2022)

91-1914868

Form 990 (2022) HABITAT FOR HUMANITY INTERNATIONAL, INC.

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	1130			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	ınt)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons	or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	:			Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x
٦	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		ct?	7 <del>6</del> 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the an arraying appropriation makes any taxable distributions under a stick 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10	ı			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101	)			
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	111	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	0			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
<b>h</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	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	131	.			
•	Enter the amount of reserves on hand	130				
	Billion in the second of the s		•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			. 10		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		х
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	es			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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 Section A. Governing Body and Management Yes No 23 **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. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JIM MELLOTT - 404-962-3446

Form **990** (2022)

30303

285 PEACHTREE CNT AVE NE, STE 2700, ATLANTA,

## 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	ııza		CO11 C)	ipci	Jac	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than o s both		compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee ee	Suedu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	dual tr	tional	١.	nploy	st con yee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JONATHAN RECKFORD	60.00	_	_	_						
CHIEF EXECUTIVE OFFICER	0.00	Х		х				439,364.	0.	54,498.
(2) LUIS NODA	50.00									
AREA VP, ASIA AND THE PACIFIC	0.00				Х			320,367.	0.	21,219.
(3) PATRICK CANAGASINGHAM	45.00									
CHIEF OPERATING OFFICER	0.00				Х			308,741.	0.	2,585.
(4) AMY DUNHAM (BEG 02/22)	45.00									
CHIEF COMMUNICATIONS OFFICER	0.00				Х			261,157.	0.	47,199.
(5) HILARY HARP	55.00									
SVP, LEGAL & GENERAL COUNSEL	0.00				Х			237,332.	0.	50,854.
(6) VALERIE NORTON	45.00									
CHIEF PEOPLE OFFICER	0.00				Х			243,683.	0.	41,187.
(7) ADRIENNE GOOLSBY	45.00									
SVP, U.S. AND CANADA	0.00				Х			247,393.	0.	36,626.
(8) RICHARD HATHAWAY	55.00									
AREA VP, EMEA	0.00				Х			259,761.	0.	22,891.
(9) JACQUELINE INNOCENT	45.00									
SVP, INTEGRATED PROGRAMS	0.00				Х			228,828.	0.	51,225.
(10) MARLA DAVIDSON	45.00									
VP, CIO	0.00					Х		236,248.	0.	24,710.
(11) JIM MELLOTT	45.00									
VP - FINANCE	0.00			Х				208,363.	0.	49,194.
(12) KEVIN CAMPBELL	45.00	-							_	
MANAGING DIRECTOR - PRI RECOV PROG	0.00					Х		222,199.	0.	18,930.
(13) JULIE LAIRD DAVIS	45.00									
VP, CORP & CAUSE MARKETING	0.00		_			Х		200,247.	0.	37,930.
(14) BRANDIE MICHEL	45.00									
SR DIR-CONSTITUENT ENGMNT SYSTEM	0.00					Х		203,706.	0.	30,054.
(15) BELAYNESH TADESSE	50.00					l		200 056		44 000
DIRECTOR - BUSINESS STRATEGY	0.00					Х		209,956.	0.	14,898.
(16) ERNESTO GARCIA	45.00							102 152	0	14 204
AREA VP, LAC	0.00				Х			193,153.	0.	14,304.
(17) AARON LEWIS ASSISTANT SECRETARY	45.00 0.00	ł		х				172 402	0.	10 062
232007 12-13-22	1 0.00	]		Λ	<u> </u>		<u> </u>	172,402.	0.	19,963. Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

TOTH COC (ECEE)	HUMANITY IN	TER	NAT	ION	AL,	IN	C.		91-191486	8 Page <b>8</b>
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		_	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		ee/	m pen		1099-NEC)	1000 (420)	and related
	below	idual	ution	<u></u>	Key employee	sst co	eL	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(18) MAURICE MAKOLOO	45.00									
AREA VICE PRESIDENT, AFRICA	0.00				Х			169,282.	0.	8,398.
(19) COLLEEN RIDENHOUR	0.00									
CHIEF DEV. OFFICER (THRU 05/22)	0.00						Х	151,955.	0.	13,981.
(20) ED ANDERSON (BEG 08/2022)	45.00									
CHIEF ADMIN & FINANCIAL OFFICER	0.00			Х				104,921.	0.	13,387.
(21) MARY CAMERON	4.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(22) BILL BRAND	1.00									
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(23) LISA HALL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(24) KIMBERLEE CORNETT	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(25) OLIVIA WONG	3.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(26) RON TERWILLIGER	3.00									
EX OFFICIO BOARD MEMBER	0.00	Х						0.	0.	0.
1b Subtotal								4,619,058.	0.	574,033.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								4,619,058.	0.	574,033.
O Tatal acceptance to alterial cala (in alrealism to a								:- d d d		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

138

			res	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization?  f "Yes." complete Schedule J for such person	5		X
0	P. D. Ladaman dant October 1999			

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD,		
SUITE 500, VIENNA, VA 22182	DIRECT MARKETING	23,508,751.
MERKLE DIRECT MARKETING INC, 7001 COLUMBIA		
GATEWAY DRIVE, COLUMBIA, MD 21046	DIRECT MARKETING	3,734,205.
THOMPSON HABIB & DENISON INC, 55 OLD		
BEDFORD ROAD, SUITE 201, LINCOLN, MA 01773	DIRECT MARKETING	2,470,848.
MDS COMMUNICATION CORPORATION		
545 WEST JUANITA AVENUE, MESA, AZ 85210	DIRECT MARKETING	1,664,771.
DIRECT MEDIA LLC		
13155 NOEL RD, STE 1750, DALLAS, TX 75240	DIRECT MARKETING	1,387,154.
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	
\$100,000 of compensation from the organization	94	
_	<u> </u>	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 HABITAT FOR 1	HUMANITY IN	TER	NAT	ION	AL,	IN	C.		91-19148	368
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the
	hours for related		tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er			5. ga <u>_</u> a5.15
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) JAMES STANARD	1.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) CELSO MARRANZINI	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(29) AUBREE CURTIS	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(30) EDWIN SOERYADJAYA	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(31) BORIS HENDERSON	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(32) MARY MACK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(33) CHRISTIANA SMITH SHI	3.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(34) PAMELA PATENAUDE	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(35) AMY WEAVER	2.00									
TREASURER	0.00	х		х				0.	0.	0.
(36) REV. ROBERT CHRISTOPHER WRIGHT	0.25									
BOARD MEMBER	0.00	х						0.	0.	0.
(37) FRANK IRERI	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(38) ALEX KRELL	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(39) MANJULA MATHEWS	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(40) BO MILLER	2.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(41) KC GRAHAM	1.00									
BOARD MEMBER (BEG 03/2023)	0.00	х						0.	0.	0.
(42) KENNETH MAC QUENE	1.00									
BOARD MEMBER (BEG 06/2023)	0.00	х						0.	0.	0.
						_				
	<u> </u>									
Total to Part VII, Section A, line 1c										

91-1914868

Form 990 (2022) HABITAT FOR Part VIII Statement of Revenue

			Check if Schedule O	ontai	ns a resp	onse (	or note to any lin	e in this Part VIII			
			Check ii Concadic C	ontan	по и гоор	01100 (	or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
							05 661				360110113 3 12 - 3 14
nts							95,661.				
Gra			mbership dues								
is, ( Arr			ndraising events								
Contributions, Gifts, Grants and Other Similar Amounts											
JS,			vernment grants (contri				16,972,059.				
ţţ	1		other contributions, gifts,								
ibu He		simi	ilar amounts not included	above	1f		288,583,374.				
d tr	9	<b>g</b> Nonc	cash contributions included in I	ines 1a	-1f <b>1g</b>	\$	66,622,385.				
<u>ပို့ မ</u>		h Tot	tal. Add lines 1a-1f					305,651,094.			
							Business Code				
ě	2 8	a STE	EWARDSHIP SUSTAIN	•			900099	8,869,772.	8,869,772.		
r V	ı	b AME	ERICORPS				900099	1,799,903.	1,799,903.		
Program Service Revenue	(	c SHC	OP				900099	977,998.	977,998.		
am	(	d REG	GISTRATION FEES I	NCOM	E		900099	482,626.	482,626.		
ogr B	(	e HFH	HI RESTORE CONSUL	TING			900099	196,465.	196,465.		
Pr	1	f All o	other program service i	reveni	ue		900099	512,775.	512,775.		
	9	g Tot	tal. Add lines 2a-2f					12,839,539.			
	3	Inve	estment income (includ								
								10,448,913.			10,448,913.
	4		ome from investment o								
	5		yalties		•			650,772.			650,772.
		,	,		(i) Rea	al	(ii) Personal	·			
	6 :	a Gro	oss rents	6a							
			ss: rental expenses	6b							
			ntal income or (loss)	6c							
			t rental income or (loss)								
			ss amount from sales of		(i) Secur	ties	(ii) Other				
	′ ′			7a	5,692,		125,001.				
	assets other than inventory <b>b</b> Less: cost or other basis		74	-,,	•						
ø			sales expenses	7b	5,684,	876	1,053,163.				
ž				7c		135.	-928,162.				
her Revenue			n or (loss)				-	-921,027.			-921,027.
ᇤ			t gain or (loss)ss income from fundraisir					321,027.			321,027.
	8 6			ig evei							
δ			luding \$	line d	of						
			ntributions reported on			٦					
			t IV, line 18			8a					
						8b					
			t income or (loss) from t								
	9 8		oss income from gamin								
			t IV, line 19			9a					
						9b					
			t income or (loss) from	_	•	es					
	10 a		oss sales of inventory, l				010 050				
			d allowances			10a					
			· ·			10b	3,922,782.	2 -22 224			
$\rightarrow$	•	c Net	t income or (loss) from	sales	of invento	ry	T	-3,702,824.	-3,702,824.		
က္							Business Code	4 2-2 -2-	4 2 2 2 2 2		
30 n	11 8	~	NAGEMENT FEE INCO	ME -	NMTC		900099	1,353,293.	1,353,293.		
lane enu	ı		ILING LISTS				900099	547,091.	547,091.		
Miscellaneous Revenue	(	c SET	TTLEMENT INCOME				900099	73,553.			73,553.
Mis			other revenue				900099	2,254,749.	2,254,749.		
$\perp$		e Tot	tal. Add lines 11a-11d		<u></u>			4,228,686.			
	12	Tota	al revenue. See instructio	ns .				329,195,153.	13,291,848.	0.	10,252,211.

232009 12-13-22

#### Part IX | Statement of Functional Expenses

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

Do 10	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	110 410 651	110 410 651		
	and domestic governments. See Part IV, line 21	110,418,651.	110,418,651.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	30,980,996.	30,980,996.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,677,150.	2,389,881.	700,676.	586,59
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83,150,263.	63,268,419.	4,652,754.	15,229,09
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,391,845.	2,561,115.	208,597.	622,13
9	Other employee benefits	12,472,089.	9,449,624.	754,343.	2,268,12
0	Payroll taxes	5,580,559.	4,220,771.	343,251.	1,016,53
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,569,675.	941,805.	627,870.	
	Accounting	796,857.	358,586.	438,271.	
	Lobbying	126,000.	126,000.		
	Professional fundraising services. See Part IV, line 17	10,788,919.			10,788,91
	Investment management fees	67,247.	30,261.	36,986.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	37,291,488.	10,113,618.	822,482.	26,355,388
	Advertising and promotion	1,822,839.	1,378,676.	112,120.	332,043
	Office expenses	5,317,834.	4,022,063.	327,091.	968,680
4	Information technology	2,321,433.	1,755,781.	142,787.	422,86
5	Royalties	2 227 227	0.014.402	100 004	522.22
6	Occupancy	2,927,807.	2,214,403.	180,084.	533,320
7	Travel	5,526,957.	4,180,230.	339,954.	1,006,77
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 060 100	1 404 054	100 601	255 400
	Conferences, conventions, and meetings	1,962,192.	1,484,074.	120,691.	357,42
0	Interest	1,956,588.	1,479,836.	120,346.	356,400
1	Payments to affiliates	2 101 742	1 (57 (01	124 010	200 24
2	Depreciation, depletion, and amortization	2,191,742.	1,657,691.	134,810.	399,243
3	Insurance	1,886,611.	1,426,910.	116,042.	343,659
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SERVICE AGREEMENTS	2,043,852.	1,545,836.	125,714.	372,30
b	DUES AND SUBSCRIPTIONS	768,982.	581,608.	47,299.	140,07
С	EMPLOYEE & VOLUNTEER	594,733.	449,817.	36,581.	108,33
d	REPAIRS & MAINTENANCE	354,926.	268,443.	21,831.	64,65
е	All other expenses	625,050.	472,745.	38,446.	113,85
	Total functional expenses. Add lines 1 through 24e	330,613,285.	257,777,840.	10,449,026.	62,386,41
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	130,652,016.	1	148,564,552		
	2	Savings and temporary cash investments	213,670,720.	2	157,685,528		
	3	Pledges and grants receivable, net			93,351,320.	3	79,022,841
	4	Accounts receivable, net			8,056,301.	4	11,955,819
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			20,987,220.	7	26,869,077
Assets	8	Inventories for sale or use			9,052,143.	8	6,043,461
Ä	9	Donate of the control of the former of the control			4,648,713.	9	4,659,111
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	32,861,348.			
	b	Less: accumulated depreciation	10b	25,086,134.	10,057,706.	10c	7,775,214
	11	Investments - publicly traded securities			14,653,691.	11	76,493,962
	12	Investments - other securities. See Part IV, lir	ne 11		20,603,317.	12	20,553,640
	13	Investments - program-related. See Part IV, li	ne 11		13,585,250.	13	13,229,344
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,670,342.	15	13,010,089		
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	541,988,739.	16	565,862,638
	17	Accounts payable and accrued expenses	29,852,720.	17	29,388,030		
	18	Grants payable		18			
	19	Deferred revenue			44,133,383.	19	47,499,369
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer office	er, director,			
Ě		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t		·····		22	
_	23	Secured mortgages and notes payable to un			25,993,499.	23	38,504,815
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	40.000.000		10 717 270
		of Schedule D			10,833,863.	25	19,717,379
	26	Total liabilities. Add lines 17 through 25	<u></u>	77	110,813,465.	26	135,109,593
s		Organizations that follow FASB ASC 958, o	check here	X			
SC.		and complete lines 27, 28, 32, and 33.			207 419 056		215 004 605
alaı	27				207,418,956. 223,756,318.	27	215,084,605
Ö	28			<u> </u>	223,730,310.	28	215,668,440
Ĕ		Organizations that do not follow FASB AS6	3 958, cne	CK nere			
卢		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, o		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г	431,175,274.	31	430,753,045,
ž	32			·····	541,988,739.	32	565,862,638.
	33	Total liabilities and net assets/fund balances			J#I, 300, 133.	33	Form <b>990</b> (2022

Pai	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	329,	,195,	153.
2	Total expenses (must equal Part IX, column (A), line 25)	2	330,	,613,	285.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	418,	132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	431,	175,	274.
5	Net unrealized gains (losses) on investments	5	3,	,526,	287.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,	530,	384.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	430,	,753,	045.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** 

			INTERNATIONAL, INC					91-1914868
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The organ	ization is not a private found							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative		•		)(b)(1)(A)(ii	ii).		
4	A medical research organiz					•	(iii). Enter	the hospital's name,
	city, and state:							,
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in
• Ш	section 170(b)(1)(A)(iv). (0		,		, 5			
6	A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X	An organization that norma	_					a deneral r	oublic described in
,	section 170(b)(1)(A)(vi). (C	•	Titial part of its support if	om a gove	riiiiontai	anic or non an	general	Sabile described in
8	A community trust describe		(1)(A)(vi) (Complete Part	· II \				
9 🗌	•			•	ad in aanii	ination with a	and arant	collogo
9	An agricultural research org	-			-		-	-
	or university or a non-land-o	grant college of agrici	ulture (see iristructions).	Enter the i	name, city	, and state or t	rie college	; OI
10	university:An organization that norma	Illy receives (1) mere	than 22 1/20/ of its supp	art fram a	antribution	aa mambarabi	o food on	d areas ressints from
10								
	activities related to its exen		•					-
	income and unrelated busin		(less section 511 tax) iro	m busines	sses acqui	rea by the orga	anization a	inter June 30, 1975.
44	See section 509(a)(2). (Co	•	to a book a decad factor and deliterated			20(-)(4)		
11	An organization organized	=	•	•				
12	An organization organized a	•	•	•		•	•	
	more publicly supported or	-						check the box on
	lines 12a through 12d that				-		-	
a		•			-			
	the supported organization			majority o	of the direc	ctors or trustee	s of the su	pporting
	organization. You must o							
b		•				-		-
	control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported
	organization(s). You mus							
c		=					y integrate	ed with,
_	its supported organization		•					
d		<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its support	ed organiz	zation(s)
	that is not functionally int	tegrated. The organiz	cation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	/eness
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II	, Type III	
	functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
<b>f</b> Ent	er the number of supported o	organizations						
	vide the following information			(iv) Is the oras	anization listed	I ( ) ( )		() A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see in:	•	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	Support (See III.	- Control (S)	Support (See Instructions)
Total						I		

#### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	252,678,544.	248,166,958.	324,702,360.	424,588,995.	305,651,094.	1555787951.
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	252,678,544.	248,166,958.	324,702,360.	424,588,995.	305,651,094.	1555787951.
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)						52,615,764.
6	Public support, Subtract line 5 from line 4.						1503172187.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	252,678,544.	248,166,958.	324,702,360.	424,588,995.	305,651,094.	1555787951.
	Gross income from interest,			,,,			
Ü	dividends, payments received on						
	• • •						
	securities loans, rents, royalties,	8,482,759.	5,113,849.	3,049,569.	2,459,057.	11 099 685	30,204,919.
^	and income from similar sources	0,402,733.	3,113,043.	3,043,303.	2,433,037.	11,033,003.	30,201,313.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 050 006	220 406	16 211	154 420	72 552	2 442 705
	assets (Explain in Part VI.)	1,959,996.	238,496.	16,311.	154,439.	73,553.	2,442,795.
	<b>Total support.</b> Add lines 7 through 10		`				1588435665.
	Gross receipts from related activities,	,	,			12	88,299,928.
13	First 5 years. If the Form 990 is for th	•		•		. , . ,	
80	organization, check this box and stor						
	ction C. Computation of Publi			1 (6)		44	94.63 %
	Public support percentage for 2022 (I					14	,,,
	Public support percentage from 2021					15	94.87 %
168	33 1/3% support test - 2022. If the o	-					
	stop here. The organization qualifies		•				
Ľ	33 1/3% support test - 2021. If the d						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	-	*	-		
b	10% -facts-and-circumstances test	-					0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	Form 990) 2022

232022 12-09-22

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
ı	_		
- [	За		
ı	- Ou		
	O.L.		
H	3b		
	_		
H	3c		
H	4a		
L	4b		
	4c		
Ī			
	5a		
h	Ja		
	Eh		
ŀ	5b		
H	5c		
-	6		
ļ	7		
	8		
	9a		
	9b		
	9с		
ļ			
	10a		
ŀ	iva		
	106		
_1	10b		

Page 5

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-		11a		
h		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	115		
C		11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	IIC		
000	aon B. Type i Supporting Significations		V	NI -
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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 <b>Part VI</b> ). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
SETTLEMENT INCOME
2018 AMOUNT: \$ 1,959,996.
2019 AMOUNT: \$ 238,496.
2020 AMOUNT: \$ 16,311.
2021 AMOUNT: \$ 154,439.
2022 AMOUNT: \$ 73,553.

### Schedule B

(Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

	НАВ	BITAT 1	FOR HUMANITY INTERNATIONAL, INC.	91-1914868		
Organiz	ation type (check or	ne):				
Filers of	f:	Section	on:			
Form 99	0 or 990-EZ	X	501(c)( <sup>3</sup> ) (enter number) organization			
			4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
			527 political organization			
Form 99	0-PF		501(c)(3) exempt private foundation			
			4947(a)(1) nonexempt charitable trust treated as a private foundation			
			501(c)(3) taxable private foundation			
	nly a section 501(c)(7		d by the <b>General Rule</b> or a <b>Special Rule.</b> or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.		
	· ·	•	orm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling atributor. Complete Parts I and II. See instructions for determining a contributor's	,		
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer '	caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).					

Schedule B (Form 990) (2022)

Page 2 Name of organization Employer identification number HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 7,479,647.	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$_6,891,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HABITAT FOR HUMANITY INTERNATIONAL, INC.

91-1914868

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOME FURNISHINGS		
1			
		\$\$	06/30/23
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
2	APPLIANCES		
2			
		 \$8,993,361.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 4111	BUILDING PRODUCTS		
4			
		\$ 1,479,647.	06/30/23
(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
	<del></del>	<del></del>	
(a)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(222 11011 401101101)	
		<del></del>	
		\$	

Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 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. 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 (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 C

(Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

**Political Campaign and Lobbying Activities** 

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	poization	ions. Complete Part III.		Te.	mployer identification number
Mairie of Orga		R HUMANITY INTERNATIONAL	TNC		91-1914868
Part I-A		anization is exempt und		or is a section 527	
<ul><li>1 Provide</li><li>2 Political</li></ul>	a description of the organiz	ation's direct and indirect politic	cal campaign activities in	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
<ol> <li>Enter th</li> <li>Enter th</li> <li>If the org</li> <li>Was a c</li> </ol>	e amount of any excise tax e amount of any excise tax ganization incurred a sectio orrection made?	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?		\$ Yes
Part I-C	describe in Part IV.  Complete if the ord	anization is exempt und	ler section 501(c).	except section 50	I(c)(3).
2 Enter th exempt	e amount directly expended e amount of the filing organ function activities	by the filing organization for se ization's funds contributed to ot	ection 527 exempt funct	ion activities	. , . ,
		. Add lines 1 and 2. Enter here a			•
		1120-POL for this year?			
5 Enter th made pa contribu	e names, addresses and en ayments. For each organiza itions received that were pro	inployer identification number (El tion listed, enter the amount pai comptly and directly delivered to additional space is needed, prov	N) of all section 527 pol id from the filing organiz a separate political orga	litical organizations to wl ation's funds. Also enter anization, such as a sepa	nich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schadula	C (Form	990) 2022

HABITAT FOR HUMANITY INTERNATIONAL INC.

91-1	L91	486	8
------	-----	-----	---

Page 2

	t II-A Complete if the org			npt under section		d Form 5768 (el	ection under
<b>A</b> C	check if the filing organization expenses, and share	e of exces	s lobbying (	expenditures).	n Part IV each affiliated (	group member's nam	e, address, EIN,
<b>B</b> C	Limit	s on Lobb	ying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
						totalo	
	Total lobbying expenditures to influ	•			·····		
	Total lobbying expenditures to influ Total lobbying expenditures (add lin	-					
	Other exempt purpose expenditure						
	Total exempt purpose expenditures						
	Lobbying nontaxable amount. Ente						
- 1	If the amount on line 1e, column (a) o			bying nontaxable am			
	Not over \$500,000	(2)		the amount on line 1e			
	Over \$500,000 but not over \$1,000	,000		00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
	Over \$17,000,000		\$1,000,	000.			
g	Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h	Subtract line 1g from line 1a. If zero	o or less, e	nter -0				
i	Subtract line 1f from line 1c. If zero	or less, er	nter -0				
j	If there is an amount other than zer	o on eithe	r line 1h or	ine 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this	/ear?					Yes No
	(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all of	the five columns b	elow.
		Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		_
	Calendar year (or fiscal year beginning in)	(a) 2	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
	Lobbying nontaxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						ulo C (Form 990) 2022

Schedule C (Form 990) 2022

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide	in Part IV a detailed description	(;	a)	(i	o)
of the lobbying activity.	,	Yes	No	Amo	ount
During the year, did the filing organization attempt to infl local legislation, including any attempt to influence public					
or referendum, through the use of:		v			
a Volunteers?		X			
<b>b</b> Paid staff or management (include compensation in exp		Х	х		
c Media advertisements?			X		
d Mailings to members, legislators, or the public?			X		
f Otttft			X		
	fficials or a logislative body?	X	Λ		260,000.
g Direct contact with legislators, their staffs, government of		X			300,000.
h Rallies, demonstrations, seminars, conventions, speeche		Λ	x		300,000.
			A		560,000.
j Total. Add lines 1c through 1i			х		300,000.
2a Did the activities in line 1 cause the organization to be no			Α		
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> </ul>					
d If the filing organization incurred a section 4912 tax, did  Part III-A Complete if the organization is exer		501(c)(	5) or sec	tion	
501(c)(6).		. 00 . (0)(	5,, 0. 000		
				Yes	No
1 Were substantially all (90% or more) dues received nond	eductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?					
Part III-B Complete if the organization is exer 501(c)(6) and if either (a) BOTH Part answered "Yes."			•		3, is
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expe					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
<b>b</b> Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notice			ا ا		
4 If notices were sent and the amount on line 2c exceeds	he amount on line 3, what portion of the exce	ess			
does the organization agree to carryover to the reasonal	le estimate of nondeductible lobbying and po	litical			
expenditures next year?			4		
5 Taxable amount of lobbying and political expenditures.	ee instructions		5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line	ne 4; Part I-C, line 5; Part II-A (affiliated group I	list); Part II-	A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for a	ny additional information.				
PART II-B, LINE 1A					
HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI	) WORKS WITH FEDERAL AND				
STATE LEGISLATORS AND HOUSING REGULATORS TO IN	CREASE SUPPORT FOR				
AFFORDABLE HOME OWNERSHIP AND ELIMINATE POVERT	Y HOUSING, HFHI MONITORS				
PUBLIC POLICIES RELATED TO HOUSING, COMMUNITY	AND INTERNATIONAL				
DEVELOPMENT AND ADVOCATES FOR POLICY CHOICES T	HAT INCREASE ACCESS TO				
			Schedu	le C (Form	990) 2022

#### **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

Inspection

Name of the organization

HABITAT FOR HUMANITY INTERNATIONAL INC.

**Employer identification number** 91-1914868

Pai		d Funds or Other Similar Fund	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		1	
		(a) Donor advised funds	(b) Fur	nds 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 w	_		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring	
Da				
Pai			, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically	important land area
	Protection of natural habitat	Preservation	of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement ar	nd
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stater	nents that desc	cribes the
_	organization's accounting for conservation easements.			
Pai			ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of	public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	l balance sheet	t works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or research in fur	therance of pu	blic 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 trea	asures, or other similar assets for financi	al gain, provid	e
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

232051 09-01-22

Schedule D (Form 990) 2022

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

Pai	T III	Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er S	imilar A	ssets	(contin	ued)	
3	Using	g the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signi	ficant use	of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b		Scholarly research	е	Other							
С	X	Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	purpose ir	n Part X	Ш.		
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simil	ar as	sets				
		sold to raise funds rather than to be ma							Yes	Х	No
Pai	t IV	•		ete if the organization	n answered "Yes" o	on Fo	rm 990, Pa	art IV, Iir	ne 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a		e organization an agent, trustee, custodi								_	_
	on Form 990, Part X? Yes No										
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amount	:	
С											
d		tions during the year					1d				
е		butions during the year					1e				
f		ng balance								_	<del></del>
		he organization include an amount on Fo	·	•		•		Ш	Yes	F	∐ No
Par		es," explain the arrangement in Part XIII.  Endowment Funds. Complete in									
ı aı		Endowment i dilds. Complete i	(a) Current year	(b) Prior year	(c) Two years back	$\overline{}$	Three years	hack	(e) Four	Veare	hack
4.	Di.	aning of coordinates	32,935,065.	4,390,284.	3,686,686	+ ` ´	3,384,		• •		960.
		nning of year balance	21,166,937.	29,331,133.		-		560.	٠,		888.
b		ributions	5,156,230.	-706,031.	849,073		157,				722.
4		nvestment earnings, gains, and losses	3,130,230.	700,031.	015,075	+		307.		107,	722.
d e		ts or scholarshipsr expenditures for facilities				+					
-		·	224,307.	61,453.	135,026		142	693.		119	403.
f		nistrative expenses	86,172.	18,868.	13,895			538.			777.
g		of year balance	· · · · · · · · · · · · · · · · · · ·	32,935,065.	· · ·		3,686,		3 .		390.
2		de the estimated percentage of the curr				-	, ,				
– a		d designated or quasi-endowment	33.9300	%	) 1101d do.						
b		anent endowment 66.0700	%								
С			<u></u> - %								
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are t	here endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the					
	orgar	nization by:	_						ſ	Yes	No
	(i) L	Jnrelated organizations							3a(i)		Х
		Related organizations							3a(ii)		Х
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Desc	ribe in Part XIII the intended uses of the		wment funds.							
Par	t VI	│ Land, Buildings, and Equipm									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.				
		Description of property	(a) Cost or o	` '			ımulated ciation		(d) Bool	< valu	е
1a	Land				220,890.					220,	890.
		ings		7	,068,975.	6	,359,963			709,	012.
		ehold improvements		5	,723,633.	2	,263,919		3,	459,	714.
		oment		19	,847,850.		,462,252		3,	385,	598.
		r									
		lines 1a through 1e. (Column (d) must e		X. column (B). line 10	Oc.)				7,	775,	214.
			· — — — —	<del>- ,</del>	· — —				D (Form	990	2022

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		

(1) Financial derivatives
(2) Closely held equity interests
(3) Other
(A)
(B)
(C)
(D)
(E)
(F)
(G)
(H)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990 Part Y col. (R) line 13.)		

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.

(a) 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASE LIABILITY	10,655,451.
(3) ANNUITY DUE	5,654,089.
(4) DUE TO AFFILIATES	2,078,571.
(5) CAPITAL LEASE OBLIGATION	829,268.
(6) OTHER LIABILITIES	500,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,717,379.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 HABITAT FOR HUMANITY INTERNATIONAL,			91-191	4868 Page	<del>,</del> 4	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line						
1	Total revenue, gains, and other support per audited financial statements			1	334,547,140	٥.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	3,526,287.				
b	Donated services and use of facilities		1,892,947.				
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	•		2e	5,419,234	4.	
3	Subtract line 2e from line 1			3	329,127,906	<u>-</u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,247.				
b	Other (Describe in Part XIII.)		,				
	Add lines <b>4a</b> and <b>4b</b>			4c	67,247	7.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	329,195,153		
	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per R	_	, , , , , , , , , , , , , , , , , , , ,	Ė	
	Complete if the organization answered "Yes" on Form 990, Part IV, line						
1	Total expenses and losses per audited financial statements			1	334,969,369	<del>—</del>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				001,505,005	÷	
	· · · · · · · · · · · · · · · · · · ·	2a	1,892,947.				
a	Donated services and use of facilities		1,002,047.				
b	Prior year adjustments						
С.	Other losses		2,530,384.				
d	Other (Describe in Part XIII.)		, ,		4 422 221	1	
_	Add lines 2a through 2d			2e	4,423,331		
3	Subtract line 2e from line 1			3	330,546,038	<del>-</del>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	67.047				
а	Investment expenses not included on Form 990, Part VIII, line 7b		67,247.				
b	Other (Describe in Part XIII.)	4b			67.04	_	
С	Add lines 4a and 4b			4c	67,247		
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	330,613,285	٥.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,							
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
,,							
PART V, LINE 4:							
•							
INTENDED USES OF HFHI'S ENDOWMENT FUNDS							
1) TO SUPPORT DISASTER RESPONSE AND LONG-TERM RECOVERY EFFORTS.							
2) TO SUPPORT ADVOCACY TOWARD OVERCOMING POVERTY BY PROVIDING DECENT							
HOUS	ING FOR ALL PERSONS.						
3) T	O SUPPORT BUILDING AND SERVING FAMILIES IN THE UNITED STAT	ES					
4) T	O SUPPORT HABITAT FOR HUMANITY AFFILIATES IN NEW HAMPSHIRE	TO SERVE					
NEW HAMPSHIRE RESIDENTS.							
PART X, LINE 2:							
. ~ -	E4A TOOTIVOTE						
ASC	740 FOOTNOTE					—	
UNDITED FOLLOWS THE CHIDANCE OF ACCOUNTING STANDARDS CORTEGERATON (ACC)							
HABITAT FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC)							

Schedule D (Form 990) 2022 HABITAT FOR HUMANITY INTERNATIONAL, INC.	91-1914868	Page <b>5</b>
Part XIII Supplemental Information (continued)		
740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME		
TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR		
·		
RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE		
TAKEN IN A TAY DETIIDN THERE ARE NO CHOU HINCERTAIN TAY DOCITIONS FOR		
TAKEN IN A TAX RETURN. THERE ARE NO SUCH UNCERTAIN TAX POSITIONS FOR		
HABITAT FOR THE YEARS ENDED JUNE 30, 2023 AND 2022.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
PROVISION FOR UNCOLLECTIBLE PLEDGES		

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (f) Total (c) Number of (d) Activities conducted in the region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region EAST ASIA AND THE PACIFIC 13 PROGRAM SERVICES AFFORDABLE HOUSING 10,639,034. CENTRAL AMERICAN AND THE CARIBBEAN PROGRAM SERVICES AFFORDABLE HOUSING 10,277,981. 3 47 AFFORDABLE HOUSING EUROPE 1 67 PROGRAM SERVICES 4,913,662. PROGRAM SERVICES AFFORDABLE HOUSING SOUTH ASIA 4 14 4,330,279. AFFORDABLE HOUSING SUB-SAHARAN AFRICA 42 PROGRAM SERVICES 3,032,254. NORTH AMERICA 0 2 GRANTMAKING 3,610,368. 9 SOUTH AMERICA 0 GRANTMAKING 2,459,802. MIDDLE EAST AND NORTH AFRICA 0 GRANTMAKING 2 1,793,081. 24 259 41,056,461. 3 a Subtotal **b** Total from continuation 0 0 40,067,499. sheets to Part I ...... Totals (add lines 3a 81,123,960. and 3b)

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

Schedule F (Form 990) 2022

Schedule F (Form 990)			TERNATIONAL, INC.	91-1914868	Page 1
Part I Continuatio	n of Activities	s per Regior	• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICAN AND THE CARIBBEAN		0	GRANTMAKING		13,859,291.
EAST ASIA AND THE PACIFIC		0	GRANTMAKING		10,048,984.
EUROPE		0	GRANTMAKING		2,822,857.
RUSSIA AND NEIGHBORING STATES		0	GRANTMAKING		51,208.
SOUTH ASIA		0	GRANTMAKING		2,813,078.
SUB-SAHARAN AFRICA		0	GRANTMAKING		10,472,081.
_					
Totals					40,067,499.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA					BLDG	
		AND THE CARIBBEAN	AFFORDABLE HOUSING	694,209.	WIRE TRANSFER	46,600.	MATER/APPLIANCE	COST/SELL PRICE
		CENTRAL AMERICA					BLDG	
		AND THE CARIBBEAN	AFFORDABLE HOUSING	1,875,912.	WIRE TRANSFER	121,160.	MATER/APPLIANCE	COST/SELL PRICE
		CENTRAL AMERICA					BLDG	
			AFFORDABLE HOUSING	1,202,842.	WIRE TRANSFER	139,800.	MATER/APPLIANCE	COST/SELL PRICE
		anymnii ivaniai					D. D.G.	
		CENTRAL AMERICA	AFFORDABLE HOUSING	2 488 768	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
		IND THE CANTEDDAY	INTONDING HOODING	2,400,700.	WIRE HUMBIER	10,040.	FATTER, ATTENDED	COST/ BEEF TRICE
		CENTRAL AMERICA					BLDG	
		AND THE CARIBBEAN	AFFORDABLE HOUSING	749,225.	WIRE TRANSFER	177,080.	MATER/APPLIANCE	COST/SELL PRICE
		CENTRAL AMERICA					BLDG	
		AND THE CARIBBEAN	AFFORDABLE HOUSING	5,063,985.	WIRE TRANSFER	74,560.	MATER/APPLIANCE	COST/SELL PRICE
		CENTRAL AMERICA					BLDG	
			AFFORDABLE HOUSING	1,066,969.	WIRE TRANSFER		MATER/APPLIANCE	COST/SELL PRICE
		CENTRAL AMERICA					BLDG	
			AFFORDABLE HOUSING	1	WIRE TRANSFER			COST/SELL PRICE

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

.....

74

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA					BLDG	
		AND THE CARIBBEAN	AFFORDABLE HOUSING	74,300.	WIRE TRANSFER	18,640.	MATER/APPLIANCE	COST/SELL PRICE
							DI DG	
		EAST ASIA AND THE PACIFIC	AFFORDABLE HOUSING	0	WIRE TRANSFER	27 960	BLDG MATER/APPLIANCE	COST/SELL PRICE
		i neii ie	INTORDIDE HOODING	· ·	WIRE HUMBIER	27,300.	EMILIK/MITEIMEE	COST/ SEED TRICE
		EAST ASIA AND THE						
		PACIFIC	AFFORDABLE HOUSING	269,745.	WIRE TRANSFER	0.		
		EACH ACTA AND HUE					BLDG	
		EAST ASIA AND THE PACIFIC	AFFORDABLE HOUSING	1 953 171.	WIRE TRANSFER	37 280.	MATER/APPLIANCE	COST/SELL PRICE
				2,500,272		07,200.		
		EAST ASIA AND THE						
		PACIFIC	AFFORDABLE HOUSING	96,948.	WIRE TRANSFER	0.		
		EAST ASIA AND THE					BLDG	
			AFFORDABLE HOUSING	637 508.	WIRE TRANSFER	9 320.	MATER/APPLIANCE	COST/SELL PRICE
				, , , , , ,		, , , , , ,		
		EAST ASIA AND THE					BLDG	
		PACIFIC	AFFORDABLE HOUSING	632,546.	WIRE TRANSFER	130,480.	MATER/APPLIANCE	COST/SELL PRICE
		EAST ASIA AND THE						
			AFFORDABLE HOUSING	73.750.	WIRE TRANSFER	0.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		1
		EAST ASIA AND THE					BLDG	
		PACIFIC	AFFORDABLE HOUSING	325,000.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r age <u>z</u>		
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE								
		PACIFIC	AFFORDABLE HOUSING	130,000.	WIRE TRANSFER	0.				
		EAST ASIA AND THE								
		PACIFIC	AFFORDABLE HOUSING	4,795,000.	WIRE TRANSFER	0.				
		EAST ASIA AND THE					BLDG			
		PACIFIC	AFFORDABLE HOUSING	0.	WIRE TRANSFER	37,280.	MATER/APPLIANCE	COST/SELL PRICE		
		EAST ASIA AND THE								
		PACIFIC	AFFORDABLE HOUSING	29,000.	WIRE TRANSFER	0.				
		EAST ASIA AND THE								
		PACIFIC	AFFORDABLE HOUSING	287,615.	WIRE TRANSFER	0.				
		EAST ASIA AND THE					BLDG			
		PACIFIC	AFFORDABLE HOUSING	280,000.	WIRE TRANSFER	18,640.	MATER/APPLIANCE	COST/SELL PRICE		
		EAST ASIA AND THE					BLDG			
		PACIFIC	AFFORDABLE HOUSING	259,101.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE		
		EUROPE	AFFORDABLE HOUSING	277,500.	WIRE TRANSFER	0.				
							BLDG			
		EUROPE	AFFORDABLE HOUSING	0.	WIRE TRANSFER	37,280.	MATER/APPLIANCE	COST/SELL PRICE		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	AFFORDABLE HOUSING	244,802.	WIRE TRANSFER	0.		
		EUROPE	AFFORDABLE HOUSING	462,143.	WIRE TRANSFER	0.		
		EUROPE	AFFORDABLE HOUSING	223,309.	WIRE TRANSFER	0.		
		EUROPE	AFFORDABLE HOUSING	358,315.	WIRE TRANSFER	0.		
							BLDG	
		EUROPE	AFFORDABLE HOUSING	423,000.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
				010 244		1	BLDG	
		EUROPE	AFFORDABLE HOUSING	218,344.	WIRE TRANSFER	328,764.	MATER/APPLIANCE	COST/SELL PRICE
		EUROPE	AFFORDABLE HOUSING	240,079.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
			AFFORDABLE HOUSING	627,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	AFFORDABLE HOUSING	1,165,581.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	443,252.	WIRE TRANSFER	403,591.	MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	37,601.	MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	42,380.	MATER/APPLIANCE	COST/SELL PRICE
		NODEKL AMEDICA	AEEODDADIE HOUGING		WIDE MDANGEED	122 904	BLDG	GOGT /GELL DRIGE
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	123,894.	MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	2,329,991.	WIRE TRANSFER	158,440.	MATER/APPLIANCE	COST/SELL PRICE
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	9,223.	MATER/APPLIANCE	COST/SELL PRICE
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	13,456.	BLDG MATER/APPLIANCE	COST/SELL PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo <u>z</u>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							BLDG	
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	5,351.	MATER/APPLIANCE	COST/SELL PRICE
							BLDG	200F/4FV PPT4F
		NORTH AMERICA	AFFORDABLE HOUSING	0.	WIRE TRANSFER	6,856.	MATER/APPLIANCE	COST/SELL PRICE
		RUSSIA AND NEIGHBORING						
		STATES	AFFORDABLE HOUSING	51,208.	WIRE TRANSFER	0.		
							BLDG	
		SOUTH AMERICA	AFFORDABLE HOUSING	385,719.	WIRE TRANSFER	37,280.	MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		SOUTH AMERICA	AFFORDABLE HOUSING	11,000.	WIRE TRANSFER	37,280.	MATER/APPLIANCE	COST/SELL PRICE
		SOUTH AMERICA	AFFORDABLE HOUSING	295 548	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
				222,222				
		SOUTH AMERICA	AFFORDABLE HOUSING	181,682.	WIRE TRANSFER	0.		
		SOUTH AMERICA	AFFORDABLE HOUSING	375,350.	WIRE TRANSFER	0.		
							BLDG	2007/07/
		SOUTH AMERICA	AFFORDABLE HOUSING	135,5/6.	WIRE TRANSFER	100,400.	MATER/APPLIANCE	COST/SELL PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	AFFORDABLE HOUSING	748,727.	WIRE TRANSFER	0.		
		SOUTH ASIA	AFFORDABLE HOUSING	548,626.	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		SOUTH ASIA	AFFORDABLE HOUSING	82,000.	WIRE TRANSFER		MATER/APPLIANCE	COST/SELL PRICE
		SOUTH ASIA	AFFORDABLE HOUSING	822,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	AFFORDABLE HOUSING	1,147,333.	WIRE TRANSFER		BLDG MATER/APPLIANCE	COST/SELL PRICE
							BLDG	
		SOUTH ASIA	AFFORDABLE HOUSING	82,139.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN					BLDG	
		AFRICA	AFFORDABLE HOUSING	404,185.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN						
			AFFORDABLE HOUSING	2,627,897.	WIRE TRANSFER	0.		
		SUB-SAHARAN					BLDG	
			AFFORDABLE HOUSING	602,209.	WIRE TRANSFER		MATER/APPLIANCE	COST/SELL PRICE

scriedule F (Form 990)			1					raye z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN					BLDG	
		AFRICA	AFFORDABLE HOUSING	1,367,612.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN					BLDG	
			AFFORDABLE HOUSING	434,655.	WIRE TRANSFER	27,960.	MATER/APPLIANCE	COST/SELL PRICE
				,		,		
		SUB-SAHARAN					BLDG	
		AFRICA	AFFORDABLE HOUSING	1,396,858.	WIRE TRANSFER	27,960.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN					BLDG	
		AFRICA	AFFORDABLE HOUSING	400.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN AFRICA	AFFORDABLE HOUSING	363 200	WIRE TRANSFER	0 220	BLDG MATER/APPLIANCE	COST/SELL PRICE
		AFRICA	AFFORDABLE HOUSING	303,200.	WIKE TRANSFER	9,320.	MATER/AFFIIANCE	COST/SEDD FRICE
		SUB-SAHARAN					BLDG	
		AFRICA	AFFORDABLE HOUSING	1,901,710.	WIRE TRANSFER	9,320.	MATER/APPLIANCE	COST/SELL PRICE
		SUB-SAHARAN					BLDG	
			AFFORDABLE HOUSING	1 224 234.	WIRE TRANSFER	9 320.	MATER/APPLIANCE	COST/SELL PRICE
				, ,		,		

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Schedule F (Form 990) 2022

Page 5

## Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANTS AND OTHER ASSISTANCE

HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) HAS NATIONAL

ORGANIZATIONS THAT ARE REGISTERED AS LEGAL ENTITIES IN THE LOCAL COUNTRY

AND BRANCHES. NATIONAL ORGANIZATIONS AND BRANCHES ARE REFERRED TO AS

"AFFILIATES" IN THE NARRATIVE BELOW. HFHI MONITORS THE USE OF FUNDS SENT

OUTSIDE THE UNITED STATES THROUGH TERMS IN A BINDING NATIONAL AFFILIATION

AGREEMENT (NAA) BETWEEN HFHI AND ITS NATIONAL ORGANIZATION (NO). THE NO'S

MAY APPLY FOR AN AWARD OF PROGRAM FUNDS OR LOANS PERIODICALLY BY

SUBMITTING A PROPOSAL FOR REVIEW AND CONSIDERATION BY HFHI. IN ADDITION

TO THE PROPOSAL, A WORK PLAN THAT INCLUDES A STATEMENT OF POSITION AND

STATEMENT OF ACTIVITIES IN ACCORDANCE WITH THE FINANCIAL REPORTING

STANDARDS AND POLICIES OF HFHI MUST BE SUBMITTED BY THE NO. HFHI ALSO

REQUIRES AN ANNUAL REPORT FROM EACH NO THAT GIVES IN NARRATIVE FORM A

COMPLETE REPORT OF THE NO AND ITS AFFILIATED ORGANIZATIONS DURING THE

PAST YEAR AND A DESCRIPTION OF HOW THE PROGRAM AWARD OR LOAN WERE USED TO

SUPPORT THESE ACTIVITIES. HFHI CONDUCTS EVALUATIONS OF THE NO'S AND THEIR

OPERATIONS ON A REGULAR BASIS. HFHI HAS THE RIGHT TO TAKE ACTIONS UP TO

TERMINATION OF THE NAA FOR FAILURE BY THE NO TO USE FUNDS ACCORDING TO

THE PROPOSAL AND WORK PLAN. IF A PROGRAM DEFICIENCY, I.E., A FAILURE TO

COMPLY WITH HFHI'S MINIMUM STANDARDS, OCCURS, HFHI MAY EXERCISE THE

REMEDIES OF PROBATION OR TERMINATION OF THE NAA. HFHI ONLY AWARDS FUNDS

TO NO'S THAT MEET THE ELIGIBILITY CRITERIA AND HAVE THE CAPACITY TO

MANAGE GRANTS. ALL GRANT-FUNDED NO'S PROVIDE QUARTERLY FINANCIAL AND

PROGRAMMATIC PERFORMANCE REPORTS. HFHI CONDUCTS ON-SITE AND OFF-SITE

SUB-RECIPIENT REVIEWS.

Schedule F (Form 990) 2022

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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

2022

Open to Public Inspection

Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC 91-1914868 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization contributions' listed in col. (i) THOMPSON HABIB & DENISON - 55 Yes No OLD BEDFORD RD., STE 201 Х CONSULTING 69,077,378 2,533,980 66,543,398. MERKLE DIRECT MARKETING, INC. 7001 COLUMBIA GATEWAY ONLINE Х 15,959,993 3,338,930 12,621,063. MDS COMMUNICATION CORP - 545 W. JUANITA AVENUE, MESA, AZ TELEMARK Х 3,648,159 1,587,040 2,061,119. DIRECT MEDIA LLC; DATA AXLE 13155 NOEL RD. STE 1750 Х 2,837,390 1,463,083 MAIL 1,374,307. BLUE STATE DIGITAL INC - 175 GREENWICH ST., 16TH FL, NEW Х DNLINE 999,550 295,388 704,162. 92,522,470. 9 218 421. 83 304 049 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA WV,WI,WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

		of fundraising event contributions and gro	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue				, ,,,		
אַ אַ	1	Gross receipts				
	2	Less: Contributions				
1	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
200	6	Rent/facility costs				
Dilect Lypelises	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li				
aı	<u>t I</u>	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, o	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
anl			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Hevenue	1	Gross revenue				
ß	2	Cash prizes				
אַ אַ אַ אַ אַ	3	Noncash prizes				
Direct Experises	4	Rent/facility costs				
1	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	√	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
)	Ent	er the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	ne organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes N
		re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes N
			•			
		Yes," explain:				

Schedule G (Form 990) 2022 HABITAT FOR HUMANITY INTERNATIONAL, INC.	91-1914868 Page	e <b>3</b>
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?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords:	
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$	amount	
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
d7 Mandatan, distributions.		
<ul><li>Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li></ul>		
	Yes	No
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe		NO
· · · · · · · · · · · · · · · · · · ·	ant in the	
organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III lines 9 9h 10h	<u> </u>
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and Fart III, lines 9, 90, 10t	J, ——
SCHEDULE G, PART I, LINE 2B (6) COLUMN(VI)		
LONG TERM TELEMARKETING STRATEGY:		
THE AMOUNTS IN COLUMN (V) REPRESENTS FEES PAID TO PROFESSIONAL		
FUNDRAISER IN HFHI'S STRATEGIC TELEMARKETING PROGRAM, WHICH CONSIST OF		
THREE PARTS:		
(1) REINSTATEMENT OF LAPSED DONORS,		
(2) APPEAL/RENEWAL CALLING, AND		
(3) SPECIAL PROGRAMS WHERE DONORS CONTRIBUTE MONTHLY AMOUNTS OVER TIME.		
GROSS AMOUNTS RAISED SHOWN IN COLUMN (IV) ONLY REFLECTS INITIAL		

232083 10-27-22

Schedule G (Form 990) HABITAT FOR HUMANITY INTERNATIONAL, INC.	91-1914868	Page 4
Schedule G (Form 990) HABITAT FOR HUMANITY INTERNATIONAL, INC.  Part IV Supplemental Information (continued)		
CONTRIBUTIONS ATTRIBUTABLE DIRECTLY TO THESE DONORS WHO MAY CONTINUE TO		
COMMUNICATION AND THE TAXABLE CALL MARKET COMMUNICATIONS AND DESCRIPTION		
CONTRIBUTE AFTER THE INITIAL CALL. THESE CONTRIBUTIONS ARE RECORDED		
SUBSEQUENTLY AS PART OF HFHI'S OVERALL FUNDRAISING COST RATIO.		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 91-1914868 HABITAT FOR HUMANITY INTERNATIONAL INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 7 RIVERS MAINE INC HFH 126 MAIN ST., STE. 1 01-0460969 501(C)(3) TOPSHAM, ME 04086-1221 10,413. 0 AFFTI.TATE ABBEVILLE/MCCORMICK COUNTY HFH (SC) - P.O. BOX 238 - MC CORMICK COST/SELL SC 29835-0238 58-2338031 501(C)(3) 9,447. PRICE MATER/APPLIANCE AFFILIATE 214 ADDISON COUNTY VERMONT, HFH OF (VT) - P.O. BOX 1217 - MIDDLEBURY COST/SELL BLDG 03-0361510 501(C)(3) VT 05753-5217 2,930 2,149, PRICE MATER/APPLIANCE AFFILIATE AIKEN COUNTY HFH (SC) P.O. BOX 3323 COST/SELL BLDG 57-0861362 501(C)(3) 6,140, PRICE MATER/APPLIANCE AFFILIATE AIKEN SC 29802-3323 7 754 ALABAMA ASSOCIATION OF HABITAT AFF INC - 3831 PEPPERELL PKWY -COST/SELL BLDG 63-1140499 501(C)(3) 379 347. PRICE MATER/APPLIANCE AFFILIATE OPELIKA AL 36801-6023 16 588. ALACHUA HFH (FL) 2630 NW 41ST ST., STE. C3 COST/SELL BLDG GAINESVILLE, FL 32606-6666 59-2750078 501(C)(3) 35 842. 173 377. PRICE MATER/APPLIANCE AFFILIATE 724. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	T ugo
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMANCE COUNTY NORTH CAROLINA							
ALAMANCE COUNTY NORTH CAROLINA, HFH OF (NC) - P.O. BOX 5036 -					COST/SELL	BLDG	
BURLINGTON, NC 27216-5036	56-1597641	501(C)(3)	3,486.	18,476.	1	MATER/APPLIANCE	AFFILIATE
•				,			
ALBUQUERQUE HFH, GREATER (NM)							
4900 MENAUL BLVD. NE					COST/SELL	BLDG	
ALBUQUERQUE, NM 87110	85-0359138	501(C)(3)	131,962.	321,822.	PRICE	MATER/APPLIANCE	AFFILIATE
ALEXANDER COUNTY HFH (NC)							
P.O. BOX 565	56 0005600	504 (5) (2)		== 050	COST/SELL	BLDG	
TAYLORSVILLE, NC 28681-0565	56-2085600	501(C)(3)	0.	77,259.	PRICE	MATER/APPLIANCE	AFFILIATE
ALLIANCE AREA HFH (OH)							
P.O. BOX 2655					COST/SELL	BLDG	
ALLIANCE, OH 44601-3091	34-1696774	501(C)(3)	10,567.	1,591.	1	MATER/APPLIANCE	AFFTI.TATE
	01 1030,,1		20,007.				
ALTAVISTA AREA/CAMPBELL COUNTY HFH							
(VA) - 1007 MAIN ST., STE. B -					COST/SELL	BLDG	
ALTAVISTA, VA 24517	54-1793590	501(C)(3)	89.	13,750.	PRICE	MATER/APPLIANCE	AFFILIATE
AMARILLO HFH (TX)							
2700 S WILSON					COST/SELL	BLDG	
AMARILLO, TX 79103	75-1820887	501(C)(3)	20,716.	87,979.	PRICE	MATER/APPLIANCE	AFFILIATE
AMHERST COUNTY HFH (VA)					GOGT / GTT T	DI DG	
130 AMBRIAR CT.	F4 1616400	E01/G\/3\	24 007	7 777	COST/SELL	BLDG	A TITLE TA MIT
AMHERST, VA 24521	54-1616480	D01(C)(3)	24,087.	7,777.	PRICE	MATER/APPLIANCE	AFFILIATE
ANCHORAGE HFH							
900 E BENSON							
ANCHORAGE, AK 99508-4254	92-0140434	501(C)(3)	44,127.	0.			AFFILIATE
				•			
ANDERSON COUNTY HFH							
210 S MURRAY AVE.					COST/SELL	BLDG	
ANDERSON, SC 29624	57-0829082	501(C)(3)	13,526.	73,080.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIA HFH							
P.O. BOX 36					COST/SELL	BLDG	
ROBBINS, TN 37852	23-7412908	501(C)(3)	641.	4,526.	·	MATER/APPLIANCE	AFFILIATE
ARANSAS COUNTY TX INC HFH OF							
P.O. BOX 2375					COST/SELL	BLDG	
FULTON, TX 78358-2375	74-2901017	501(C)(3)	57,738.	1,864.	PRICE	MATER/APPLIANCE	AFFILIATE
ARCADIA-DESOTO COUNTY HFH (FL)							
1101 WE ST. OAK ST.					COST/SELL	BLDG	
ARCADIA, FL 34266	59-3656661	501(C)(3)	60,500.	1,151.	PRICE	MATER/APPLIANCE	AFFILIATE
ADDWODE HEIL							
ARDMORE HFH P.O. BOX 2412					COST/SELL	BLDG	
ARDMORE, OK 73402-2412	73-1461629	501(C)(3)	178.	4,870.	·	MATER/APPLIANCE	AFFTI.TATE
mblione, on votoe ette	73 1101013	301(0)(3)	1,0.	1,0,0.			
ARMSTRONG HFH (PA)							
P.O. BOX 837					COST/SELL	BLDG	
KITTANNING, PA 16201-0837	25-1684517	501(C)(3)	27,473.	13,006.	PRICE	MATER/APPLIANCE	AFFILIATE
ASHE COUNTY HFH INC							
P.O. BOX 392					COST/SELL	BLDG	
WEST JEFFERSON, NC 28694-0392	26-3107328	501(C)(3)	0.	17,951.	·	MATER/APPLIANCE	AFFILIATE
ASHEVILLE AREA HFH (NC)							
33 MDW RD.					COST/SELL	BLDG	
ASHEVILLE, NC 28803-2652	56-1363464	501(C)(3)	71,765.	79,320.	PRICE	MATER/APPLIANCE	AFFILIATE
ATHENS AREA HFH (GA)							
P.O. BOX 1261					COST/SELL	BLDG	
ATHENS, GA 30603-1261	58-1809143	501(C)(3)	29,800.	11,979.		MATER/APPLIANCE	AFFILIATE
AMI ANIMA TNO JIHU							
ATLANTA INC HFH					COST/SELL	BLDG	
271 CHESTER AVE., SE ATLANTA, GA 30316	58-1535414	501(C)(3)	227,574.	27,231.	·	MATER/APPLIANCE	AFFTI.TATE
TITUMIN, GR 30310	1 20 1333414	501(0/(3/		41,431.	L ILLUI	THE PROPERTY OF THE PROPERTY O	111111111

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN OPELIKA HFH (AL)							
605 2ND AVE.					COST/SELL	BLDG	
OPELIKA, AL 36801	63-1003360	501(C)(3)	8,959.	2,143.	·	MATER/APPLIANCE	AFFILIATE
AUGUSTA/CSRA HFH (GA)							
P.O. BOX 657					COST/SELL	BLDG	
AUGUSTA, GA 30903-0657	58-1712416	501(C)(3)	51,873.	7,156.		MATER/APPLIANCE	AFFILIATE
AUSTIN HFH (TX)							
500 WEST BEN WHITE BLVD.					COST/SELL	BLDG	
AUSTIN, TX 78704	74-2373217	501(C)(3)	296,799.	170,988.	1	MATER/APPLIANCE	AFFILIATE
,				, -		·	
AUTAUGA & CHILTON COUNTIES, HFH OF							
(AL) - 431 WEST FOURTH ST., STE. A					COST/SELL	BLDG	
- PRATTVILLE, AL 36067	63-1081438	501(C)(3)	61,911.	17,637.	PRICE	MATER/APPLIANCE	AFFILIATE
AVERY COUNTY HFH (NC)					COST/SELL	DI DG	
P.O. BOX 1016 NEWLAND, NC 28657-1016	56-1826422	501/C\/3\	32,218.	11,868.		BLDG MATER/APPLIANCE	A DETT TAME
NEWLAND, NC 28637-1016	30-1820422	501(C)(3)	32,216.	11,808.	PRICE	MATER/APPLIANCE	ALLIDIALE
BARTLESVILLE AREA HFH (OK)							
P.O. BOX 1284					COST/SELL	BLDG	
BARTLESVILLE, OK 74005-1284	73-1317374	501(C)(3)	3,113.	4,109.	PRICE	MATER/APPLIANCE	AFFILIATE
BATON ROUGE, HFH OF GREATER (LA)							
6554 FLORIDA BLVD., STE. 200	70 1141747	E01/G)/3)	22.425	20 100	COST/SELL	BLDG	2001112
BATON ROUGE, LA 70806	72-1141747	501(C)(3)	32,435.	20,190.	PRICE	MATER/APPLIANCE	ALLITIALE
BAY COUNTY FLORIDA, HFH OF (FL)							
P.O. BOX 408					COST/SELL	BLDG	
PANAMA CITY, FL 32402-0408	59-3007298	501(C)(3)	18,966.	32,399.		MATER/APPLIANCE	AFFILIATE
,			, , ,	, , , , , ,			
BAY COUNTY HFH							
3460 S HURON RD.							
BAY CITY, MI 48706	38-3055548	501(C)(3)	24,000.	0.			AFFILIATE

Part II Continuation of Grants and Other	r Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY WAVELAND AREA HFH							
103 CENTRAL AVE.					COST/SELL	BLDG	
BAY SAINT LOUIS, MS 39520-4238	26-1325894	501(C)(3)	2,712.	2,405.	·	MATER/APPLIANCE	AFFILIATE
BAYTOWN HFH (TX)							
3900 N MAIN ST.					COST/SELL	BLDG	
BAYTOWN, TX 77521	76-0316826	501(C)(3)	4,800.	1,507.		MATER/APPLIANCE	AFFILIATE
BEACHES HFH (FL)							
797 MAYPORT RD					COST/SELL	BLDG	
ATLANTIC BEACH, FL 32233	65-0234544	501(C)(3)	91,722.	8,367.	PRICE	MATER/APPLIANCE	AFFILIATE
DEND (DEDMOND HEIL (OD)							
BEND/REDMOND HFH (OR) 224 NE THURSTON AVE.					COST/SELL	BLDG	
BEND, OR 97701	93-1004012	501(C)(3)	37,826.	117,284.	·	MATER/APPLIANCE	AFFTI.TATE
	75 255252		07,020.	111,101.			
BENNINGTON AREA HFH (VT)							
P.O. BOX 1159					COST/SELL	BLDG	
MANCHESTER, VT 05254	04-3342696	501(C)(3)	8,306.	1,471.	PRICE	MATER/APPLIANCE	AFFILIATE
BENTON COUNTY, HFH OF (AR)							
1212 NORTH WALTON					COST/SELL	BLDG	
BENTONVILLE, AR 72712	71-0836727	501(C)(3)	11,441.	10,757.	*	MATER/APPLIANCE	AFFILIATE
BENTON HFH (OR)					GOGE / GET T	DI DG	
P.O. BOX 1551	93-1040496	E01/G\/2\	20 674	10,103.	COST/SELL	BLDG MATER/APPLIANCE	A DETITAME
CORVALLIS, OR 97339	93-1040490	301(0)(3)	20,674.	10,103.	FRICE	MATER/AFFDIANCE	AFFIDIALE
BERGEN COUNTY, HFH (NJ)							
121 CARVER AVE.							
WESTWOOD, NJ 07675	22-3238028	501(C)(3)	105,672.	0.			AFFILIATE
BERKELEY CO HFH							
1 BELKNAP RD.					COST/SELL	BLDG	
GOOSE CREEK, SC 29445-3441	57-0907019	501(C)(3)	6,697.	36,261.	·	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	er Assistance to Doi	•	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERTHOUD HFH (CO)							
P.O. BOX 1227					COST/SELL	BLDG	
BERTHOUD, CO 80513-2227	84-1445016	501(C)(3)	6,416.	16,466.	·	MATER/APPLIANCE	AFFILIATE
BIG BEND HFH (FL)							
2921 ROBERTS AVE.					COST/SELL	BLDG	
TALLAHASSEE, FL 32310-5007	59-2252756	501(C)(3)	57,741.	17,501.		MATER/APPLIANCE	ΔΕΡΤΙ.ΤΔΦΕ
TABLAMASSE, FE 32310 3007	33 2232730	501(0)(3)	37,741.	17,301.	IRICE	HATEK/ATTEIANCE	AFFIDIAIE
BIRMINGHAM HFH, GREATER (AL)							
7952 CRESTWOOD BLVD					COST/SELL	BLDG	
BIRMINGHAM, AL 35210	63-0962910	501(C)(3)	89,819.	110,877.	PRICE	MATER/APPLIANCE	AFFILIATE
BLACK HILLS AREA HFH (SD)							
610 E OMAHA ST.					COST/SELL	BLDG	
RAPID CITY, SD 57701	46-0410933	501(C)(3)	71,027.	9,552.	PRICE	MATER/APPLIANCE	AFFILIATE
BLUE RIDGE HFH (VA)							
400 BATTAILE DR.					COST/SELL	BLDG	
WINCHESTER, VA 22601	54-1816368	501(C)(3)	100,441.	10,019.	PRICE	MATER/APPLIANCE	AFFILIATE
BLUE SPRUCE HFH (CO)					G0 GT / GTT T	D. D.C.	
P.O. BOX 2366	04 44 50040	504 (5) (2)	40.500	40 500	COST/SELL	BLDG	L
EVERGREEN, CO 80437-2366	84-1150042	501(C)(3)	48,580.	43,728.	PRICE	MATER/APPLIANCE	ALLITIALE
BLUE WATER HFH (MI)							
3524 PNE GRV AVE.							
PORT HURON, MI 48060	38-2910162	501 (C) (3)	11,839.	0.			AFFILIATE
Toki hokok, iii 1000	30 2310102	301(0)(3)	11,000.	•			
BOISE VALLEY HFH (ID)							
P.O. BOX 6571					COST/SELL	BLDG	
BOISE, ID 83707-6571	82-0438429	501(C)(3)	59,645.	17,175.		MATER/APPLIANCE	AFFILIATE
			,	,			
BOONE COUNTY, HFH (IL)							
P.O. BOX 1222							
BELVIDERE, IL 61008	41-2231092	501(C)(3)	6,137.	0.			AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	гас
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOONE COUNTY, HFH OF (IN)							
P.O. BOX 5015					COST/SELL	BLDG	
ZIONSVILLE, IN 46077	35-1620989	501(C)(3)	10,495.	11,474.	1	MATER/APPLIANCE	AFFILIATE
BOWLING GREEN/WARREN, HFH OF (KY)							
P.O. BOX 1115					COST/SELL	BLDG	
BOWLING GREEN, KY 42102-1115	61-1182702	501(C)(3)	253,388.	116,522.	· ·	MATER/APPLIANCE	AFFILIATE
BOYLE COUNTY HFH (KY)					GOGE / GET T	DI DG	
P.O. BOX 225	62 1410750	E01/C\/3\	2 526	12 627	COST/SELL	BLDG MATER/APPLIANCE	A DETITAME
DANVILLE, KY 40423	62-1419758	501(C)(3)	2,536.	12,637.	PRICE	MATER/APPLIANCE	AFFILIATE
BREVARD COUNTY, HFH OF (FL)							
4515 BABCOCK ST.					COST/SELL	BLDG	
PALM BAY, FL 32905	59-2879155	501(C)(3)	145,967.	12,315.	PRICE	MATER/APPLIANCE	AFFILIATE
BROOKINGS AREA HFH (SD)							
P.O. BOX 412					COST/SELL	BLDG	
BROOKINGS, SD 57006-0412	46-0437158	501(C)(3)	15,500.	30,720.	PRICE	MATER/APPLIANCE	AFFILIATE
PROMARD WHILLOW (TIL)							
BROWARD, HFH OF (FL) P.O. BOX 5209					COST/SELL	BLDG	
DEERFIELD BEACH, FL 33442	59-2320573	501(C)(3)	179,032.	106,079.	·	MATER/APPLIANCE	ል ም ም T T T T T T T T T T T T T T T T T
DEEKTIED BEACH, FE 33442	33 2320373	501(0)(3)	175,032.	100,075.	RICE	MATER/ATTEIANCE	AFFIBIATE
BROWN COUNTY INDIANA HFH							
P.O. BOX 260					COST/SELL	BLDG	
NASHVILLE, IN 47448-0260	62-1423488	501(C)(3)	32,561.	3,047.	PRICE	MATER/APPLIANCE	AFFILIATE
BRUNSWICK COUNTY HFH (NC)							
1323 STONE CHIMNEY RD SW					COST/SELL	BLDG	
SUPPLY, NC 28462	56-1869247	501(C)(3)	11,555.	22,064.	PRICE	MATER/APPLIANCE	AFFILIATE
DDVAN COLLEGE CHAMION UNI							
BRYAN-COLLEGE STATION HFH 119 LAKE ST.					COST/SELL	BLDG	
	74-2542417	501(C)(3)	34,282.	19,538.	1		
BRYAN, TX 77801-2030	/4-254241/	DOT(C)(3)	34,202.	19,538.	EVICE	MATER/APPLIANCE	PELIDIME

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BUCKEYE RIDGE HFH (OH)										
1713 MARION-MT GILEAD RD STE. 217					COST/SELL	BLDG				
MARION, OH 43302	31-1402513	501(C)(3)	71,721.	60	PRICE	MATER/APPLIANCE	AFFTI.TATE			
	01 1101010		, , , , , , , , , , , , , , , , , , , ,							
BUCKHANNON RIVER HFH										
P.O. BOX 495										
BUCKHANNON, WV 26201-0495	55-0715754	501(C)(3)	10,134.	0.			AFFILIATE			
BUCKS COUNTY, HFH OF (PA)										
1337 E LINCOLN HWY					COST/SELL	BLDG				
LEVITTOWN, PA 19056	23-2607106	501(C)(3)	97,591.	132,757.	PRICE	MATER/APPLIANCE	AFFILIATE			
BUFFALO, HFH (NY)										
1675 SOUTH PARK AVE.					COST/SELL	BLDG				
BUFFALO, NY 14220	22-2746890	501(C)(3)	130,642.	28,501.	PRICE	MATER/APPLIANCE	AFFILIATE			
DILL COLL COLDUNA HAND										
BULLOCH COUNTY HFHF					GOGT / GET T	DI DG				
201 JOHNSON ST.	58-1933723	E01/G\/3\	65 647	0 252	COST/SELL PRICE	BLDG	A DETT TAME			
STATESBORO, GA 30458	56-1933723	501(C)(3)	65,647.	0,253.	PRICE	MATER/APPLIANCE	AFFILIATE			
BURKE COUNTY, HFH OF (NC)										
P.O. BOX 352					COST/SELL	BLDG				
MORGANTON, NC 28680-0352	56-1608119	501(C)(3)	5,209.	42,897.	•	MATER/APPLIANCE	AFFILIATE			
,				,						
BURLINGTON AND MERCER COUNTIES NJ										
AFFILIATE INC HFH - 530 RTE 38 E -					COST/SELL	BLDG				
MAPLE SHADE, NJ 08052	22-2905055	501(C)(3)	221,360.	295,191.	PRICE	MATER/APPLIANCE	AFFILIATE			
BUTTE COUNTY, HFH OF (CA)										
P.O. BOX 3073					COST/SELL	BLDG				
CHICO, CA 95927	68-0262142	501(C)(3)	152,025.	34,035.	PRICE	MATER/APPLIANCE	AFFILIATE			
BUZZARDS BAY AREA HFH										
P.O. BOX 1584		504 (5) (2)			COST/SELL	BLDG				
MATTAPOISETT, MA 02739	04-3315778	pu1(C)(3)	8,202.	5,440.	PRICE	MATER/APPLIANCE	AFFILIATE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CABARRUS COUNTY HFH									
2902 S CANNON BLVD					COST/SELL	BLDG			
KANNAPOLIS, NC 28083	56-1678395	501(C)(3)	176,782.	70,595.		MATER/APPLIANCE	AFFILIATE		
•			,	,					
CALAVERAS HFH									
536 N MAIN ST.									
ANGELS CAMP, CA 95222	68-0288226	501(C)(3)	17,775.	0.			AFFILIATE		
CALDWELL COUNTY HFH (NC)									
P.O. BOX 1341	56 4560054	504 (5) (2)	15 500	05.000	COST/SELL	BLDG			
LENOIR, NC 28645-1341	56-1760354	501(C)(3)	15,709.	95,808.	PRICE	MATER/APPLIANCE	AFFILIATE		
CALHOUN COUNTY, HFH OF (AL)									
P.O. BOX 1135					COST/SELL	BLDG			
ANNISTON, AL 36202-1135	63-1101558	501(C)(3)	28,780.	18,246.	·	MATER/APPLIANCE	AFFILIATE		
,				, , , , , , , , , , , , , , , , , , , ,					
CALIFORNIA HFH									
2200 RITCHEY ST.									
SANTA ANA, CA 92705-5308	95-4483524	501(C)(3)	10,035.	0.	,		AFFILIATE		
CAMP COUNTY TX, HFH OF (TX)									
P.O. BOX 1188									
PITTSBURG, TX 75686-2200	75-2851168	501(C)(3)	5,512.	0.	,		AFFILIATE		
CAMPBELL COUNTY HFH (TN)									
P.O. BOX 168					COST/SELL	BLDG			
LA FOLLETTE, TN 37766-0168	62-1620767	501(C)(3)	0.	6,914.		MATER/APPLIANCE	AFFTI.TATE		
	02 2020707		•	0,211.					
CAPE COD HFH OF									
805 GIFFORD ST., EXT									
FALMOUTH, MA 02540	22-2900430	501(C)(3)	73,723.	0.			AFFILIATE		
CAPE FEAR HFH									
1208 S 3RD ST.					COST/SELL	BLDG			
WILMINGTON, NC 28401-6108	56-1555858	501(C)(3)	120,881.	52,384.	PRICE	MATER/APPLIANCE	AFFILIATE		

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPE MAY COUNTY, HFH (NJ)							
RESTORE 20 CT HSE SOUTH DENNIS RD.					COST/SELL	BLDG	
CAPE MAY COURT HOUSE, NJ 08210	22-3351733	501(C)(3)	14,450.	4,231.	·	MATER/APPLIANCE	AFFILIATE
CAPITAL DISTRICT, HFH (NY)							
207 SHERIDAN AVE.					COST/SELL	BLDG	
ALBANY, NY 12210	14-1708404	501(C)(3)	30,298.	54,202.	PRICE	MATER/APPLIANCE	AFFILIATE
CAPITAL REGION, HFH (MI)							
1941 BENJAMIN DR					COST/SELL	BLDG	
LANSING, MI 48906-4156	38-2716658	501(C)(3)	25,761.	7,887.		MATER/APPLIANCE	AFFILIATE
			,	,			
CARROLL COUNTY, HFH OF (MD)							
255 CLIFTON AVE., STE. 310					COST/SELL	BLDG	
WESTMINSTER, MD 21157	52-2277289	501(C)(3)	58,057.	26,108.	PRICE	MATER/APPLIANCE	AFFILIATE
CATAWBA VALLEY HFHF							
1615 8TH ST., DR SE	50 1650350	E01/G\/2\	10.630	110 520	COST/SELL	BLDG	
HICKORY, NC 28602	58-1652358	501(C)(3)	10,639.	119,739.	PRICE	MATER/APPLIANCE	ALLITIALE
CEDAR VALLEY HFH (IA)							
350 6TH AVE., SE					COST/SELL	BLDG	
CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	43,101.	9,324.	PRICE	MATER/APPLIANCE	AFFILIATE
CENTRAL ARIZONA , HFH (AZ)							
2830 W GLENDALE AVE.					COST/SELL	BLDG	
PHOENIX, AZ 85051-8400	74-2401708	501(C)(3)	535,018.	118,292.	PRICE	MATER/APPLIANCE	AFFILIATE
CENTRAL BERKSHIRE HFH (MA)							
314 COLUMBUS AVE.					COST/SELL	BLDG	
PITTSFIELD, MA 01201	04-3157085	501(C)(3)	156,393.	324,949.		MATER/APPLIANCE	AFFTI.TATE
, 0.201	31 313,003		130,333.	324,545.			
CENTRAL DELAWARE HFH (DE)							
2311 S DUPONT, HWY					COST/SELL	BLDG	
DOVER, DE 19901	51-0376650	501(C)(3)	41,198.	10,820.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LANE, HFH OF (OR)							
1210 OAK PATCH RD					COST/SELL	BLDG	
EUGENE, OR 97402	93-1015598	501(C)(3)	16,636.	14,304.	· ·	MATER/APPLIANCE	AFFILIATE
CENTRAL MINNESOTA HFH (MN)					COGE / GET T	DI DG	
3335 WEST SAINT GERMAIN ST. STE. 1 SAINT CLOUD, MN 56301	41-1634218	501/C)/3)	4,769.	17,163.	COST/SELL	BLDG MATER/APPLIANCE	אספדו דאשפ
SAINI CLOOD, MN 30301	41-1034218	501(0)(3)	4,709.	17,103.	PRICE	MATER/APPLIANCE	AFFILIATE
CENTRAL OKLAHOMA HFH (OK)							
5005 S I 35 SERVICE RD.					COST/SELL	BLDG	
OKLAHOMA CITY, OK 73129-7019	73-1305668	501(C)(3)	39,028.	182,741.	PRICE	MATER/APPLIANCE	AFFILIATE
CENIMDAL COLUMN CAROLINA HER /CC)							
CENTRAL SOUTH CAROLINA HFH (SC) 209 S SUMTER ST.					COST/SELL	BLDG	
COLUMBIA, SC 29201-4558	57-0785521	501(C)(3)	47,082.	9,028.		MATER/APPLIANCE	ል <del>የ                                   </del>
COHOMBIA, BC 25201 4550	37 0703321	501(0)(5)	47,002.	5,020.	IRICE	MATER/ATTEIANCE	AFFIDIALE
CENTRAL VALLEY HFH (VA)							
P.O. BOX 245					COST/SELL	BLDG	
BRIDGEWATER, VA 22812-0245	54-1441871	501(C)(3)	23,729.	15,100.	PRICE	MATER/APPLIANCE	AFFILIATE
G							
CENTRAL VERMONT HFH					COST/SELL	DI DG	
P.O. BOX 837	03-0321449	501/C)/3)	463.	13,500.		BLDG MATER/APPLIANCE	אסטדו דאשט
MONTPELIER, VT 05601-0837	03-0321449	501(0)(3)	405.	13,300.	FRICE	MATER/AFFDIANCE	AFFIDIALE
CENTRAL WESTMORELAND HFH							
212 OUTLET WAY					COST/SELL	BLDG	
GREENBURG, PA 15601-7197	25-1698880	501(C)(3)	8,350.	14,177.	PRICE	MATER/APPLIANCE	AFFILIATE
CHAFFEE COUNTY HFH (CO)					GOGE / GET T	DI DG	
P.O. BOX 4936	04 1526141	E01/G\/3\	6 350	6 650	COST/SELL	BLDG	2001112
BUENA VISTA, CO 81211-4936	84-1536141	DUI(C)(3)	6,359.	6,659.	PRICE	MATER/APPLIANCE	AFFILIATE
CHAMPAIGN COUNTY HFH							
119 E UNIVERSITY AVE.					COST/SELL	BLDG	
CHAMPAIGN, IL 61820	37-1277094	501(C)(3)	46,818.	46,648.	PRICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON HFH (SC)							
P.O. BOX 21479					COST/SELL	BLDG	
CHARLESTON, SC 29413-1479	57-0889919	501(C)(3)	35,522.	25,133.		MATER/APPLIANCE	AFFILIATE
CHARLOTTE COUNTY HFH (FL)							
1750 MANZANA AVE.					COST/SELL	BLDG	
PUNTA GORDA, FL 33950	59-2870908	501(C)(3)	83,207.	114,123.	PRICE	MATER/APPLIANCE	AFFILIATE
CHARLOTTE REGION, HFH OF THE (NC)							
11812 CAROLINA PL PKWY					COST/SELL	BLDG	
PINEVILLE, NC 28134	56-1366233	501(C)(3)	2,542,996.	690,246.	PRICE	MATER/APPLIANCE	AFFILIATE
•			, ,	,			
CHATHAM HFH (NC)							
P.O. BOX 883					COST/SELL	BLDG	
PITTSBORO, NC 27312-0883	56-1689599	501(C)(3)	6,185.	43,592.	PRICE	MATER/APPLIANCE	AFFILIATE
CHATTANOOGA AREA, HFH OF GREATER							
(TN) - 1201 E MAIN ST					COST/SELL	BLDG	
CHATTANOOGA, TN 37408-1613	62-1260347	501(C)(3)	3,940.	18,201.	PRICE	MATER/APPLIANCE	AFFILIATE
CHEBOYGAN COUNTY HFH							
9385 N ST., RAITS HWY					COST/SELL	BLDG	
·	38-3190977	501/C)/3)	103 033	5,708.		MATER/APPLIANCE	א היידו דא יידי
CHEBOYGAN, MI 49721	36-3190977	501(C)(3)	103,033.	5,708.	PRICE	MAIER/APPLIANCE	AFFILIATE
CHEMUNG COUNTY HFH (NY)							
161 HIGH ST.					COST/SELL	BLDG	
ELMIRA, NY 14901	16-1361217	501(C)(3)	20,989.	941.	PRICE	MATER/APPLIANCE	AFFILIATE
·			<u>,                                      </u>				
CHENANGO COUNTY HFH							
272 STATE HIGHWAY 320 # 1					COST/SELL	BLDG	
NORWICH, NY 13815-3545	16-1429922	501(C)(3)	784.	9,320.	PRICE	MATER/APPLIANCE	AFFILIATE
GUEGA DELAME MEM OF MAR							
CHESAPEAKE HFH OF THE					GOGTI / GET T	DI DO	
505 KANE ST.	F0 1006160	E01/G)/2)	444 365	F0 00=	COST/SELL	BLDG	3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BALTIMORE, MD 21224	52-1226188	DOT(C)(3)	411,365.	52,907.	BKTCE.	MATER/APPLIANCE	WLLITIATE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	ra
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER COUNTY HFH							
1853 E LINCOLN HWY					COST/SELL	BLDG	
COATESVILLE, PA 19320	23-2549743	501(C)(3)	101,367.	46,833.	·	MATER/APPLIANCE	AFFILIATE
CHICAGO HFH							
6040 N PULASKI					COST/SELL	BLDG	
CHICAGO, IL 60646	46-0494889	501(C)(3)	627,957.	14,609.	PRICE	MATER/APPLIANCE	AFFILIATE
CHICAGO SOUTH SUBURBS HFH 7258 W BENTON DR							
FRANKFORT, IL 60423-9303	36-3582576	501(C)(3)	37,112.	0.			AFFILIATE
CHICAGOLAND HFH 233 N MICHIGAN AVE., STE. 1820 CHICAGO, IL 60601-5802	36-4257107	501(C)(3)	306,066.	0.			AFFILIATE
CHIPOLA AREA HFH (FL) P.O. BOX 6114 MARIANNA, FL 32447-6114	59-2900901	501(C)(3)	255,745.	0.			AFFILIATE
CHIPPEWA VALLEY HFH 145 N CLAIREMONT AVE.					COST/SELL	BLDG	
EAU CLAIRE, WI 54703	39-1668709	501(C)(3)	268.	27,485.	PRICE	MATER/APPLIANCE	AFFILIATE
CHOPTANK, HFH (MD) 8610 COMMERCE DR.					COST/SELL	BLDG	
EASTON, MD 21601	52-1785188	501(C)(3)	66,784.	643.	PRICE	MATER/APPLIANCE	AFFILIATE
CINCINNATI, HFH OF GREATER (OH)					COST/SETT	RI DC	
4910 PARA DR CINCINNATI, OH 45237	31-1185975	501(C)(3)	264,113.	98,764.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
CITRUS COUNTY, HFH OF (FL) P.O. BOX 1041				,	COST/SELL	BLDG	
CRYSTAL RIVER, FL 34423-1041	59-3136342	501(C)(3)	7,365.	26,324.	·	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	r ugo
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIALLAM COLINER HER OF (MA)							
CLALLAM COUNTY, HFH OF (WA) 728 E FRNT ST.					COST/SELL	BLDG	
PORT ANGELES, WA 98362	91-1535386	501(C)(3)	25,234.	8 219.	PRICE	MATER/APPLIANCE	AFFILIATE
				,,===,			
CLARK & FLOYD INDIANA HFH (IN)							
P.O. BOX 1814					COST/SELL	BLDG	
NEW ALBANY, IN 47151-1814	35-1817055	501(C)(3)	22,089.	10,972.	PRICE	MATER/APPLIANCE	AFFILIATE
CLAY & YANKTON COUNTIES, HFH OF							
(SD) - 218 CAPITAL ST YANKTON,					COST/SELL	BLDG	
SD 57078	46-0441510	501(C)(3)	15,656.	1,356.	PRICE	MATER/APPLIANCE	AFFILIATE
CLAY COLDINY HELL (EL)							
CLAY COUNTY HFH (FL) 1717 BLANDING BLVD					COST/SELL	BLDG	
MIDDLEBURG, FL 32068-0240	59-1748850	501(C)(3)	24,460.	7,495.	·	MATER/APPLIANCE	A F F T T T A T F
MIDDHEDORG, FE 32000 0240	33 1740030	501(0)(3)	24,400.	7,455.	RICE	HATER/ATTEIANCE	AFFIBIATE
CLEVELAND COUNTY HFH							
P.O. BOX 1005					COST/SELL	BLDG	
NORMAN, OK 73070	73-1422362	501(C)(3)	6,684.	21,521.	PRICE	MATER/APPLIANCE	AFFILIATE
•			,	,			
CLEVELAND COUNTY, HFH IN (NC)							
323 W GROVER ST.					COST/SELL	BLDG	
SHELBY, NC 28150	56-1597080	501(C)(3)	1,499.	31,873.	PRICE	MATER/APPLIANCE	AFFILIATE
CLEVELAND HFH, GREATER (OH)							
4601 NORTHFIELD RD					COST/SELL	BLDG	
NORTH RANDALL, OH 44128	31-1209423	501(C)(3)	286,889.	113,979.	PRICE	MATER/APPLIANCE	AFFILIATE
CLEVELAND HELL OF / MY							
CLEVELAND, HFH OF (TN)					COCM/CELT	BI DC	
P.O. BOX 303	58-1916544	501/C)/3)	18 310	16,746.	COST/SELL	BLDG MATER/APPLIANCE	אספדו דאשפ
CLEVELAND, TN 37364-0303	36-1310344	DOT(C)(3)	48,310.	10,746.	FRICE	MATER/APPLIANCE	ALLINIALE
CLINCH RIVER HFH (TN)							
111 RANDOLPH RD					COST/SELL	BLDG	
OAK RIDGE, TN 37831	62-1500113	501(C)(3)	6,990.	9,320.		MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINTON COUNTY OH HFH (OH)							
P.O. BOX 764					COST/SELL	BLDG	
VILMINGTON, OH 45177	31-1436972	501(C)(3)	1,503.	7,105.	PRICE	MATER/APPLIANCE	AFFILIATE
COACHELLA VALLEY HFH							
72680 DINAH SHR DR #6,					COST/SELL	BLDG	
PALM DESERT, CA 92211	33-0370296	501(C)(3)	67,290.	3,550.	PRICE	MATER/APPLIANCE	AFFILIATE
COASTAL EMPIRE HFH (GA)							
P.O. BOX 13211					COST/SELL	BLDG	
SAVANNAH, GA 31416-0211	58-1537535	501(C)(3)	31,966.	37,796.	PRICE	MATER/APPLIANCE	AFFILIATE
COASTAL FAIRFIELD COUNTY, HFH OF					GOGE / GET T	DI DG	
(CT) - 1542 BARNUM AVE BRIDGEPORT, CT 06610	22-2597077	501/C)/3)	265,054.	44,407.	COST/SELL	BLDG MATER/APPLIANCE	מת דו דאת ה
BRIDGETORI, CI 00010	22 2337077	501(0)(5)	203,034.	44,407.	RICE	HATER/ATTEIANCE	AFFIDIATE
COASTAL HFH INC							
1105 MEMORIAL DR							
ASBURY PARK, NJ 07712-5035	22-3285769	501(C)(3)	32,707.	0.			AFFILIATE
COLES COUNTY HFH (IL)					COST/SELL	DI DG	
P.O. BOX 226 CHARLESTON, IL 61920-6945	37-1252332	501 (C) (3)	15,000.	21,454.	·	BLDG MATER/APPLIANCE	 
	37 1232332	501(0)(5)	15,000.	21,434.	RICE	MATER/ATTEIANCE	AFFIDIATE
COLLIER COUNTY, HFH OF (FL)							
11145 TAMIAMI TRL E					COST/SELL	BLDG	
NAPLES, FL 34113	59-1834379	501(C)(3)	50,342.	495,367.	PRICE	MATER/APPLIANCE	AFFILIATE
COLLIN COUNTY, HFH OF (TX)							
P.O. BOX 153	75 0443544	E01/G)/3)	110 100	27 645	COST/SELL	BLDG	A D D T T A M D
MCKINNEY, TX 75070-0153	75-2443511	DUI(C)(3)	119,198.	37,615.	PRICE	MATER/APPLIANCE	ALLIDIALE
COLORADO COUNTY HFH (TX)							
502 WALNUT ST.					COST/SELL	BLDG	
COLUMBUS, TX 78934-2323	74-2728495	501(C)(3)	45,172.	3,501.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	er Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HFH							
550 S WADSWORTH BLVD UNIT 150							
LAKEWOOD, CO 80226-3100	84-1214920	501(C)(3)	14,250.	0.			AFFILIATE
COLUMBIA COUNTY HFH (NY)							
829 RTE 66					COST/SELL	BLDG	
HUDSON, NY 12534	14-1766587	501(C)(3)	11,295.	943.	PRICE	MATER/APPLIANCE	AFFILIATE
COLUMBIA COUNTY HFH (OR)							
P.O. BOX 921					COST/SELL	BLDG	
SAINT HELENS, OR 97051-0921	93-1264491	501(C)(3)	8,674.	2,043.	PRICE	MATER/APPLIANCE	AFFILIATE
COLUMBIA GORGE HFH (OR)							
P.O. BOX 378					COST/SELL	BLDG	
THE DALLES, OR 97058-0378	93-1102851	501(C)(3)	5,465.	3,027.	1	MATER/APPLIANCE	AFFILIATE
			·				
COLUMBUS AREA HFH (GA)							
3520 RIV RD.					COST/SELL	BLDG	
COLUMBUS, GA 31904	58-1606182	501(C)(3)	20,437.	14,931.	PRICE	MATER/APPLIANCE	AFFILIATE
COLUMBUS NE, HFH OF (NE)							
P.O. BOX 1792					COST/SELL	BLDG	
COLUMBUS, NE 68602-1792	27-2896995	501(C)(3)	500.	6,412.	PRICE	MATER/APPLIANCE	AFFILIATE
COLUMBUS-LOWNDES HFH							
1110 GARDNER BLVD.					COST/SELL	BLDG	
COLUMBUS, MS 39702	64-0776112	501(C)(3)	2,832.	2,948.	PRICE	MATER/APPLIANCE	AFFILIATE
COMPT COUNTY HEIL (TV)							
COMAL COUNTY HFH (TX) 1269 INDUSTRIAL DR					COST/SELL	BLDG	
NEW BRAUNFELS, TX 78130	74-2667761	501(C)(3)	113,666.	13,844.		MATER/APPLIANCE	AFFILIATE
·				•			
COOSA VALLEY INC HFH							
504 EAST FIRST AVE.	F0 4504400	E01/G)/2)	45.000	05 055	COST/SELL	BLDG	2001112000
ROME, GA 30161	58-1584129	bn1(c)(3)	15,890.	25,277.	<b>PKICE</b>	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORPUS CHRISTI, HFH (TX)							
1901 LIPAN ST.					COST/SELL	BLDG	
CORPUS CHRISTI, TX 78408	74-2561473	501(C)(3)	7,822.	1,611.	·	MATER/APPLIANCE	AFFILIATE
COUNCIL BLUFFS, HFH OF (IA)							
1228 SOUTH MAIN ST.					COST/SELL	BLDG	
COUNCIL BLUFFS, IA 51503	42-1394987	501(C)(3)	17,099.	10,708.	PRICE	MATER/APPLIANCE	AFFILIATE
COWLITZ COUNTY HFH (WA)							
P.O. BOX 1451					COST/SELL	BLDG	
LONGVIEW, WA 98632-7859	91-1986972	501 (C) (3)	36,476.	4,546.	· ·	MATER/APPLIANCE	ል ምም TT. T ል ጥም
HONGVIEW, WA 90032-7039	31-1300372	301(0)(3)	30,470.	4,540.	FRICE	MATER/AFFILIANCE	AFFIDIALE
CRAVEN COUNTY NC, HFH OF (NC)							
321 FLEET ST.					COST/SELL	BLDG	
NEW BERN, NC 28562	56-1658230	501(C)(3)	6,087.	9,025.	PRICE	MATER/APPLIANCE	AFFILIATE
CRYSTAL COAST HFH (NC)							
P.O. BOX 789					COST/SELL	BLDG	
NEWPORT, NC 28570	56-1657193	501(C)(3)	15,759.	1,595.	PRICE	MATER/APPLIANCE	AFFILIATE
CULPEPER COUNTY INC HFH					GOGE / GET T	DI DG	
P.O. BOX 742	F4 1043663	E01/G)/3)	2 057		COST/SELL	BLDG	3 DD T T 3 DD
CULPEPER, VA 22701-0742	54-1943662	501(C)(3)	3,857.	1,770.	PRICE	MATER/APPLIANCE	AFFILIATE
CUMBERLAND COUNTY HFH (TN)							
329 MCLARTY LN					COST/SELL	BLDG	
CROSSVILLE, TN 38555	62-1662475	501(C)(3)	4,311.	11,664.	·	MATER/APPLIANCE	AFFILIATE
			, ,	,			
CUMBERLAND VALLEY HFH							
39 HEISERS LN					COST/SELL	BLDG	
CARLISLE, PA 17013-9205	25-1682630	501(C)(3)	7,214.	730.	PRICE	MATER/APPLIANCE	AFFILIATE
DALLAS AREA HFH (TX)							
2800 N HAMPTON RD.		504 (5) (2)		4 20: 2:-	COST/SELL	BLDG	
DALLAS, TX 75212	75-2097161	pu1(C)(3)	776,808.	1,304,940.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANE COUNTY, HFH OF (WI)							
4207 MONONA DR					COST/SELL	BLDG	
MADISON, WI 53716	39-1592769	501(C)(3)	60,991.	125,293.	1	MATER/APPLIANCE	AFFILIATE
DANVILLE HFH							
422 N VERMILION S					COST/SELL	BLDG	
DANVILLE, IL 61832	37-1199497	501(C)(3)	1,753.	60,632.		MATER/APPLIANCE	AFFILIATE
DARLINGTON COUNTY HFH (SC)							
P.O. BOX 1983					COST/SELL	BLDG	
HARTSVILLE, SC 29551-1983	57-1054251	501(C)(3)	0.	26,838.	1	MATER/APPLIANCE	AFFILIATE
,				•			
DAVIE COUNTY INC HFH OF							
P.O. BOX 1384					COST/SELL	BLDG	
MOCKSVILLE, NC 27028-1384	56-1865026	501(C)(3)	506.	8,402.	PRICE	MATER/APPLIANCE	AFFILIATE
DAYTON, HFH OF GREATER (OH)							
115 WEST RIVERVIEW AVE					COST/SELL	BLDG	
DAYTON, OH 45405	31-1104456	501(C)(3)	31,705.	39,530.	PRICE	MATER/APPLIANCE	AFFILIATE
DECATUR AREA HFH							
932 E WOOD ST.					COST/SELL	BLDG	
DECATUR, IL 62521-2718	37-1222930	501(C)(3)	1,423.	22,174.	·	MATER/APPLIANCE	AFFILIATE
•				,			
DEKALB COUNTY HFH, IN							
1625 DEKALB AVE.					COST/SELL	BLDG	
SYCAMORE, IL 60178	36-4128593	501(C)(3)	13,664.	7,875.	PRICE	MATER/APPLIANCE	AFFILIATE
DEKALB, HFH (GA)							
P.O. BOX 403	F0 4-00-0:	504 (5) (2)		<u> </u>	COST/SELL	BLDG	
TUCKER, GA 30085	58-1792761	501(C)(3)	88,192.	27,336.	PRICE	MATER/APPLIANCE	AFFILIATE
DELAWARE & UNION COUNTIES, HFH OF							
(OH) - 305 CURTIS ST DELAWARE,					COST/SELL	BLDG	
OH 43015	31-1304319	501(C)(3)	13,550.	15,190.	*	MATER/APPLIANCE	AFFTI.TATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENIMON COLLINARY REFLOR (MAX)							
DENTON COUNTY, HFH OF (TX) 1805 CORNELL					COST/SELL	BLDG	
DENTON, TX 76201	75-2552661	501(C)(3)	98,020.	3,049.	·	MATER/APPLIANCE	AFFILIATE
				-			
DES MOINES HFH, GREATER (IA)							
P.O. BOX 716					COST/SELL	BLDG	
DES MOINES, IA 50303-0716	42-1275330	501(C)(3)	338,757.	154,940.	PRICE	MATER/APPLIANCE	AFFILIATE
DETROIT, HFH (MI)							
14325 JANE ST.					COST/SELL	BLDG	
DETROIT, MI 48205-4059	38-2708025	501(C)(3)	432,004.	13,101.	PRICE	MATER/APPLIANCE	AFFILIATE
DIXON HFH (IL)							
P.O. BOX 11					COST/SELL	BLDG	
DIXON, IL 61021-0011	36-3857555	501(C)(3)	1,846.	3,215.	PRICE	MATER/APPLIANCE	AFFILIATE
DOOR COUNTY HFH (WI)							
410 NORTH 14TH AVE.					COST/SELL	BLDG	
STURGEON BAY, WI 54235	39-1746145	501(C)(3)	64,300.	6,408.		MATER/APPLIANCE	AFFTI.TATE
BIORODON BIII, WI 34233	33 1740143	301(0)(3)	04,500.	0,400.	INICH	International Prince	
DOUGLAS COUNTY MINNESOTA, HFH OF							
(MN) - 1211 N NOKOMIS NE -					COST/SELL	BLDG	
ALEXANDRIA, MN 56308	41-1869669	501(C)(3)	167,208.	46,103.	PRICE	MATER/APPLIANCE	AFFILIATE
DUPAGE HFH (IL)					G0 GT / GTT T	D. D.G.	
1600 E ROOSEVELT RD STE. B	36 4003110	E01 (G) (2)	205 204	00 000	COST/SELL	BLDG	200117200
WHEATON, IL 60187	36-4003119	501(C)(3)	295,204.	80,899.	PRICE	MATER/APPLIANCE	AFFILIATE
DURHAM, HFH OF (NC)							
215 N CHURCH ST.					COST/SELL	BLDG	
DURHAM, NC 27701	58-1674794	501(C)(3)	52,412.	50,706.		MATER/APPLIANCE	AFFILIATE
DUTCHESS COUNTY, HFH OF (NY)							
1822 SOUTH RD					COST/SELL	BLDG	
WAPPINGERS FALLS, NY 12590	14-1767037	501(C)(3)	171,822.	6,793.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Fa
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST & CENTRAL PASCO COUNTY , HFH							
OF (FL) - 37220 MERIDIAN AVE					COST/SELL	BLDG	
DADE CITY, FL 33525	59-3252298	501(C)(3)	7,896.	14,049.	1	MATER/APPLIANCE	AFFILIATE
EAST BAY/SILICON VALLEY, HFH (CA)					GOGE / GET T	DI DG	
1500 MONUMENT BLVD, STE. G-2	04 2052697	E01/C\/2\	1 507 460	1,443.	COST/SELL	BLDG	A DETITAME
CONCORD, CA 94520	94-3053687	501(C)(3)	1,597,468.	1,443.	PRICE	MATER/APPLIANCE	AFFILIATE
EAST CENTRAL OHIO, HFH (OH)							
1400 RAFF RD SW STE. A					COST/SELL	BLDG	
CANTON, OH 44710	34-1595372	501(C)(3)	23,476.	119,142.	PRICE	MATER/APPLIANCE	AFFILIATE
TAGE GOODED HELL (GG)							
EAST COOPER HFH (SC) P.O. BOX 1990					COST/SELL	BLDG	
MOUNT PLEASANT, SC 29465-1990	57-0903917	501(C)(3)	43,238.	9,296.	1	MATER/APPLIANCE	AFFTI.TATE
TECHT TEEMSIMIT, DC ESTOS 1550	3, 030331,	301(0)(3)	15,250.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11101		
EAST JEFFERSON COUNTY, HFH OF							
(WA) - P.O. BOX 658 - PORT					COST/SELL	BLDG	
TOWNSEND, WA 98368-0658	91-1885667	501(C)(3)	10,439.	35,922.	PRICE	MATER/APPLIANCE	AFFILIATE
EAST POLK COUNTY, HFH OF (FL)					GOGE / GET T	DI DG	
3550 RECKER HWY WINTER HAVEN, FL 33880-1958	59-2856392	501/C\/3\	15,046.	33,255.	COST/SELL	BLDG MATER/APPLIANCE	אסטדו דאשט
WINTER HAVEN, PE 33000 1930	33 2030332	501(0)(3)	15,040.	33,233.	IRICE	MATER/ATTEIANCE	AFFIDIATE
EAST ST. TAMMANY HFH (LA)							
440 BROWNSWITCH RD					COST/SELL	BLDG	
SLIDELL, LA 70458	72-1204556	501(C)(3)	67,572.	5,721.	PRICE	MATER/APPLIANCE	AFFILIATE
EASTERN BIGHORNS, HFH OF THE (WY)							
P.O. BOX 6196	02 02222	501/62/22	22.25	_			
SHERIDAN, WY 82801-6196	83-0309911	DUI(C)(3)	32,250.	0.			AFFILIATE
EASTERN CONNECTICUT HFH (CT)							
377 BROAD ST.					COST/SELL	BLDG	
NEW LONDON, CT 06320-3725	06-1214680	501(C)(3)	22,560.	15,228.	*	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN PANHANDLE HFH							
630 W RACE ST.							
MARTINSBURG, WV 25401-2760	55-0720016	501(C)(3)	12,971.	0.			AFFILIATE
EDISTO HFH (SC)							
P.O. BOX 2489					COST/SELL	BLDG	
ORANGEBURG, SC 29116-2489	57-0916444	501(C)(3)	637.	9,320.	PRICE	MATER/APPLIANCE	AFFILIATE
EFFINGHAM CO HFH							
3605 HWY 21 S					COST/SELL	BLDG	
RINCON, GA 31326	58-2244182	501(C)(3)	8,364.	26,481.	PRICE	MATER/APPLIANCE	AFFILIATE
EL DORADO HFH							
P.O. BOX 1447							
EL DORADO, AR 71731-1447	71-0665634	501(C)(3)	27,000.	0.			AFFILIATE
El Bolubo, Int. 71701 1117	71 0003031	301(0)(3)	27,000.	•			
EL PASO, HFH OF (TX)							
1400 HARDAWAY STE. 329					COST/SELL	BLDG	
EL PASO, TX 79903	74-2226271	501(C)(3)	38,248.	2,000.	PRICE	MATER/APPLIANCE	AFFILIATE
ELIZABETH CITY HFH (NC)							
P.O. BOX 267					COST/SELL	BLDG	
ELIZABETH CITY, NC 27907-0267	56-1723668	501(C)(3)	12,972.	3,437.	1	MATER/APPLIANCE	AFFILIATE
			,	,			
ELKHART COUNTY HFH							
2910 ELKHART RD					COST/SELL	BLDG	
GOSHEN, IN 46526	35-1685313	501(C)(3)	133,506.	59,699.	PRICE	MATER/APPLIANCE	AFFILIATE
ENERGY CAPITAL HFH							
P.O. BOX 3633					COST/SELL	BLDG	
GILLETTE, WY 82717-3633	84-1412003	501(C)(3)	0.	9,320.	PRICE	MATER/APPLIANCE	AFFILIATE
EGDWOLD VINLEY/LOG NINGG TVG VIN							
ESPANOLA VALLEY/LOS ALAMOS INC HFH 726 N RIVERSIDE DR							
ESPANOLA, NM 87532-2525	85-0425148	501(C)(3)	16,047.	0.			AFFILIATE
	00 0420140	501(0/(3/	10,047.	U .		1	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	ı uğ
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DVANCUTITE UPU OF /TM\							
EVANSVILLE, HFH OF (IN) 560 EAST DIAMOND AVE.					COST/SELL	BLDG	
EVANSVILLE, IN 47711	35-1602775	501(C)(3)	59,946.	128,319.		MATER/APPLIANCE	AFFILIATE
EVERGREEN HFH (WA)							
P.O. BOX 871570	91-1557462	501/C)/3\	71,177.	0.			AFFILIATE
VANCOUVER, WA 98687	31-1337402	501(0)(3)	71,177.	0.			AFFIDIATE
FANNIN & GILMER COUNTY , HFH OF							
(GA) - 3387 E 1ST. ST BLUE					COST/SELL	BLDG	
RIDGE, GA 30513	33-1003954	501(C)(3)	940.	6,298.	PRICE	MATER/APPLIANCE	AFFILIATE
FAUQUIER HFH (VA)							
P.O. BOX 3189					COST/SELL	BLDG	
WARRENTON, VA 20188-1889	54-1595774	501(C)(3)	51,386.	9,320.	PRICE	MATER/APPLIANCE	AFFILIATE
DAVEMBRATILE ADDA MON (NO.)							
FAYETTEVILLE AREA HFH (NC) P.O. BOX 3166					COST/SELL	BLDG	
FAYETTEVILLE, NC 28302-3166	56-1610250	501(C)(3)	477,179.	77,549.		MATER/APPLIANCE	 
International New 20302 3100	30 1010230	301(0)(3)	477,173.	77,545.	INICL	miibk/miibmeb	111111111111111111111111111111111111111
FERGUS FALLS AREA HFH AFFILIATE							
(MN) - P.O. BOX 434 - FERGUS					COST/SELL	BLDG	
FALLS, MN 56538	41-1693586	501(C)(3)	500.	13,515.	PRICE	MATER/APPLIANCE	AFFILIATE
FINDLAY/HANCOCK COUNTY, HFH OF							
(OH) - 1200 COMMERCE PKWY -					COST/SELL	BLDG	
FINDLAY, OH 45840	34-1864802	501(C)(3)	27,708.	55,387.	PRICE	MATER/APPLIANCE	AFFILIATE
ETDELANDS HER (OU)							
FIRELANDS HFH (OH) 7602 MILAN RD					COST/SELL	BLDG	
SANDUSKY, OH 44870	34-1616719	501(C)(3)	2,028.	22,171.		MATER/APPLIANCE	AFFTI.TATE
	31 1010/13		2,020.	22,111			
FLAGLER HFH (FL)							
P.O. BOX 187					COST/SELL	BLDG	
BUNNELL, FL 32110	59-3172803	501(C)(3)	19,633.	2,833.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Othe	r Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLATHEAD VALLEY, HFH OF (MT)							
2535 HWY 93 SOUTH					COST/SELL	BLDG	
KALISPELL, MT 59901	81-0461253	501(C)(3)	14,895.	22,004.		MATER/APPLIANCE	AFFILIATE
				•			
FLATIRONS HFH (CO)							
P.O. BOX 1003					COST/SELL	BLDG	
LAFAYETTE, CO 80026-9998	84-1229714	501(C)(3)	24,977.	23,162.	PRICE	MATER/APPLIANCE	AFFILIATE
FLINT RIVER HFH (GA)							
2815 OLD DAWSON RD					COST/SELL	BLDG	
ALBANY, GA 31707	58-1705293	501(C)(3)	345.	133,730.		MATER/APPLIANCE	 AFFILIATE
•				,			
FLORIDA HFH OF							
1150 CLEVELAND ST., STE. 301							
CLEARWATER, FL 33755-4859	59-3136342	501(C)(3)	70,829.	0.			AFFILIATE
ELOUED GIEV HEH /NV)							
FLOWER CITY HFH (NY) 755 CULVER RD					COST/SELL	BLDG	
ROCHESTER, NY 14609	13-3281487	501(C)(3)	126,842.	45,229 <b>.</b>	1	MATER/APPLIANCE	AFFTI.TATE
NOOMESTER, NI 11005	13 3201107	301(0)(3)	120,012.	15,225.	11101		
FOOTHILLS HFH							
8292 INDUSTRIAL AVE.							
ROSEVILLE, CA 95678	68-0197821	501(C)(3)	21,187.	0.			AFFILIATE
FORSYTH COUNTY, HFH OF (NC)					COST/SELL	BLDG	
1023 WEST. 14TH ST.	56-1448955	E01/G\/2\	41 772	266,261.	*	MATER/APPLIANCE	A DOTT TAME
WINSTON-SALEM, NC 27105-5811	30-1440333	501(C)(3)	41,772.	200,201.	PRICE	MATER/APPLIANCE	AFFILIAIE
FORT BEND HFH (TX)							
505 JULIE RIVERS DR., STE. 150							
SUGARLAND, TX 77478	76-0355468	501(C)(3)	160,853.	0.			AFFILIATE
FORT COLLINS HFH (CO)							
4001 S TAFT HL RD. FT COLLINS					COST/SELL	BLDG	
FORT COLLINS, CO 80526-2948	84-1217901	POI(C)(3)	59,824.	41,181.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT HOOD AREA HFH (TX)							
2601 ATKINSON AVE.					COST/SELL	BLDG	
KILLEEN, TX 76543-4020	74-2704483	501(C)(3)	459,649.	33,067.	·	MATER/APPLIANCE	AFFILIATE
FORT WAYNE HFH							
4747 LIMA RD					COST/SELL	BLDG	
FORT WAYNE, IN 46808	35-1687064	501(C)(3)	24,761.	53,477.		MATER/APPLIANCE	AFFILIATE
FORT WORTH AREA HFH (TX)							
9333 N NORMANDALE ST.					COST/SELL	BLDG	
FORT WORTH, TX 76116	75-2239189	501(C)(3)	402,372.	642,952.	1	MATER/APPLIANCE	AFFILIATE
,				, , , , , ,			
FOX CITIES AREA HFH, GREATER (WI)							
5402 W INTEGRITY WAY					COST/SELL	BLDG	
APPLETON, WI 54913	39-1742974	501(C)(3)	412,453.	136,612.	PRICE	MATER/APPLIANCE	AFFILIATE
FOX VALLEY HFH					GOGT / GTT T	DI DG	
4100 FOX VLY CTR DR	36-3748805	E01/C\/2\	22 010	30,929.	COST/SELL	BLDG MATER/APPLIANCE	A DOTT TAME
AURORA, IL 60504	36-3748805	501(C)(3)	23,018.	30,929.	PRICE	MATER/APPLIANCE	AFFILIATE
FRANKLIN COUNTY, HFH OF (VA)							
P.O. BOX 834					COST/SELL	BLDG	
ROCKY MOUNT, VA 24151-0834	54-1723239	501(C)(3)	18,136.	863.	PRICE	MATER/APPLIANCE	AFFILIATE
FRAZIER REVITALIZATION							
P.O. BOX 152926					COST/SELL	BLDG	
DALLAS, TX 75315	20-3395474	501(C)(3)	0.	19,419.	*		EXTERNAL NON-PROFIT
<u> </u>	20 3333171	501(0)(3)		13,113.			DITERING NON TROTT
FREDERICK COUNTY MD, HFH OF (MD)							
P.O. BOX 338							
FREDERICK, MD 21701-0338	52-1820647	501(C)(3)	41,834.	0.			AFFILIATE
EDEDDD I ANGRUNDA WEN CONTROL ( )							
FREDERICKSBURG HFH, GREATER (VA)					COCM/CELT	BI DC	
P.O. BOX 8265	54-1737851	501/C)/3)	37,456.	1,328.	COST/SELL	BLDG MATER/APPLIANCE	
FREDERICKSBURG, VA 22404-8265	2#-T12103T	DOT (C)(3)	37,430.	1,340.	LVICE	MATER/APPLIANCE	PELIDIVIE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT AREA HFH (NE)							
P.O. BOX 932					COST/SELL	BLDG	
FREMONT, NE 68026-0932	47-0763503	501(C)(3)	5,723.	12,602.	1	MATER/APPLIANCE	AFFILIATE
FRESNO, HFH (CA)							
4991 E MCKINLEY AVE., STE. 123					COST/SELL	BLDG	
FRESNO, CA 93727-1966	77-0076649	501(C)(3)	71,374.	37,516.	PRICE	MATER/APPLIANCE	AFFILIATE
FULTON & HICKMAN COUNTY HFH (KY)							
P.O. BOX 132					COST/SELL	BLDG	
CLINTON, KY 42031	61-1398054	501(C)(3)	46,451.	2,712.	PRICE	MATER/APPLIANCE	AFFILIATE
GADSDEN-ETOWAH HFH (AL)							
3644 RAINBOW DR.	63-1145264	E01/C\/2\	8,096.	4,540.	COST/SELL	BLDG MATER/APPLIANCE	A DETT TAME
RAINBOW CITY, AL 35906	03-1145204	501(0)(3)	8,090.	4,540.	FRICE	HATEK/AFFIIANCE	AFFIDIALE
GALLATIN VALLEY, HFH OF (MT)							
230 ARDEN DR					COST/SELL	BLDG	
BELGRADE, MT 59714	81-0471246	501(C)(3)	0.	21,560.	PRICE	MATER/APPLIANCE	AFFILIATE
GARLAND AREA, HFH (TX)							
2909 BROADWAY BLVD					COST/SELL	BLDG	
GARLAND, TX 75041	75-2499430	501(C)(3)	105,060.	12,633.	·	MATER/APPLIANCE	AFFILIATE
			,	,			
GARLAND COUNTY HFH (AR)							
240 HOBSON AVE.					COST/SELL	BLDG	
HOT SPRINGS, AR 71913	71-0776139	501(C)(3)	25,890.	139,032.	PRICE	MATER/APPLIANCE	AFFILIATE
GASTON COUNTY, HFH OF (NC)							
1840 E FRANKLIN BLVD					COST/SELL	BLDG	
GASTONIA, NC 28054	56-1634454	501(C)(3)	59,413.	109,686.		MATER/APPLIANCE	AFFILIATE
GENESEE COUNTY HFH (MI)					G0 GT / GTT -		
101 BURTON ST.	20 2000207	E01/C)/2\	106 107	2 740	COST/SELL	BLDG	A PRITITAME
FLINT, MI 48503-1873	38-2899387	DOT(C)(3)	106,107.	3,748.	RKICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE COUNTY, HFH OF (NY)							
230 ELLIOTT ST.					COST/SELL	BLDG	
BATAVIA, NY 14020	16-1553398	501(C)(3)	4,027.	7,370.		MATER/APPLIANCE	AFFILIATE
GEORGETOWN COUNTY SC, HFH (SC)							
1907 HAMPTON CT					COST/SELL	BLDG	
GEORGETOWN, SC 29440	57-0913768	501(C)(3)	69,360.	9,904.		MATER/APPLIANCE	AFFILIATE
GEORGIA HFH OF							
P.O. BOX 4143							
COLUMBUS, GA 31914-0143	26-4246183	501(C)(3)	6,000.	0.			AFFILIATE
			,,,,,,				
GIBSON COUNTY HFH							
312 N COLLEGE ST.							
TRENTON, TN 38382-1508	62-1492830	501(C)(3)	42,206.	0.			AFFILIATE
GLASGOW-BARREN CO HFH OF							
P.O. BOX 186					COST/SELL	BLDG	
GLASGOW, KY 42142-0186	61-1243113	501(C)(3)	6,399.	1,749.	PRICE	MATER/APPLIANCE	AFFILIATE
armya mara anna ymy (am)							
GLENS FALLS AREA HFH (NY)					COST/SELL	BLDG	
1373 US RTE 9	22-3476475	E01/C\/3\	12,046.	5,353.	· ·	MATER/APPLIANCE	A DETT TAME
MOREAU, NY 12828	22-34/64/5	501(C)(3)	12,046.	5,353.	PRICE	MATER/APPLIANCE	AFFILIATE
GLOUCESTER COUNTY HFH (NJ)							
425 S BROADWAY					COST/SELL	BLDG	
PITMAN, NJ 08071	58-1735524	501(C)(3)	47,131.	1,896.		MATER/APPLIANCE	AFFILIATE
·			,	•			
GLYNN COUNTY GA., HFH OF (GA)							
1919 GLYNN AVE.					COST/SELL	BLDG	
BRUNSWICK, GA 31520	58-1852944	501(C)(3)	27,712.	27,360.	PRICE	MATER/APPLIANCE	AFFILIATE
GOLDEN GDEGGENER H ()							
GOLDEN CRESCENT HFH (TX)					G0.GT / GTT -	D. D.G	
4103 NORTH NAVARRO ST., STE. 200	<b>F4</b> 0050000	E01/G)/3)	41 516	02.070	COST/SELL	BLDG	
VICTORIA, TX 77901	74-2650392	D0T(G)(3)	41,516.	23,278.	<b>LKICE</b>	MATER/APPLIANCE	ALLITIALE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN EMPIRE HFH							
1500 E 19TH ST.							
BAKERSFIELD, CA 93305-5406	77-0230477	501(C)(3)	9,312.	0.			AFFILIATE
GOOCHLAND COUNTY, HFH OF (VA)							
P.O. BOX 1016					COST/SELL	BLDG	
GOOCHLAND, VA 23063-1016	54-1835952	501(C)(3)	2,993.	9,817.	PRICE	MATER/APPLIANCE	AFFILIATE
GOOD 360							
675 NORTH WASHINGTON ST., STE. STE					COST/SELL	BLDG	
ALEXANDRIA, VA 22314	54-1282616	501(C)(3)	0.	469,627.	PRICE	MATER/APPLIANCE	EXTERNAL NON-PROFIT
GOOD NEWS HEN							
GOOD NEWS HFH 1114 S F ST.							
RICHMOND, IN 47374-6358	35-1803693	501(C)(3)	45,556.	0.			AFFILIATE
RICHMOND, IN 47574 0550	33 1003033	301(0)(3)	43,330.				
GOODHUE COUNTY HFH (MN)							
614 PLUM ST.					COST/SELL	BLDG	
RED WING, MN 55066	41-1762123	501(C)(3)	22,334.	11,995.	PRICE	MATER/APPLIANCE	AFFILIATE
GRAND COUNTY HFH OF							
P.O. BOX 969					COST/SELL	BLDG	
GRANBY, CO 80446-0969	84-1511043	501(C)(3)	81,761.	37,888.		MATER/APPLIANCE	AFFILIATE
GRAND ISLAND AREA HFH (NE)							
502 W 2ND ST.					COST/SELL	BLDG	
GRAND ISLAND, NE 68801-5938	47-0754122	501(C)(3)	36,782.	3,042.	PRICE	MATER/APPLIANCE	AFFILIATE
GRAND TRAVERSE REGION, HFH (MI)							
P.O. BOX 5412					COST/SELL	BLDG	
TRAVERSE CITY, MI 49696	38-2753833	501(C)(3)	6,621.	23,933.		MATER/APPLIANCE	AFFILIATE
GRANT COUNTY, HFH OF (IN)					COST/SELL	BI DC	
P.O. BOX 687	35-1864599	501(C)(3)	31 032	8,870.	•	BLDG MATER/APPLIANCE	A PPTI.TAMP
MARION, IN 46952-0687	33-1004399	DOT(C)(3)	31,033.	0,0/0.	EVICE	MATER/APPLIANCE	MEETDIMIE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAYS HARBOR, HFH OF (WA)							
3005 SIMPSON AVE.							
HOQUIAM, WA 98550	91-2082441	501(C)(3)	7,395.	0.			AFFILIATE
GREAT FALLS AREA, HFH (MT)							
P.O. BOX 754					COST/SELL	BLDG	
GREAT FALLS, MT 59403-0754	81-0471878	501(C)(3)	0.	5,037.	PRICE	MATER/APPLIANCE	AFFILIATE
GREATER BANGOR HFH							
378 HARLOW ST.					COST/SELL	BLDG	
BANGOR, ME 04401	01-0441147	501(C)(3)	27,479.	2,081.		MATER/APPLIANCE	AFFILIATE
·			·	,			
GREATER BOSTON INC HFH							
240 COMMERCIAL ST., 4TH FL					COST/SELL	BLDG	
BOSTON, MA 02109	04-2994233	501(C)(3)	265,262.	1,529.	PRICE	MATER/APPLIANCE	AFFILIATE
GREATER CENTRE COUNTY HFH							
1155 ZION RD					COST/SELL	BLDG	
BELLEFONTE, PA 16823-2515	25-1473184	501(C)(3)	9,158.	9,845.	1	MATER/APPLIANCE	AFFILIATE
	20 21/0201		7,200.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
GREATER CHARLOTTESVILLE HFH							
1221 HARRIS ST.					COST/SELL	BLDG	
CHARLOTTESVILLE, VA 22903	54-1574925	501(C)(3)	490,274.	100,163.	PRICE	MATER/APPLIANCE	AFFILIATE
GREATER FLORENCE HABITAT FOR					COST/SELL	BLDG	
HUMANITY - 1354 CELEBRATION BLVD - FLORENCE, SC 29501	57-0910247	501/C)/3)	15,000.	12,323.	*	MATER/APPLIANCE	אספדו דאשפ
FIORENCE, SC 29301	37-0310247	501(0)(3)	13,000.	12,323.	FRICE	MATER/AFFDIANCE	AFFIDIALE
GREATER FREDERICKSBURG HFH							
805 N LLANO ST.					COST/SELL	BLDG	
FREDERICKSBURG, TX 78624	74-2739939	501(C)(3)	15,935.	923.	PRICE	MATER/APPLIANCE	AFFILIATE
_							
GREATER GREENSBORO HFH							
2190 LAWNDALE DR	FC 1500050	E01/G)/2)	140 301	116 056	COST/SELL	BLDG	200117200
GREENSBORO, NC 27408	56-1586870	DOT(C)(3)	148,391.	116,976.	<b>EKICE</b>	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER INDIANAPOLIS HFH							
1099 N AVON AVE.					COST/SELL	BLDG	
AVON, IN 46123	35-1715910	501(C)(3)	225,338.	92,849.		MATER/APPLIANCE	AFFILIATE
GREATER LOS ANGELES HFH							
8739 ARTESIA BLVD					COST/SELL	BLDG	
BELLFLOWER, CA 90706	33-0416470	501(C)(3)	1,598,145.	396,681.	1	MATER/APPLIANCE	AFFILIATE
GREATER LOWELL HFH							
68 TADMUCK RD, UNIT 1							
WESTFORD, MA 01886	04-3123186	501(C)(3)	63,292.	0.			AFFILIATE
·			•				
GREATER MEMPHIS HFH							
7130 WINCHESTER RD					COST/SELL	BLDG	
MEMPHIS, TN 38125	62-1157233	501(C)(3)	86,955.	6,126,030.	PRICE	MATER/APPLIANCE	AFFILIATE
GREATER PEORIA AREA HFH							
804 W MAIN ST.					COST/SELL	BLDG	
PEORIA, IL 61606	37-1250405	501(C)(3)	110,531.	39,539.		MATER/APPLIANCE	AFFILIATE
			, -	, -		·	
GREATER PITTSBURGH HFH OF							
6435 FRANKSTOWN AVE., STE. 100					COST/SELL	BLDG	
PITTSBURGH, PA 15206-4055	25-1529652	501(C)(3)	357,516.	4,807.	PRICE	MATER/APPLIANCE	AFFILIATE
CDEAMED DIVINOUMU MEN							
GREATER PLYMOUTH HFH P.O. BOX 346							
CARVER, MA 02330-0346	04-3348433	501(C)(3)	8,301.	0.			AFFILIATE
<u> </u>	01 0010100		,,,,,,,				
GREATER PORTLAND HFH							
659 WARREN AVE.					COST/SELL	BLDG	
PORTLAND, ME 04103	22-2570213	501(C)(3)	65,585.	5,828.	PRICE	MATER/APPLIANCE	AFFILIATE
GREATER SPRINGFIELD HFH					GOGE / GET T	DI DG	
268 COLD SPG AVE.	04 2070000	E01/C\/3\	E1 714	40 201	COST/SELL	BLDG	A DETITAME
WEST SPRINGFIELD, MA 01089	04-2970982	DOT(C)(2)	51,714.	48,321.	LYICE	MATER/APPLIANCE	MELIDIATE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREELEY-WELD HFH (CO)							
104 N 16TH AVE.					COST/SELL	BLDG	
GREELEY, CO 80631	84-1091487	501(C)(3)	23,304.	39,267.	·	MATER/APPLIANCE	AFFILIATE
,			,	•			
GREEN BAY HFH, GREATER (WI)							
1967 ALLOUEZ AVE.					COST/SELL	BLDG	
GREEN BAY, WI 54311	39-1589910	501(C)(3)	10,135.	33,042.	PRICE	MATER/APPLIANCE	AFFILIATE
GREEN MOUNTAIN HFH (VT)							
300 CORNERSTONE DR., STE. 335					COST/SELL	BLDG	
WILLISTON, VT 05495-4031	22-2558923	501(C)(3)	22,074.	15,501.	PRICE	MATER/APPLIANCE	AFFILIATE
GREENE COUNTY HFH (GA)							
1373 WILLOW RUN RD		504 (5) (3)	75.050	25.050	COST/SELL	BLDG	
GREENSBORO, GA 30642	58-2244226	501(C)(3)	76,962.	36,968.	PRICE	MATER/APPLIANCE	ALLITIALE
GREENVILLE COUNTY HFH							
3033 WADE HAMPTON BLVD					COST/SELL	BLDG	
TAYLORS, SC 29687	57-0827063	501/C\/3\	140,737.	180,223.		MATER/APPLIANCE	אסטדו דאשט
TATHORS, SC 25007	37-0027003	501(0)(3)	140,737.	100,223.	FRICE	MATER/AFFITANCE	AFFIDIALE
GREENWOOD AREA HFH							
P.O. BOX 68					COST/SELL	BLDG	
GREENWOOD, SC 29648-0068	57-0861424	501(C)(3)	63,000.	1,095.	•	MATER/APPLIANCE	 AFFILIATE
·			, ,	, , ,			
GRUNDY-THREE RIVERS HFH (IL)							
105 E MAIN ST., STE. 202							
MORRIS, IL 60450-2138	36-4100975	501(C)(3)	10,000.	0.			AFFILIATE
GUNNISON VALLEY HFH							
P.O. BOX 1295					COST/SELL	BLDG	
GUNNISON, CO 81230-1295	84-1342438	501(C)(3)	0.	8,200.	PRICE	MATER/APPLIANCE	AFFILIATE
GWINNETT COUNTY HFH (GA)							
P.O. BOX 646					COST/SELL	BLDG	
LAWRENCEVILLE, GA 30046	58-1795694	501(C)(3)	221,176.	4,525,255.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rai
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY							
INTERNATIONAL, INC 322 W LAMAR					COST/SELL	BLDG	
STREET - AMERICUS, GA 31709-3543	91-1914868	501(C)(3)	0.	47,741.	· ·	MATER/APPLIANCE	AFFILIATE
HABITAT FOR HUMANITY					COGM / GET T	DI DO	
INTERNATIONAL, INC 1465 HIGHWAY 20 WEST - MCDOUNOUGH, GA 30253	58-1761611	501/C)/3)	205 772	45,896.	COST/SELL	BLDG MATER/APPLIANCE	אספדו דאשפ
20 WEST - MCDOUNOUGH, GA 30233	38-1701011	501(0)(3)	205,772.	45,690.	PRICE	MATER/APPLIANCE	AFFILIALE
HABITAT FOR HUMANITY OF CENTRAL							
ARKANSAS - 6700 S UNIVERSITY -					COST/SELL	BLDG	
LITTLE ROCK, AR 72209	71-0679937	501(C)(3)	41,272.	176,710.	PRICE	MATER/APPLIANCE	AFFILIATE
HABITAT FOR HUMANITY OF HARNETT							
COUNTY - 101 WEST HARNETT ST					COST/SELL	BLDG	
DUNN, NC 28334	56-1823531	501(C)(3)	216.	6,602.		MATER/APPLIANCE	 
DOM, NC 20004	30 1023331	301(0)(3)	210.	0,002.	INICE	miink/miinmen	111111111111111111111111111111111111111
HABITAT FOR HUMANITY OF MASON							
COUNTY - 1826 OLYMPIC HWY N -					COST/SELL	BLDG	
SHELTON, WA 98584	91-1686044	501(C)(3)	4,251.	4,088.	PRICE	MATER/APPLIANCE	AFFILIATE
HABITAT FOR HUMANITY OF RABUN					G0 GT / GTT T	D. D.G	
COUNTY - 43 CHECHERO ST	FO 1012127	E01/G\/3\	2.0	F 160	COST/SELL	BLDG	2001112
CLAYTON, GA 30525	58-1813127	DUI(C)(3)	36.	5,162.	PRICE	MATER/APPLIANCE	AFFILIATE
HABITAT FOR HUMANITY OF SNOHOMISH							
COUNTY - 16929 HWY 99 - LYNNWOOD,					COST/SELL	BLDG	
WA 98037	91-1528130	501(C)(3)	96,833.	11,416.	PRICE	MATER/APPLIANCE	AFFILIATE
HABITAT OF HUMANITY OF WISCONSIN							
RIVER AREA - 1450 E WISCONSIN ST.					COST/SELL	BLDG	
- PORTAGE, WI 53901	39-2023346	501(C)(3)	152,861.	26,674.	PRICE	MATER/APPLIANCE	AFFILIATE
HALL COUNTY, HFH OF (GA)							
2380 MURPHY BLVD					COST/SELL	BLDG	
GAINESVILLE, GA 30504	58-1849321	501(C)(3)	2,747.	30,662.		MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	Га
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANOVER HFH (VA)							
9161 ATLEE RD., STE. B					COST/SELL	BLDG	
MECHANICSVILLE, VA 23116	54-1541798	501(C)(3)	15,465.	16,063.	·	MATER/APPLIANCE	AFFILIATE
HARBOR HFH							
785 E MAIN ST.					COST/SELL	BLDG	
BENTON HARBOR, MI 49022-3323	38-3258418	501(C)(3)	80,265.	5,200.	PRICE	MATER/APPLIANCE	AFFILIATE
HARDIN COUNTY, HFH OF (KY)							
2816 RING RD					COST/SELL	BLDG	
ELIZABETHTOWN, KY 42701	61-1206831	501(C)(3)	2,629.	15,316.	PRICE	MATER/APPLIANCE	AFFILIATE
HARRISBURG AREA, HFH OF GREATER							
(PA) - 800 PAXTON ST					COST/SELL	BLDG	
HARRISBURG, PA 17104	58-1735541	501(C)(3)	50,160.	15,684.	PRICE	MATER/APPLIANCE	AFFILIATE
HART COUNTY HFH (GA)							
P.O. BOX 146							
HARTWELL, GA 30643-0146	58-2144738	501(C)(3)	14,164.	0.			AFFILIATE
HARTFORD AREA HFH (CT)							
P.O. BOX 1933					COST/SELL	BLDG	
HARTFORD, CT 06144-1933	06-1253049	501(C)(3)	220,441.	80,022.		MATER/APPLIANCE	AFFILIATE
HASTINGS AREA HFH							
P.O. BOX 856							
HASTINGS, NE 68902-0856	47-0764113	501(C)(3)	15,300.	0.			AFFILIATE
HAWAII HFH ASSOC							
2051 YOUNG ST. #82							
HONOLULU, HI 96826	99-0329292	501(C)(3)	26,500.	0.			AFFILIATE
HAWAII ISLAND HFH							
P.O. BOX 4619  KATLUA KONA HT 96745-4619	99-0355149	501(C)(3)	37,686.	0.			AFFILIATE
KAILUA KONA, HI 96745-4619	1 33-0333143	DOT (C)(3)	37,000.	٠.			PLLIDIVIE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	ra
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWKINS HFH (TN)							
310 COLONIAL RD					COST/SELL	BLDG	
ROGERSVILLE, TN 37857-3367	62-1481084	501(C)(3)	0.	19,998.		MATER/APPLIANCE	AFFILIATE
HAYWOOD HFH (NC)							
P.O. BOX 283					COST/SELL	BLDG	
WAYNESVILLE, NC 28786-0283	56-1668353	501(C)(3)	3,813.	12,713.	· ·	MATER/APPLIANCE	AFFILIATE
HEART OF WYOMING, HFH THE (WY)							
232 E 2ND ST., STE. 204					COST/SELL	BLDG	
CASPER, WY 82601	83-0309016	501(C)(3)	41,759.	27,574.		MATER/APPLIANCE	AFFTI.TATE
	00 0000000		12,703.	27,071			
HELENA AREA HFH (MT)							
P.O. BOX 459					COST/SELL	BLDG	
HELENA, MT 59624-0459	81-0476317	501(C)(3)	51,613.	33,549.	PRICE	MATER/APPLIANCE	AFFILIATE
			,	,			
HENDERSON COUNTY HFH (NC)							
1111 KEITH ST.					COST/SELL	BLDG	
HENDERSONVILLE, NC 28792	56-1642263	501(C)(3)	147,035.	17,159.	PRICE	MATER/APPLIANCE	AFFILIATE
HENDERSON, HFH OF (KY)							
P.O. BOX 1071					COST/SELL	BLDG	
HENDERSON, KY 42419-1071	61-1191876	501(C)(3)	11,191.	4,423.	PRICE	MATER/APPLIANCE	AFFILIATE
HFH OF GOLDSBORO-WAYNE							
2719 GRAVES DRIVE, SUITE 3					COST/SELL	BLDG	
GOLDSBORO, NC 27534	56-2273434	501(C)(3)	67,962.	10,111.	1	MATER/APPLIANCE	A F F T T T A T F
GOLDBOOKO, NC 27334	30 22/3434	501(0)(5)	07,302.	10,111.	RICE	HATER/ATTEIANCE	AFFIDIALE
HFH OF ISLAND COUNTY							
P.O. BOX 2279					COST/SELL	BLDG	
OAK HARBOR, WA 98277-6279	91-1882362	501(C)(3)	48,176.	28,199.		MATER/APPLIANCE	AFFILIATE
HFH OF NORTH LOUISIANA							
P.O. BOX 2182					COST/SELL	BLDG	
MONROE, LA 71207-2182	72-1262553	501(C)(3)	5,868.	2,280.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	T 45
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPU CRAMMIE VINC COUNMY							
HFH SEATTLE-KING COUNTY 500 NACHES AVE., SW STE. 200					COST/SELL	BLDG	
RENTON, WA 98057	91-1342397	501(C)(3)	3,081,234.	87 <sub>.</sub> 617 <b>.</b>	1	MATER/APPLIANCE	AFFILIATE
,			, ,	,			
HFH TUCSON							
3501 NORTH MOUNTAIN AVE.					COST/SELL	BLDG	
TUCSON, AZ 85719	94-2725100	501(C)(3)	142,466.	84,306.	PRICE	MATER/APPLIANCE	AFFILIATE
HIAWATHALAND HFH (MI)							
401 DEER ST.					COST/SELL	BLDG	
MANISTIQUE, MI 49854	38-3239216	501(C)(3)	19,796.	16,733.		MATER/APPLIANCE	AFFILIATE
HIGH POINT ARCHDALE & TRINITY, HFH							
OF (NC) - P.O. BOX 6675 - HIGH					COST/SELL	BLDG	
POINT, NC 27262-6675	56-1572185	501(C)(3)	7,878.	65,964.	PRICE	MATER/APPLIANCE	AFFILIATE
HIGHLAND LAKES HFH							
P.O. BOX 1406	74 2702255	E01/G)/2)		16 000	COST/SELL	BLDG	2001112000
MARBLE FALLS, TX 78654-7406	74-2702355	501(C)(3)	809.	16,809.	PRICE	MATER/APPLIANCE	AFFILIATE
HIGHLAND RIM HFH							
P.O. BOX 1295							
TULLAHOMA, TN 37388-1295	62-1395092	501(C)(3)	75,823.	0.			AFFILIATE
HIGHLANDS COUNTY HFH (FL)							
159 S COMMERCE AVE.					COST/SELL	BLDG	
SEBRING, FL 33870-3602	59-3023727	501(C)(3)	2,573.	9,985.	PRICE	MATER/APPLIANCE	AFFILIATE
HILLSBOROUGH COUNTY FLORIDA, HFH							
OF (FL) - 501 W ROBERTSON ST					COST/SELL	BLDG	
BRANDON, FL 33511	59-2850410	501(C)(3)	267,514.	51,966.		MATER/APPLIANCE	AFFILIATE
	, = ==== <b>1=</b>			,,,,,,,			
HILTON HEAD REGIONAL HFH							
P.O. BOX 2747					COST/SELL	BLDG	
BLUFFTON, SC 29910-2747	57-0916245	501(C)(3)	7,121.	1,609.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	rai
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOBBS AREA, HFH OF (NM)							
2910 NORTH GANTT AVE.					COST/SELL	BLDG	
HOBBS, NM 88240	85-0455143	501(C)(3)	4,454.	2,320.	PRICE	MATER/APPLIANCE	AFFILIATE
HOLSTON HFH (TN)							
P.O. BOX 5265					COST/SELL	BLDG	
KINGSPORT, TN 37663-0265	62-1288397	501(C)(3)	16,269.	34,889.	PRICE	MATER/APPLIANCE	AFFILIATE
HONOLULU HFH (HI)							
922 AUST.IN LN #C-1					COST/SELL	BLDG	
HONOLULU, HI 96817	99-0261871	501(C)(3)	127,395.	9,320.	PRICE	MATER/APPLIANCE	AFFILIATE
HOOD COUNTY HFH							
P.O. BOX 1866	75 2640015	E01/G)/3)	1 470	10 100	COST/SELL	BLDG	2001112
GRANBURY, TX 76048-8866	75-2649015	501(C)(3)	1,479.	10,108.	PRICE	MATER/APPLIANCE	AFFILIATE
HORRY COUNTY, HFH OF (SC)							
165 CO OP RD					COST/SELL	BLDG	
MYRTLE BEACH, SC 29588	57-0912014	501(C)(3)	140,632.	45,865.	PRICE	MATER/APPLIANCE	AFFILIATE
HOUSATONIC HFH (CT)							
51 AUST.IN ST.					COST/SELL	BLDG	
DANBURY, CT 06810	06-1326389	501(C)(3)	43,482.	46,763.	1	MATER/APPLIANCE	AFFILIATE
HOUSTON BAY AREA HFH (TX)							
1120 NASA PKWY STE. 420 HOUSTON, TX 77058	76-0329145	E01/C\/2\	9,735.	0.			AFFILIATE
100510N, 12 77050	70-0323143	501(0)(3)	9,733.	0.	•		AFFIDIALE
HOUSTON COUNTY HFH (GA)							
P.O. BOX 7506					COST/SELL	BLDG	
WARNER ROBINS, GA 31095-7506	58-1934945	501(C)(3)	79,801.	16,477.	PRICE	MATER/APPLIANCE	AFFILIATE
HOUSTON HFH (TX)							
3750 N MCCARTY ST.					COST/SELL	BLDG	
HOUSTON, TX 77029-1046	76-0207084	501(C)(3)	656,496.	190,586.	1	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURON VALLEY, HFH (MI)							
2805 S INDUSTRIAL HWY, STE. 100					COST/SELL	BLDG	
ANN ARBOR, MI 48104	38-2874694	501(C)(3)	120,221.	18,912.	· ·	MATER/APPLIANCE	AFFILIATE
IDAHO FALLS AREA, HFH (ID)							
P.O. BOX 51055					COST/SELL	BLDG	
IDAHO FALLS, ID 83405-1055	82-0471181	501(C)(3)	33,373.	10,547.		MATER/APPLIANCE	AFFILIATE
THE TWO LG WITH							
ILLINOIS HFH 931 W 75TH ST., STE. 137-110							
NAPERVILLE, IL 60565-1294	37-1351674	501(C)(3)	6,000.	0.			AFFILIATE
			,,,,,,,				
INDIAN RIVER COUNTY, HFH OF (FL)							
4568 US HWY 1 N					COST/SELL	BLDG	
VERO BEACH, FL 32967-1563	65-0230079	501(C)(3)	92,658.	16,736.	PRICE	MATER/APPLIANCE	AFFILIATE
INDIANA HFH							
101 W OHIO ST., STE. 2000	25 2104725	E01/a)/3)	7 157	0			A DIDTE TA MD
INDIANAPOLIS, IN 46204-4204	35-2104725	501(C)(3)	7,157.	0.			AFFILIATE
INLAND VALLEY HFH (CA)							
27475 YNEZ RD #390					COST/SELL	BLDG	
TEMECULA, CA 92591-4612	33-0461804	501(C)(3)	112,425.	121,349.	PRICE	MATER/APPLIANCE	AFFILIATE
TOTAL WEIGHT (T.)							
IOWA HEARTLAND HFH (IA) 803 W 5TH ST.					COST/SELL	BLDG	
WATERLOO, IA 50702	42-1350378	501(C)(3)	1,696.	89,698.	· ·	MATER/APPLIANCE	ል <del>መመተ</del> ተ. ተልጣው
WATEREOO, 1A 30702	42 1330370	301(0)(3)	1,050.	05,050.	IRICE	MATER/ATTEIANCE	AFFIDIALE
IOWA HFH							
5191 MAPLE DR STE. L							
PLEASANT HILL, IA 50327-8455	42-1520979	501(C)(3)	19,200.	0.			AFFILIATE
TOWN VINITER WITH (TS)							
IOWA VALLEY HFH (IA)					COST/SELL	BI DC	
2401 SCOTT BLVD SE IOWA CITY, IA 52240-8132	42-1410210	501(C)(3)	4,162.	21,340.	· ·	BLDG MATER/APPLIANCE	 
10m2 CIII, IN 32240-0132	1 47 1410710	DOT(C)(3)	1 4,102.	21,340.	LVICE	TITLER/ AL FUTANCE	*** - TDIVIB

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITASCA COUNTY HFH (MN)							
510 SE 11TH ST.					COST/SELL	BLDG	
GRAND RAPIDS, MN 55744	41-1732842	501(C)(3)	2,531.	6,076.		MATER/APPLIANCE	AFFILIATE
TACECON C INTON COMMUTES UPU /TI							
JACKSON & UNION COUNTIES HFH (IL) P.O. BOX 1064					COST/SELL	BLDG	
CARBONDALE, IL 62903-1064	37-1246158	501(C)(3)	1,124.	4,130.	·	MATER/APPLIANCE	AFFILIATE
JACKSON COUNTY HFH (GA)					G0 GT / GTT T	77.70	
P.O. BOX 424	E0 2220117	E01/G)/3)	41 722	1 206	COST/SELL	BLDG	200117200
JEFFERSON, GA 30549	58-2238117	501(C)(3)	41,723.	1,306.	PRICE	MATER/APPLIANCE	AFFILIATE
JACKSON COUNTY, HFH OF (AL)							
P.O. BOX 922					COST/SELL	BLDG	
SCOTTSBORO, AL 35768-0922	72-1372550	501(C)(3)	196.	5,398.	PRICE	MATER/APPLIANCE	AFFILIATE
JACKSON HFH, GREATER (MI)							
251 WEST. PROSPECT					COST/SELL	BLDG	
JACKSON, MI 49203	38-2878590	501(C)(3)	20,943.	44,429.	PRICE	MATER/APPLIANCE	AFFILIATE
JACKSON TN AREA INC HFH							
1668 N PARKWAY					COST/SELL	BLDG	
JACKSON, TN 38301-3634	62-1507212	501(C)(3)	49,594.	3,804.	•	MATER/APPLIANCE	AFFTI.TATE
	02 2007222		12,021.				
JACKSONVILLE INC HFH (HABIJAX)							
6260 103RD ST.					COST/SELL	BLDG	
JACKSONVILLE, FL 32210	59-2880071	501(C)(3)	55,916.	345,107.	PRICE	MATER/APPLIANCE	AFFILIATE
JEFFERSON COUNTY MO HFH INC							
P.O. BOX 184							
CRYSTAL CITY, MO 63019-0184	43-1711135	501(C)(3)	23,139.	0.			AFFILIATE
JEFFERSON COUNTY, HFH OF							
931 LANIER DR							
MADISON, IN 47250-3767	35-1891625	501(C)(3)	15,000.	0.			AFFILIATE

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY, HFH OF (TX)							
P.O. BOX 3174							
BEAUMONT, TX 77704	74-2007535	501(C)(3)	130,358.	0.			AFFILIATE
JOHNSON COUNTY HFH (IN)							
401 MOORELAND DR					COST/SELL	BLDG	
NEW WHITELAND, IN 46184	20-3407734	501(C)(3)	2,923.	17,862.	PRICE	MATER/APPLIANCE	AFFILIATE
JOPLIN AREA HFH (MO)							
5201 N MAIN ST.					COST/SELL	BLDG	
JOPLIN, MO 64801	43-1524876	501(C)(3)	1,510.	18,664.		MATER/APPLIANCE	AFFILIATE
JUBILEE HFH							
P.O. BOX 414					COST/SELL	BLDG	
JACKSONVILLE, IL 62651-0414	37-1291415	501(C)(3)	1,917.	4,097.	PRICE	MATER/APPLIANCE	AFFILIATE
JUNCTION CITY/HARRISBURG/MONROE							
HFH (OR) - 177 W 6TH AVE					COST/SELL	BLDG	
JUNCTION CITY, OR 97448	93-1148357	501(C)(3)	11,399.	3,196.	PRICE	MATER/APPLIANCE	AFFILIATE
KALAMAZOO VALLEY HFH (MI)							
1126 GULL RD STE. B	20 0550065	501/61/21	0.000	202	COST/SELL	BLDG	
KALAMAZOO, MI 49048-1726	38-2558965	501(C)(3)	8,939.	903.	PRICE	MATER/APPLIANCE	AFFILIATE
KANAWHA AND PUTNAM COUNTY HFH							
815 COURT ST.					COST/SELL	BLDG	
CHARLESTON, WV 25301-1048	55-0679539	501(C)(3)	430.	21,717.	PRICE	MATER/APPLIANCE	AFFILIATE
KANSAS CITY INC HFH							
13531 WYANDOTTE ST.	12 11 = = 12	504 (5) (2)	227 276	1 005 000	COST/SELL	BLDG	
KANSAS CITY, MO 64145	43-1175749	DUI(C)(3)	297,076.	1,986,282.	PRICE	MATER/APPLIANCE	ALLITIALE
KEARNEY AREA HFH (NE)							
1815 1ST. AVE.					COST/SELL	BLDG	
KEARNEY, NE 68847-6032	47-0754458	501(C)(3)	27,002.	37,048.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZENOGUN UEU OE /WT\							
KENOSHA, HFH OF (WI) 6203 28TH AVE.					COST/SELL	BLDG	
KENOSHA, WI 53143	45-4798543	501(C)(3)	11,549.	31,225.	1	MATER/APPLIANCE	AFFILIATE
			,	,			
KENT COUNTY, HFH OF (MI)							
425 PLEASANT AVE., SW					COST/SELL	BLDG	
GRAND RAPIDS, MI 49503	38-2527968	501(C)(3)	161,451.	125,665.	PRICE	MATER/APPLIANCE	AFFILIATE
KENTUCKY HFH INC							
330 N HUBBARDS LN STE. 3 LOUISVILLE, KY 40207-2396	61-1267867	501/C\/3\	216,585.	0.			AFFILIATE
	01-1207007	501(0)(3)	210,303.	0.			AFFIDIALE
KERR COUNTY, HFH (TX)							
P.O. BOX 294566					COST/SELL	BLDG	
KERRVILLE, TX 78029-4566	74-2524800	501(C)(3)	20.	52,470.	PRICE	MATER/APPLIANCE	AFFILIATE
KEY WEST & LOWER FL KEYS, HFH OF							
(FL) - P.O. BOX 5873 - KEY WEST,					COST/SELL	BLDG	
FL 33045	65-0443188	501(C)(3)	630,519.	2,238.	PRICE	MATER/APPLIANCE	AFFILIATE
WIMOAD GOUNDY HEH OF (HA)							
KITSAP COUNTY, HFH OF (WA) 3581 WHEATON WAY					COST/SELL	BLDG	
BREMERTON, WA 98310	91-1981992	501(C)(3)	410,167.	2,483.	·	MATER/APPLIANCE	 
EXEMPLY ON , WIT 30310	31 1301332	301(0)(3)	410,107.	2,400.	INICH	miink/miinmen	
KITTITAS COUNTY HFH							
P.O. BOX 873					COST/SELL	BLDG	
ELLENSBURG, WA 98926-0873	91-1595008	501(C)(3)	8,060.	2,877.	PRICE	MATER/APPLIANCE	AFFILIATE
KNOX COUNTY, HFH OF (OH)							
13246 WOOSTER RD., STE. A					COST/SELL	BLDG	
MOUNT VERNON, OH 43050	31-1216750	501(C)(3)	5,050.	4,142.	PRICE	MATER/APPLIANCE	AFFILIATE
WNOVITIE HEIL / MY							
KNOXVILLE HFH (TN) P.O. BOX 27478					COST/SELL	BLDG	
KNOXVILLE, TN 37927-7478	58-1727980	501(C)(3)	34,528.	49,629.	1	MATER/APPLIANCE	 
	30 1121300	501(6)(3)	J=, J20.	=,,029.	FRICE	MILLIN/ALL DIANCE	*** 1 TUINIU

Part II Continuation of Grants and Other	r Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOSCIUSKO COUNTY, HFH OF (IN)							
P.O. BOX 1913					COST/SELL	BLDG	
WARSAW, IN 46581-1913	35-1830351	501(C)(3)	2,953.	18,714.	1	MATER/APPLIANCE	AFFILIATE
LA CROSSE AREA HFH (WI)							
3181 BERLIN DR					COST/SELL	BLDG	
LA CROSSE, WI 54601	39-1706999	501(C)(3)	37,510.	17,567.	PRICE	MATER/APPLIANCE	AFFILIATE
LA PINE SUNRIVER, HFH OF (OR)							
P.O. BOX 3364					COST/SELL	BLDG	
SUNRIVER, OR 97707-0364	93-1123478	501(C)(3)	156.	9,903.	PRICE	MATER/APPLIANCE	AFFILIATE
LA PLATA COUNTY, HFH OF (CO) 50 DESIGN CTR RD					COST/SELL	BLDG	
DURANGO, CO 81301	84-1284358	501(C)(3)	16,224.	2,073.	·	MATER/APPLIANCE	<b>Δ</b> F F T I , T <b>Δ</b> T F
<b>Dollarido</b> , <b>Co</b> 01301	04 1204330	301(0)(3)	10,224.	2,073.	INICL	mii dit i di med	111111111
LA PORTE COUNTY HFH (IN)							
P.O. BOX 8874					COST/SELL	BLDG	
MICHIGAN CITY, IN 46361	35-1670358	501(C)(3)	89.	6,057.	PRICE	MATER/APPLIANCE	AFFILIATE
LAFAYETTE HFH, INC. (LA)							
P.O. BOX 3088					COST/SELL	BLDG	
LAFAYETTE, LA 70502	72-1208936	501(C)(3)	275,654.	240,653.	·	MATER/APPLIANCE	AFFILIATE
·			·	·			
LAFAYETTE, HFH OF (IN)							
3815 FORTUNE DR					COST/SELL	BLDG	
LAFAYETTE, IN 47905	35-1607101	501(C)(3)	15,177.	30,581.	PRICE	MATER/APPLIANCE	AFFILIATE
LAKE AGASSIZ HFH (MN)							
210 N 11TH ST.					COST/SELL	BLDG	
MOORHEAD, MN 56560	41-1690131	501(C)(3)	21,948.	16,832.	PRICE	MATER/APPLIANCE	AFFILIATE
LAKE COUNTY HFH (CA)					COST/SELL	BI DC	
P.O. BOX 1830 LOWER LAKE, CA 95457-1830	68-0459756	501(C)(3)	2,783.	32,141.	1	BLDG MATER/APPLIANCE	 
TOWER HARE, CV 22421-1020	1 00 0433130	DOT(C)(3)	2,703.	34,141.	FILLOR	TITLER/ AL FUTANCE	III I I I I I I I I I I I I I I I I I

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY ILLINOIS, HFH (IL)							
315 MARTIN LUTHER KING JR AVE.					COST/SELL	BLDG	
WAUKEGAN, IL 60085	36-3659288	501(C)(3)	120,601.	122,973.	·	MATER/APPLIANCE	AFFILIATE
LAKE-GEAUGA HFH (OH)							
100 PARKER CT,STE.6					COST/SELL	BLDG	
CHARDON, OH 44024	34-1715023	501(C)(3)	31,757.	4,546.	PRICE	MATER/APPLIANCE	AFFILIATE
LAKELAND HFH (FL)							
1317 GEORGE JENKINS BLVD							
LAKELAND, FL 33815-1367	59-3000422	501(C)(3)	73,213.	0.			AFFILIATE
LAKES AREA HFH (MN)							
P.O. BOX 234					COST/SELL	BLDG	
BRAINERD, MN 56401-0234	41-1659149	501(C)(3)	34,489.	40,427.	·	MATER/APPLIANCE	 
DMITALIND, IN 30401 0234	41 1033143	301(0)(3)	34,403.	10,127.	RICE	miibit/miibititeb	111111111111111111111111111111111111111
LAKESHORE HFH (MI)							
12727 RILEY ST.					COST/SELL	BLDG	
HOLLAND, MI 49424	38-2893355	501(C)(3)	7,758.	50,237.	PRICE	MATER/APPLIANCE	AFFILIATE
LAKESIDE, HFH (WI)							
1911 N 8TH ST.					COST/SELL	BLDG	
SHEBOYGAN, WI 53081	39-1750309	501(C)(3)	20,414.	16,069.	•	MATER/APPLIANCE	AFFILIATE
,				•			
LAKE-SUMTER, HFH OF (FL)							
906 AVENIDA CENTRAL					COST/SELL	BLDG	
THE VILLAGES, FL 32159	59-2958036	501(C)(3)	148,793.	42,949.	PRICE	MATER/APPLIANCE	AFFILIATE
LAKEWAY AREA HFH (TN)							
P.O. BOX 2133							
MORRISTOWN, TN 37816-2133	62-1504578	501(C)(3)	6,131.	0.			AFFILIATE
·							
LANCASTER AREA HFH							
443 FAIRVIEW AVE.					COST/SELL	BLDG	
LANCASTER, PA 17603-5713	23-2414585	501(C)(3)	48,725.	12,131.	PRICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government (b) EIN (c) ERC section (d) Amount of cash grant organization or government (n) Description of organization or government (n) ERC section (d) Amount of cash grant organization or government (n) Purpose of grant organization or government (n) ERC section (n) Amount of cash grant organization or government (n) Purpose of grant organization (n) Pur	Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	raye
1633 NORTH LAPEER RD LAPEER, MI 4846-1372  36-4531237 501(C)(3)  920. 35,973. PRICE  MATER/APPLIANCE APPILIATE  LARAMIE COUNTY HPH P.O. BOX 2809  CHEYENNE, WY 82003-2809  83-0296406 501(C)(3)  5,880.  0.  COST/SELL  BLDG  APPILIATE  LARAMIE COUNTY HPH P.O. BOX 2809  CHEYENNE, WY 82003-2809  83-0296406 501(C)(3)  48,020.  30,304. PRICE  MATER/APPLIANCE APPILIATE  LARAGDO, TX 78041  LARAGDO, HPH OF (TX)  COST/SELL  BLDG  MATER/APPLIANCE APPILIATE  LARAGENCE, KS 66044  48-1070953 501(C)(3)  LEBANON AREA HPH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. FRICE  MATER/APPLIANCE APPILIATE  LEE AND HENDRY COUNTIES INC HPH OF 9080 BONITA SCH BD BONITA SCH BD BONITA SCH BD BONITA SCH RD BONI		<b>(b)</b> EIN			noncash	valuation (book, FMV,		
1633 NORTH LAPEER RD LAPEER, MI 48446-1372  36-4531237 501(C)(3)  920. 35,973. PRICE  ARTER/APPLIANCE APPILIATE  LARAMIE COUNTY HFH P.O. BOX 2809  CHEYENNE, WY 82003-2809  83-0296406 501(C)(3)  5,880.  0.  APPILIATE  LARAGO, HFH OF (TX)  4703 WAREHOUSE LN  LAREDO, TX 78041  LAS VEGAS INC HFH 9811 WEST CHARLESTON BLVD., STE. 2  LAS VEGAS, NV 89117  88-0268803 501(C)(3)  142,486.  COST/SELL  BLDG  COST/SELL  BLDG  MATER/APPLIANCE APPILIATE  COST/SELL  BLDG  ATER/APPLIANCE APPILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST.  LAWRENCE, KS 65044  48-1070953 501(C)(3)  24,278.  13,500. PRICE  MATER/APPLIANCE APPILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  93-1112592 501(C)(3)  10,513.  7,900. PRICE  MATER/APPLIANCE APPILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA SCH RD BONITA	LAPEER-THSCOLA HEH OF (MI)							
LAREMC COUNTY HFH P.O. BOX 2809  CLEXENDR, WY 82003-2809  CLEXENDR, WY 82003-2809  CLEXENDR, WY 82003-2809  R3-0296406 501(C)(3)  COST/SELL  COST/SELL  LAREDO, TX 78041  COST/SELL  LAREDO, TX 78041  COST/SELL  LAS VEGAS INC HFH P911 WEST CHARLESTON BLVD., STE. 2  LAN VEGAS, NV 89317  B8-0268803 501(C)(3)  142,486.  COST/SELL  CO	•					COST/SELL	BLDG	
P.O. BOX 2809  CHEVENNE, WY 82003-2809  83-0296406 501(C)(3)  5,880.  0.  AFFILIATE  COST/SELL  ALARDO, HYH OF (TX)  4703 WARRIGUSE IN  LARRDO, TX 78041  74-2728646 501(C)(3)  48,020.  30,304. FRICE  MATER/APPLIANCE AFFILIATE  LAS VEGAS INC HYH  9811 WEST CHARLESTON BLVD., STE. 2  LAS VEGAS, NV 89117  88-0268803 501(C)(3)  142,486.  60,166. FRICE  MATER/APPLIANCE AFFILIATE  LAWRENCE HYH (KS)  720 CONNECTICUT ST.  LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. FRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HYH (OR)  P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. FRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HYH OF  BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. FRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HYH OF THE (PA)  245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. FRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HYH		36-4531237	501(C)(3)	920.	35,973.	·		AFFILIATE
P.O. BOX 2809  CHEVENNE, WY 82003-2809  83-0296406 501(C)(3)  5,880.  0.  AFFILIATE  LAREDO, HFH OF (TX)  4703 WARRHOUSE IN  LAREDO, TX 78041  74-2728646 501(C)(3)  48,020.  30,304. FRICE  MATER/APPLIANCE AFFILIATE  LAS VEGAS INC HFH  9811 NEST CHARLESTON BLVD., STE. 2  LAWRENCE HFH (KS)  720 CONNECTICUT ST.  LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. FRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR)  P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. FRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF  9080 BONITA BCH RD  BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. FRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (FA)  245 N GRAHAM ST.  ALLENYOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. FRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	LARAMIE COUNTY HEH							
CHEYENNE, WY 82003-2809 83-0296406 501(C)(3) 5,880. 0. AFFILIATE  LAREDO, HFH OF (TX) 4703 WARRHOUSE LN 174-2728646 501(C)(3) 48,020. 30,304.PRICE  LAS VEGAS INC HFH 9811 WEST CHARLESTON BLVD., STE. 2 LAS VEGAS, NV 89117  88-0268803 501(C)(3) 142,486. 60,166.PRICE  MATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3) 24,278. 13,500.PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3) 10,513. 7,900.PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9808 DONITA SCHIRD  BONITA SCHIRD  BONITA SCHIRD  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9808 DONITA SCHIRD  BONITA SCHIRD  BONITA SCHIRD  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  BONITA SCHIRD  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA)  245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755. PRICE  MATER/APPLIANCE AFFILIATE								
4703 WAREHOUSE IN LAREDO, TX 78041  74-2728646 501(C)(3)  48,020.  30,304. PRICE  MATER/APPLIANCE AFFILIATE  LAS VEGAS INC HFH 9811 WEST CHARLESTON BLVD., STE. 2 LAS VEGAS, NV 89117  88-0268803 501(C)(3)  142,486.  60,166. PRICE  MATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA SCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (FA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWER COUNTY HFH		83-0296406	501(C)(3)	5,880.	0.			AFFILIATE
4703 WARRHOUSE LN LAREDO, TX 78041  A48,020.  A48,020.  A48,020.  A48,020.  A30,304. PRICE  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG COST/SELL  COST/SELL  BLDG COST/SELL  BLDG COST/SELL  AATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) COST/SELL  COST/SELL  BLDG COST/SELL COST/SELL BLDG COST/SELL COST/SELL BLDG COST/SELL COST/SEL	LAREDO HEH OF (TX)							
LAREDO, TX 78041  74-2728646 501(C)(3)  48,020. 30,304.PRICE MATER/APPLIANCE AFFILIATE  LAS VEGAS INC HFH 9811 WEST CHARLESTON BLVD., STE. 2 LAS VEGAS, NV 89117  88-0268803 501(C)(3)  142,486. 60,166.PRICE MATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278. 13,500.PRICE MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) F.O. BOX 356 LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513. 7,900.PRICE MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417. 92,647.PRICE MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755.PRICE MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH						COST/SELL	BLDG	
9811 WEST CHARLESTON BLVD., STE. 2 LAW VEGAS, NV 89117  88-0268803 501(C)(3)  142,486. 60,166.PRICE  MATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278. 13,500.PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513. 7,900.PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417. 92,647.PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755.PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH		74-2728646	501(C)(3)	48,020.	30,304.	PRICE	MATER/APPLIANCE	AFFILIATE
9811 WEST CHARLESTON BLVD., STE. 2 LAW VEGAS, NV 89117  88-0268803 501(C)(3)  142,486. 60,166. PRICE  MATER/APPLIANCE AFFILIATE  LAWRENCE HFH (KS) 720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278. 13,500. PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356 LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513. 7,900. PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417. 92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH								
LAWRENCE HFH (KS)  720 CONNECTICUT ST.  LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. PRICE  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR)  P.O. BOX 356  LEBANON, OR 97355-0356  P.O. BOX 356  LEBANON, OR 97355-0356  LEBANON, OR 97355-0356  DOILTA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA)  245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE	LAS VEGAS INC HFH							
LAWRENCE HFH (KS) 720 CONNECTICUT ST.  LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500.PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900.PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647.PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755.PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	·					·		
720 CONNECTICUT ST. LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356 LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. PRICE  MATER/APPLIANCE AFFILIATE  COST/SELL BLDG MATER/APPLIANCE AFFILIATE  COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417. 92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755. PRICE  MATER/APPLIANCE AFFILIATE	LAS VEGAS, NV 89117	88-0268803	501(C)(3)	142,486.	60,166.	PRICE	MATER/APPLIANCE	AFFILIATE
720 CONNECTICUT ST.  LAWRENCE, KS 66044  48-1070953 501(C)(3)  24,278.  13,500. PRICE  MATER/APPLIANCE AFFILIATE  LEBANON AREA HFH (OR) P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. PRICE  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  ATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA)  245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE	I.AWRENCE HEH (KS)							
LEBANON AREA HFH (OR) P.O. BOX 356 LEBANON, OR 97355-0356  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA SPRINGS, FL 34135  DESCRIPTION OF THE (PA) 245 N GRAHAM ST. ALLENAWEE COUNTY HFH  48-1070953 501(C)(3)  24,278. 13,500. PRICE MATER/APPLIANCE AFFILIATE  COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG COST/SELL BLDG MATER/APPLIANCE AFFILIATE  COST/SELL BLDG MATER/APPLIANCE AFFILIATE  COST/SELL BLDG MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH						COST/SELL	BLDG	
P.O. BOX 356  LEBANON, OR 97355-0356  POST/SELL  LEE AND HENDRY COUNTIES INC HFH OF  9080 BONITA BCH RD  BONITA SPRINGS, FL 34135  S9-2236174 501(C)(3)  84,417.  COST/SELL  BLDG  COST/SELL  BLDG  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  COST/SELL  BLDG  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA)  245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE		48-1070953	501(C)(3)	24,278.	13,500.			AFFILIATE
P.O. BOX 356  LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513.  7,900. PRICE  MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE					-			
LEBANON, OR 97355-0356  93-1112592 501(C)(3)  10,513. 7,900.PRICE MATER/APPLIANCE AFFILIATE  LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417. 92,647. PRICE MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110. 25,755. PRICE MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	LEBANON AREA HFH (OR)							
LEE AND HENDRY COUNTIES INC HFH OF 9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH						·		
9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE	LEBANON, OR 97355-0356	93-1112592	501(C)(3)	10,513.	7,900.	PRICE	MATER/APPLIANCE	AFFILIATE
9080 BONITA BCH RD BONITA SPRINGS, FL 34135  59-2236174 501(C)(3)  84,417.  92,647. PRICE  MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA)  245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	LEE AND HENDRY COUNTIES INC HEH OF							
BONITA SPRINGS, FL 34135 59-2236174 501(C)(3) 84,417. 92,647. PRICE MATER/APPLIANCE AFFILIATE  LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109 23-2544326 501(C)(3) 426,110. 25,755. PRICE MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH						COST/SELL	BLDG	
LEHIGH VALLEY, HFH OF THE (PA) 245 N GRAHAM ST. ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH		59-2236174	501(C)(3)	84,417.	92,647.	·		AFFILIATE
245 N GRAHAM ST.  ALLENTOWN, PA 18109  23-2544326 501(C)(3)  426,110.  25,755. PRICE  MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	·			,	,			
ALLENTOWN, PA 18109 23-2544326 501(C)(3) 426,110. 25,755. PRICE MATER/APPLIANCE AFFILIATE  LENAWEE COUNTY HFH	LEHIGH VALLEY, HFH OF THE (PA)							
LENAWEE COUNTY HFH	245 N GRAHAM ST.					COST/SELL	BLDG	
	ALLENTOWN, PA 18109	23-2544326	501(C)(3)	426,110.	25,755.	PRICE	MATER/APPLIANCE	AFFILIATE
	I ENAMES COUNTY HEY							
1023 EAST 05 HM1 223						COST/SET.T.	BI.DG	
ADRIAN, MI 49221   38-2886158 501(C)(3)   3,916.   25,718. PRICE   MATER/APPLIANCE   AFFILIATE		38-2886158	501 (C) (3)	3 916	25 718	·		AFFTI.TATE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	T ago
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS AND CLARK HFH							
P.O. BOX 705					COST/SELL	BLDG	
COLLINSVILLE, IL 62234-0705	37-1261797	501(C)(3)	8,584.	19,208.		MATER/APPLIANCE	AFFILIATE
LEWIS COUNTY HFH, GREATER (WA)							
P.O. BOX 1352					COST/SELL	BLDG	
CENTRALIA, WA 98531	91-1602145	501(C)(3)	10,655.	1,757.	PRICE	MATER/APPLIANCE	AFFILIATE
LEXINGTON HFH (KY)							
700 E LOUDON AVE.					COST/SELL	BLDG	
LEXINGTON, KY 40505-3814	61-1139529	501(C)(3)	65,536.	36,651.		MATER/APPLIANCE	AFFILIATE
,				,			
LEXINGTON NC AREA INC HFH OF							
221 S MAIN ST.					COST/SELL	BLDG	
LEXINGTON, NC 27292	56-1627729	501(C)(3)	349.	75,133.	PRICE	MATER/APPLIANCE	AFFILIATE
LIMA AREA, HFH (OH)							
550 W ELM ST.	24 4654405	504 (5) (2)		24 020	COST/SELL	BLDG	
LIMA, OH 45801	34-1654407	501(C)(3)	397.	31,230.	PRICE	MATER/APPLIANCE	AFFILIATE
LINCOLN COUNTY HFH OF							
2150 SE HWY 101					COST/SELL	BLDG	
LINCOLN CITY, OR 97367	93-1172258	501(C)(3)	15,607.	16,653.	·	MATER/APPLIANCE	AFFILIATE
,			,	•			
LINCOLN/LANCASTER COUNTY HFH (NE)							
4615 ORCH ST.					COST/SELL	BLDG	
LINCOLN, NE 68503	47-0714576	501(C)(3)	18,267.	12,609.	PRICE	MATER/APPLIANCE	AFFILIATE
LIVINGSTON COUNTY HFH (NY)							
P.O. BOX 336	16 1510015	501/62/22	2 4 7 7		COST/SELL	BLDG	
GENESEO, NY 14454-0336	16-1543315	501(C)(3)	3,172.	14,924.	PRICE	MATER/APPLIANCE	ALLITIALE
LIVINGSTON COUNTY HFH OF							
7198 GRAND RIVER RD							
BRIGHTON, MI 48114-9347	38-3057319	501(C)(3)	9,117.	0.			AFFILIATE

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	- ugc
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUDON COUNTY HER / MN \							
LOUDON COUNTY HFH (TN) 238 HWY 70 W					COST/SELL	BLDG	
LENOIR CITY, TN 37771	62-1525083	501(C)(3)	27,546.	35,206.	·	MATER/APPLIANCE	AFFILIATE
·				,			
LOUDOUN HFH							
700 FIELDST.ONE DR STE. 128					COST/SELL	BLDG	
LEESBURG, VA 20176-4799	54-1666448	501(C)(3)	132,962.	9,505.	PRICE	MATER/APPLIANCE	AFFILIATE
LOVELAND HFH (CO)							
P.O. BOX 56					COST/SELL	BLDG	
LOVELAND, CO 80539	84-1066816	501(C)(3)	6,442.	21,424.		MATER/APPLIANCE	AFFILIATE
			,	,			
LOWCOUNTRY HFH (SC)							
616 PARRIS IS GTWY					COST/SELL	BLDG	
BEAUFORT, SC 29906	57-0920920	501(C)(3)	9,991.	18,368.	PRICE	MATER/APPLIANCE	AFFILIATE
LUBBOCK HFH					GO GT / GTT T	D. D.G	
8004 INDIANA AVE., STE. B8	75-2408749	E01/G\/3\	30 416	9 664	COST/SELL	BLDG	A 12 12 1 1 A 10 12
LUBBOCK, TX 79423-2072	75-2408749	501(C)(3)	30,416.	8,664.	PRICE	MATER/APPLIANCE	AFFILIATE
LYNCHBURG HFH, GREATER (VA)							
360 ALLEGHANY AVE.					COST/SELL	BLDG	
LYNCHBURG, VA 24501	54-1464802	501(C)(3)	7,248.	4,724.	PRICE	MATER/APPLIANCE	AFFILIATE
MACOMB COUNTY HFH							
C/O BAKER COLLEGE							
CLINTON TWP, MI 48035-4071	38-3135471	501(C)(3)	34,557.	0.			AFFILIATE
MACON AREA HFH (GA)							
690 HOLT AVE.					COST/SELL	BLDG	
MACON, GA 31204	58-1674696	501(C)(3)	5,459.	19,302.	•	MATER/APPLIANCE	AFFILIATE
,			,	,,			
MACON/JACKSON NC HFH OF							
56 W PALMER ST.					COST/SELL	BLDG	
FRANKLIN, NC 28734	56-1854120	501(C)(3)	4,525.	17,335.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rai
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON & CLARK COUNTIES, HFH OF							
(KY) - 1417 E MAIN - RICHMOND, KY					COST/SELL	BLDG	
40475	61-1205778	501(C)(3)	21,147.	6,672.		MATER/APPLIANCE	AFFILIATE
				,,,,,,			
MADISON COUNTY, HFH OF (AL)							
400 PRATT AVE. NW					COST/SELL	BLDG	
HUNTSVILLE, AL 35801-5535	63-0951637	501(C)(3)	21,881.	27,881.	PRICE	MATER/APPLIANCE	AFFILIATE
MADISON COUNTY, HFH OF (IN)							
P.O. BOX 131					COST/SELL	BLDG	
ANDERSON, IN 46015-0131	35-1736121	501(C)(3)	1,085.	6,997.	PRICE	MATER/APPLIANCE	AFFILIATE
MAGIG VALLEY VEW OF MAIL							
MAGIC VALLEY HFH OF THE					COGE / GET T	DI DG	
639 EASTLAND DR SOUTH	82-0442486	E01/G\/3\	12 712	5,643.	COST/SELL	BLDG	A DETT TAME
TWIN FALLS, ID 83301	82-0442488	501(C)(3)	12,713.	5,043.	PRICE	MATER/APPLIANCE	AFFILIATE
MAHONING COUNTY HFH OF							
480 YOUNGSTOWN RD					COST/SELL	BLDG	
STRUTHERS, OH 44471-1059	34-1657171	501(C)(3)	12,285.	12,945.		MATER/APPLIANCE	AFFILIATE
MANATEE COUNTY HFH (FL)							
1901 MANATEE AVE. W2ND FL					COST/SELL	BLDG	
BRADENTON, FL 34205	65-0484034	501(C)(3)	60,991.	11,492.	PRICE	MATER/APPLIANCE	AFFILIATE
MANHATTAN AREA HFH (KS)							
514 PILLSBURY DR					COST/SELL	BLDG	
MANHATTAN, KS 66502	31-1417869	501(C)(3)	101,434.	12,150.	PRICE	MATER/APPLIANCE	AFFILIATE
MARION COUNTY HFH					GOGE / GET T	DI DG	
114 W ROBINSON ST.	41 1065505	E01/G)/3\	26 705	FF0	COST/SELL	BLDG	A DELL TAME
KNOXVILLE, IA 50138-2356	41-1865527	DUI(C)(3)	36,785.	552.	PRICE	MATER/APPLIANCE	ALLIDIALE
MARION COUNTY, HFH OF (FL)							
1010 SE 82ND ST., RD					COST/SELL	BLDG	
OCALA, FL 34480-5707	59-2992077	501(C)(3)	17,972.	38,341.	· ·	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	Fa
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARK TWAIN AREA HFH							
P.O. BOX 1582					COST/SELL	BLDG	
HANNIBAL, MO 63401-1582	43-1668427	501(C)(3)	45,000.	10,963.	·	MATER/APPLIANCE	AFFILIATE
MARQUETTE COUNTY HFH (MI)							
P.O. BOX 213					COST/SELL	BLDG	
MARQUETTE, MI 49855-0213	38-3044937	501(C)(3)	34,836.	22,681.	-	MATER/APPLIANCE	AFFILIATE
MARSHALL CO HFH							
116 S WALNUT					COST/SELL	BLDG	
PLYMOUTH, IN 46563	35-2029215	501(C)(3)	0.	8,789.		MATER/APPLIANCE	AFFILIATE
				·			
MARTIN COUNTY , HFH OF (FL)							
2090 NW FEDERAL HWY					COST/SELL	BLDG	
STUART, FL 34994	59-2816698	501(C)(3)	26,328.	2,010.	PRICE	MATER/APPLIANCE	AFFILIATE
V10071V 010701VI 0 00VIV0710 VIVV 0							
MARTIN-FARIBAULT COUNTIES, HFH OF					GOGT / GTT T	DI DG	
(MN) - 125 NORTH MAIN ST., STE. 6B	41-1913353	E01/G\/3\	1 267	10 471	COST/SELL	BLDG MATER/APPLIANCE	A 17 17 1 1 A 18 17
- BLUE EARTH, MN 56013	41-1913353	501(C)(3)	1,367.	18,471.	PRICE	MATER/APPLIANCE	AFFILIATE
MASON COUNTY HFH (TX)							
P.O. BOX 946					COST/SELL	BLDG	
MASON, TX 76856-0946	75-2964014	501(C)(3)	478.	5,114.	PRICE	MATER/APPLIANCE	AFFILIATE
MATTHEWS HFH, GREATER (NC)							
P.O. BOX 2008					COST/SELL	BLDG	
MATTHEWS, NC 28106-2008	56-1653614	501(C)(3)	18,626.	44,485.	PRICE	MATER/APPLIANCE	AFFILIATE
MAUI, HFH (HI)							
1162 LOWR MAIN ST.	04 2070020	501/C)/2\	00 550	•			A PRITITAND
WAILUKU, HI 96793	94-3278838	DOT(C)(3)	98,556.	0.			AFFILIATE
MAUMEE VALLEY HFH (OH)							
1310 CONANT ST.					COST/SELL	BLDG	
MAUMEE, OH 43537	34-1584728	501(C)(3)	69,879.	193,847.	·	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCHENRY COUNTY, HFH OF (IL)							
133 S EASTWOOD DR					COST/SELL	BLDG	
WOODSTOCK, IL 60098	36-4000780	501(C)(3)	111,731.	27,206.		MATER/APPLIANCE	AFFILIATE
MCLEAN COUNTY HFH							
103 W JEFFERSON ST.					COST/SELL	BLDG	
BLOOMINGTON, IL 61701	37-1173273	501(C)(3)	5,836.	33,863.	PRICE	MATER/APPLIANCE	AFFILIATE
MCMINNVILLE AREA HFH (OR)							
P.O. BOX 301					COST/SELL	BLDG	
MCMINNVILLE, OR 97128-0301	93-1025835	501(C)(3)	19,675.	645.	PRICE	MATER/APPLIANCE	AFFILIATE
MCPHERSON AREA HFH (KS)							
P.O. BOX 1281					COST/SELL	BLDG	
MC PHERSON, KS 67460-1281	48-1120281	501(C)(3)	0.	19,377.	PRICE	MATER/APPLIANCE	AFFILIATE
MECOSTA COUNTY HFH (MI)							
P.O. BOX 1038					COST/SELL	BLDG	
BIG RAPIDS, MI 49307-0938	38-3060981	501(C)(3)	42,392.	3,757.	PRICE	MATER/APPLIANCE	AFFILIATE
MEDINA COUNTY, HFH OF (OH)							
233 LAFAYETTE RD					COST/SELL	BLDG	
MEDINA, OH 44256	34-1658090	501(C)(3)	21,507.	11,420.	PRICE	MATER/APPLIANCE	AFFILIATE
MENOMINEE RIVER , HFH (MI)							
P.O. BOX 398					COST/SELL	BLDG	
IRON MOUNTAIN, MI 49801-0398	38-3095570	501(C)(3)	53,185.	5,212.	PRICE	MATER/APPLIANCE	AFFILIATE
MERRIMACK VALLEY HFH (MA)							
60 IS ST. 2ND FL EAST					COST/SELL	BLDG	
LAWRENCE, MA 01840	22-2672831	501(C)(3)	148,790.	24,281.	PRICE	MATER/APPLIANCE	AFFILIATE
MESA COUNTY HFH							
2936 N AVE.					COST/SELL	BLDG	
GRAND JUNCTION, CO 81504	84-1136660	501(C)(3)	5,362.	11,624.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	91-1914000 Pag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESILLA VALLEY HFH (NM)							
720 N SANTA FE ST.					COST/SELL	BLDG	
LAS CRUCES, NM 88001	85-0357525	501(C)(3)	15,774.	13,640.		MATER/APPLIANCE	AFFILIATE
METRO DENVER HFH							
1640 S ABILENE ST., UNIT H					COST/SELL	BLDG	
AURORA, CO 80012	74-2050021	501(C)(3)	570,875.	208,090.	•	MATER/APPLIANCE	AFFILIATE
MEMBO IONICATILE HER OF (EA)							
METRO LOUISVILLE, HFH OF (KY) 1631 ROWAN ST.					COST/SELL	BLDG	
LOUISVILLE, KY 40203	58-1735528	501(C)(3)	85,651.	130,278.		MATER/APPLIANCE	 AFFILIATE
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
METRO MARYLAND HFH (MD)							
8380 COLESVILLE RD, STE. 700					COST/SELL	BLDG	
SILVER SPRING, MD 20910	52-1299516	501(C)(3)	641,236.	20,608.	PRICE	MATER/APPLIANCE	AFFILIATE
METROPOLITAN CAMDEN HFH							
7937 S CRES BLVD					COST/SELL	BLDG	
PENNSAUKEN, NJ 08109	22-2762189	501(C)(3)	36,988.	4 139.	PRICE	MATER/APPLIANCE	AFFILIATE
,				-,			
METROWEST-GREATER WORCESTER INC							
HFH - 640 LINCOLN ST WORCESTER,					COST/SELL	BLDG	
MA 01605	22-2583590	501(C)(3)	79,903.	38,276.	PRICE	MATER/APPLIANCE	AFFILIATE
MIAMI, HFH OF GREATER (FL)							
3800 NW 22ND AVE.					COST/SELL	BLDG	
MIAMI, FL 33142	65-0108974	501(C)(3)	323,804.	1,424.		MATER/APPLIANCE	AFFILIATE
,			,	,			
MICHIGAN HFH							
618 S CREYTS STE. A					COST/SELL	BLDG	
LANSING, MI 48917-8270	38-3142455	501(C)(3)	134,656.	2,000.	PRICE	MATER/APPLIANCE	AFFILIATE
MIDCOAST HFH (ME)							
799 WEST. ST.					COST/SELL	BLDG	
ROCKPORT, ME 04856	01-0455355	501(C)(3)	14,557.	15,732.		MATER/APPLIANCE	 AFFILIATE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE KEYS, HFH OF THE (FL)	es 027009e	E01/G\/3\	0 200	0.			APPTITAMP
MARATHON, FL 33050	65-0279086	501(C)(3)	8,399.	0.			AFFILIATE
MIDDLESEX, HFH OF (CT) 34 SHUNPIKE RD UNIT 24-26 CROMWELL, CT 06416	06-1448284	501(C)(3)	15,937.	13,271.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MIDLAND COUNTY HFH (MI) 1703 S SAGINAW RD MIDLAND, MI 48640-5633	38-2884074	501(C)(3)	138,308.	7,721.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MIDLAND HFH (TX) P.O. BOX 2555 MIDLAND, TX 79702-2555	75-2381356	501(C)(3)	15,200.	16,312.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MID-OHIO VALLEY, HFH OF THE (WV) P.O. BOX 462 PARKERSBURG, WV 26102-0462	55-0705729	501(C)(3)	13,992.	4,387.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MIDOHIO, HFH (OH) 6665 BUSCH BLVD COLUMBUS, OH 43229	31-1217994	501(C)(3)	392,023.	161,931.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MID-WILLAMETTE VALLEY, HFH OF THE (OR) - 1220 12TH ST. SE - SALEM, OR 97302	93-1025497	501(C)(3)	46,095.	9,352.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MID-YELLOWSTONE VALLEY, HFH (MT) 685 KING PARK DR BILLINGS, MT 59102	81-0477610	501(C)(3)	15,303.	6,655.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE
MILWAUKEE HFH (WI) 3726 N BOOTH ST. MILWAUKEE, WI 53212-1536	39-1496741	501(C)(3)	344,097.	109,812.	COST/SELL	BLDG MATER/APPLIANCE	аррті тапр

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA HFH							
2401 LOWRY AVE., NE STE. 210							
MINNEAPOLIS, MN 55418-2200	41-1889904	501(C)(3)	23,711.	0.			AFFILIATE
MISSISSIPPI CAPITAL AREA, HFH							
(MS) - P.O. BOX 55634 - JACKSON,					COST/SELL	BLDG	
MS 39296-5634	64-0750633	501(C)(3)	69,990.	32,704.	PRICE	MATER/APPLIANCE	AFFILIATE
MISSISSIPPI GULF COAST, HFH OF THE							
(MS) - 2214 34TH ST GULFPORT,					COST/SELL	BLDG	
MS 39501-7025	20-8133916	501(C)(3)	10,102.	18,723.	PRICE	MATER/APPLIANCE	AFFILIATE
MIGGOULA HELLOR (ME)							
MISSOULA, HFH OF (MT) P.O. BOX 7181					COST/SELL	BLDG	
MISSOULA, MT 59807-7181	81-0467791	501(C)(3)	6,919.	4,442.		MATER/APPLIANCE	AFFTI.TATE
misseum, m esec, riei	01 0107731	501(0)(0)	0,323.	1,112.	11101		
MITCHELL REGIONAL HFH (SD)							
P.O. BOX 1331					COST/SELL	BLDG	
MITCHELL, SD 57301-7331	46-0458649	501(C)(3)	5,000.	975.	PRICE	MATER/APPLIANCE	AFFILIATE
MITCHELL-YANCEY HFH							
563 OAK AVE.					COST/SELL	BLDG	
SPRUCE PINE, NC 28777	56-1760322	501(C)(3)	1,680.	42,226.		MATER/APPLIANCE	AFFILIATE
MONADOCK HFH							
P.O. BOX 21				_			
KEENE, NH 03431-0021	02-0446677	501(C)(3)	5,049.	0.			AFFILIATE
MONMOUTH COUNTY, HFH IN (NJ)							
45 SOUTH ST.					COST/SELL	BLDG	
FREEHOLD, NJ 07728	22-3284309	501(C)(3)	87,310.	29,981.		MATER/APPLIANCE	AFFILIATE
MONROE COUNTY HFH (PA)					GOGE / GET T	DI DO	
354 MEMORIAL BLVD	23-2616037	501/C)/3\	40,231.	906	COST/SELL PRICE	BLDG	ארדודאיים
TOBYHANNA, PA 18466	Z3-Z010U3/	DOT(C)(3)	40,231.	1 330.	LVICE	MATER/APPLIANCE	MELTITATE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(-7	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MONROE COUNTY IN, HFH OF (IN)							
213 E KIRKWOOD AVE.					COST/SELL	BLDG	
BLOOMINGTON, IN 47408	35-1753977	501(C)(3)	247,758.	29,022.	·	MATER/APPLIANCE	AFFTI.TATE
	33 273377		227,7001	25,522.			
MONROE COUNTY, HFH OF (MI)							
14930 LAPLAISANCE RD STE. 111					COST/SELL	BLDG	
MONROE, MI 48161	38-3243925	501(C)(3)	5,283.	24,037.	PRICE	MATER/APPLIANCE	AFFILIATE
,			,	•			
MONTEREY BAY, HFH (CA)							
P.O. BOX 8412					COST/SELL	BLDG	
SANTA CRUZ, CA 95061	77-0206356	501(C)(3)	120,527.	51,540.	PRICE	MATER/APPLIANCE	AFFILIATE
MONTGOMERY & DELAWARE COUNTIES,							
HFH OF (PA) - 533 FOUNDRY RD -					COST/SELL	BLDG	
NORRISTOWN, PA 19403-3901	23-2544395	501(C)(3)	203,897.	80,470.	PRICE	MATER/APPLIANCE	AFFILIATE
MONTGOMERY COUNTY HFH (TX)							
P.O. BOX 2624					COST/SELL	BLDG	
CONROE, TX 77305-2624	76-0276330	501(C)(3)	134,496.	38,407.	PRICE	MATER/APPLIANCE	AFFILIATE
MONTGOMERY COUNTY, HFH OF (TN)					G0.GT / GTT T	D. D.G	
P.O. BOX 331	60 1477510	E01/G\/2\	F7 FF6		COST/SELL	BLDG	3 DD T T 3 DD
CLARKSVILLE, TN 37041-0331	62-1477518	501(C)(3)	57,556.	7,263.	PRICE	MATER/APPLIANCE	ALLITIALE
MORGAN COUNTY, HFH OF (AL)							
1123 CENTRAL PKWY SW					COST/SELL	BLDG	
DECATUR, AL 35601	63-1030915	501(C)(3)	37,878.	6,395.		MATER/APPLIANCE	 AFFILIATE
			1,	-,			
MORGAN COUNTY, HFH OF (IN)							
39 W PIKE ST.					COST/SELL	BLDG	
MARTINSVILLE, IN 46151	35-1801672	501(C)(3)	224.	12,485.		MATER/APPLIANCE	AFFILIATE
·				•			
MORRIS HFH (NJ)							
274 SOUTH SALEM ST., STE. 100					COST/SELL	BLDG	
RANDOLPH, NJ 07869	22-2675802	501(C)(3)	319,219.	271,573.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNCIE HFH, GREATER (IN)							
P.O. BOX 1119					COST/SELL	BLDG	
MUNCIE, IN 47308-1119	35-1706782	501(C)(3)	12,760.	6,949.		MATER/APPLIANCE	AFFILIATE
NASHUA HFH, GREATER (NH)							
P.O. BOX 159					COST/SELL	BLDG	
NASHUA, NH 03061-0159	02-0459739	501(C)(3)	30,150.	3,595.	PRICE	MATER/APPLIANCE	AFFILIATE
NASHVILLE, HFH OF GREATER (TN)							
223 DICKSON PLZ DR					COST/SELL	BLDG	
DICKSON, TN 37055	58-1636286	501(C)(3)	235,016.	108,568.	PRICE	MATER/APPLIANCE	AFFILIATE
NASSAU HFH (FL)					G0.GT / GTT T	D. D.C.	
516 S 10TH ST. STE. 115	E0 2155126	E01/G\/3\	14 505	1 611	COST/SELL	BLDG	A 17 17 17 A 17 17 17 17 17 17 17 17 17 17 17 17 17
FERNANDINA BEACH, FL 32034-3511	59-3155126	501(C)(3)	14,595.	1,611.	PRICE	MATER/APPLIANCE	ALLIDIALE
NC SANDHILLS HFH OF THE							
2268 HWY NC 5					COST/SELL	BLDG	
ABERDEEN, NC 28315	56-1596170	501(C)(3)	98,112.	108,171.	PRICE	MATER/APPLIANCE	AFFILIATE
NEVADA COUNTY HFH (CA)							
236 S CHURCH ST.					COST/SELL	BLDG	
GRASS VALLEY, CA 95945	68-0383595	501(C)(3)	35,729.	17,796.		MATER/APPLIANCE	AFFILIATE
NEW CASTLE COUNTY, HFH OF (DE)							
600 N BROAD ST.					COST/SELL	BLDG	
MIDDLETOWN, DE 19709	51-0294138	501(C)(3)	164,292.	1,537.	PRICE	MATER/APPLIANCE	AFFILIATE
NEW HAVEN, HFH OF GREATER (CT)							
37 UN ST.					COST/SELL	BLDG	
NEW HAVEN, CT 06511-5747	06-1178712	501(C)(3)	141,527.	5,048.		MATER/APPLIANCE	AFFILIATE
			,	,			
NEW HORIZONS HFH OF GRATER SUMTER							
COUNTY - 723 MILLARD FULLER BLVD.					COST/SELL	BLDG	
- AMERICUS, GA 31709	58-2361522	501(C)(3)	20,743.	3,173.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	91-1914000 Pa(
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS AREA HFH (LA)							
2900 ELYSIAN FLDS AVE.					COST/SELL	BLDG	
NEW ORLEANS, LA 70122	72-0973161	501(C)(3)	474,815.	166,133.		MATER/APPLIANCE	AFFILIATE
NEW RIVER VALLEY; HFH INC, OF THE					GOGE / GET T	DI DG	
(VA) - 1675 NORTH FRANKLIN ST	F4 1367F40	E01/G)/3)	12.442	20 042	COST/SELL	BLDG	3.0077.73.000
CHRISTIANSBURG, VA 24073-0570	54-1367548	501(C)(3)	13,442.	29,942.	PRICE	MATER/APPLIANCE	AFFILIATE
NEW YORK CITY, HFH (NY)							
111 JOHN ST. 23RD FL					COST/SELL	BLDG	
NEW YORK, NY 10038-3101	11-2857055	501(C)(3)	787,536.	5,890.	PRICE	MATER/APPLIANCE	AFFILIATE
NEW YORK STATE INC HFH							
106 WASHINGTON AVE., FL 2							
ENDICOTT, NY 13760-5307	42-1685278	501(C)(3)	13,634.	0.		1	AFFILIATE
NEWARK, HFH OF GREATER (NJ)							
P.O. BOX 32189					COST/SELL	BLDG	
NEWARK, NJ 07102	22-2762202	501(C)(3)	141,048.	60.	PRICE	MATER/APPLIANCE	AFFILIATE
NEWBERG AREA HFH (OR)							
P.O. BOX 118							
NEWBERG, OR 97132-0118	93-1141508	501(C)(3)	58,831.	0.			AFFILIATE
NEWBURGH, HFH OF GREATER (NY)							
125 WASHINGTON ST.					COST/SELL	BLDG	
NEWBURGH, NY 12550	14-1815690	501(C)(3)	172,981.	46,132.		MATER/APPLIANCE	AFFTI.TATE
	11 1010000		1,2,302.	10,101.			
NEWNAN-COWETA HFH (GA)							
216 BULLSBORO DR STE. B-1					COST/SELL	BLDG	
NEWNAN, GA 30263	58-2031156	501(C)(3)	26,084.	17,386.	PRICE	MATER/APPLIANCE	AFFILIATE
NIAGARA AREA HFH (NY)							
1221 MAIN ST., LOWR	16 1436140	E01/G\/3\	2 020	C 0.03	COST/SELL	BLDG	A TO T I TAME
NIAGARA FALLS, NY 14301	16-1436149	bot(c)(3)	2,039.	6,063.	<b>FKICE</b>	MATER/APPLIANCE	WELTPIALE

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH CAROLINA HFH OF										
323 W JONES ST., STE. 501										
RALEIGH, NC 27603	27-1296717	501(C)(3)	40,480.	0.			AFFILIATE			
			10,100.	•						
NORTH CENTRAL GEORGIA, HFH (GA)										
814 MIMOSA BLVD BLDG C					COST/SELL	BLDG				
ROSWELL, GA 30075-4410	58-2157723	501(C)(3)	317,419.	17,515.	PRICE	MATER/APPLIANCE	AFFILIATE			
NORTH CENTRAL IOWA HFH										
517 1ST. ST. NW					COST/SELL	BLDG				
MASON CITY, IA 50401	42-1408763	501(C)(3)	1,000.	20,170.	PRICE	MATER/APPLIANCE	AFFILIATE			
NORTH CENTRAL MASSACHUSETTS INC										
HFH - 637 LANCASTER ST. RTE 117 -					COST/SELL	BLDG	L			
LEOMINSTER, MA 01453	04-2999854	501(C)(3)	124,955.	4,478.	PRICE	MATER/APPLIANCE	AFFILIATE			
NORMII TRAIIO HEH OF (TR)										
NORTH IDAHO, HFH OF (ID) 176 W WYOMING AVE.					COST/SELL	BLDG				
HAYDEN, ID 83835	82-0435146	501 (C) (3)	21,314.	9,479.		MATER/APPLIANCE	AFFTT.TATE			
miibh, ib 03033	02 0433140	301(0)(3)	21,314.	3,473.	INICE	miibk/miibinkeb	111111111111111111111111111111111111111			
NORTH PLATTE AREA HFH (NE)										
P.O. BOX 1785					COST/SELL	BLDG				
NORTH PLATTE, NE 69103-1785	91-1833181	501(C)(3)	30,383.	26,237.	PRICE	MATER/APPLIANCE	AFFILIATE			
-										
NORTH ST. LOUIS COUNTY HFH (MN)										
5558 ENTERPRISE DR NE					COST/SELL	BLDG				
VIRGINIA, MN 55792	41-1791050	501(C)(3)	3,149.	26,252.	PRICE	MATER/APPLIANCE	AFFILIATE			
NORTH WILLAMETTE VALLEY HFH										
P.O. BOX 852										
MOUNT ANGEL, OR 97362-0172	91-6133006	501(C)(3)	14,840.	0.			AFFILIATE			
NODENTA CE CHOPCES MEN										
NORTHEAST GEORGIA HFH					COGM/GRIT	BI DC				
P.O. BOX 982	59_1667393	501/C)/3\	1 064	0 5/5	COST/SELL	BLDG				
CLARKESVILLE, GA 30523-0017	58-1667383	DOT(C)(3)	1,064.	8,545.	LKICE	MATER/APPLIANCE	WELTPIALE			

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	гас
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST INDIANA HFH OF							
P.O. BOX 620					COST/SELL	BLDG	
AUBURN, IN 46706-0620	35-1913773	501(C)(3)	0.	9,228.	·	MATER/APPLIANCE	AFFILIATE
NORTHEAST MICHIGAN HFH							
2118 WERTH RD					COST/SELL	BLDG	
ALPENA, MI 49707	38-2874083	501(C)(3)	27,174.	4,746.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHEAST MISSISSIPPI HFH (MS)							
P.O. BOX 7321					COST/SELL	BLDG	
TUPELO, MS 38802-7321	64-0744873	501(C)(3)	486.	14,590.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHEAST TEXAS HFH (TX)							
P.O. BOX 2551					COST/SELL	BLDG	
LONGVIEW, TX 75606-2551	75-2040756	501(C)(3)	34,268.	10,104.	·	MATER/APPLIANCE	AFFILIATE
-				, -		·	
NORTHERN ARIZONA HFH							
P.O. BOX 3783					COST/SELL	BLDG	
FLAGSTAFF, AZ 86004	86-0745153	501(C)(3)	13,723.	2,478.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHERN FOX VALLEY HFH							
800 N STATE ST.					COST/SELL	BLDG	
ELGIN, IL 60123	36-3742888	501(C)(3)	176,275.	107,269.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHERN LIGHTS HFH							
618 3RD ST. NE					COST/SELL	BLDG	
MINOT, ND 58703-2506	45-0447702	501(C)(3)	17,016.	1,685.	1	MATER/APPLIANCE	AFFILIATE
NORTHERN OCEAN HFH							
1214 RTE 37 EAST	00 2661040	E01/G)/2)	105 251	14 000	COST/SELL	BLDG	
TOMS RIVER, NJ 08753	22-3661840	DUT(C)(3)	105,371.	14,908.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHERN UTAH, HFH (UT)							
P.O. BOX 456					COST/SELL	BLDG	
BRIGHAM CITY, UT 84302	94-2853987	501(C)(3)	17,954.	19,903.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	r ag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NODWUMPCW CONNECTION UPU OF							
NORTHWEST CONNECTICUT, HFH OF (CT) - 326 MAIN2ND FL - LAKEVILLE,					COST/SELL	BLDG	
CT 06039	06-1316993	501(C)(3)	8,706.	2,845.	1	MATER/APPLIANCE	AFFILIATE
NORTHWEST HARRIS COUNTY, HFH OF (TX) - P.O. BOX 682785 - HOUSTON,					COST/SELL	BLDG	
TX 77268-2785	76-0273510	501(C)(3)	136,116.	7,320.	*	MATER/APPLIANCE	<b>Δ</b> F F T T T <b>Δ</b> T F
14 77200 2703	70 0273310	501(0)(3)	130,110.	7,320.	IKICE	MATER/ATTEIANCE	AFFIBIATE
NORTHWEST INDIANA HFH (IN)							
3777 COLFAX					COST/SELL	BLDG	
GARY, IN 46408	56-1525939	501(C)(3)	14,719.	63,157.	PRICE	MATER/APPLIANCE	AFFILIATE
NORTHWEST METRO ATLANTA, HFH OF							
(GA) - 1625 SPG RD SE - SMYRNA, GA	50 1606300	501/61/21	050 430	00 404	COST/SELL	BLDG	
30080	58-1686320	501(C)(3)	258,439.	99,484.	PRICE	MATER/APPLIANCE	ALLITIALE
NORTHWEST MICHIGAN HFH (MI)							
1840 M-119UNIT 1					COST/SELL	BLDG	
PETOSKEY, MI 49770	38-2971056	501(C)(3)	9,541.	35,346.	·	MATER/APPLIANCE	AFFILIATE
•			,	,			
NORTHWOODS HFH (MN)							
P.O. BOX 1067					COST/SELL	BLDG	
BEMIDJI, MN 56619-1067	41-1657201	501(C)(3)	15,696.	13,357.	PRICE	MATER/APPLIANCE	AFFILIATE
OAKLAND COUNTY, HFH OF (MI)					GOGE / GET T	DI DG	
150 OSMUN ST.	38-3244099	E01/G)/3)	221 222	07 570	COST/SELL	BLDG	A 17 17 17 A 17 17 17 17 17 17 17 17 17 17 17 17 17
PONTIAC, MI 48342-3125	36-3244099	501(C)(3)	331,322.	87,570.	PRICE	MATER/APPLIANCE	AFFILIATE
OCONEE COUNTY HFH (SC)							
P.O. BOX 685					COST/SELL	BLDG	
SENECA, SC 29679-0685	57-0826412	501(C)(3)	25,013.	19,634.		MATER/APPLIANCE	AFFILIATE
				-			
OHIO COUNTY OF HFH							
P.O. BOX 671					COST/SELL	BLDG	
HARTFORD, KY 42347-0671	61-1274158	501(C)(3)	1,406.	12,898.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DHIO INC HFH							
88 E BROAD ST., STE. 1800							
COLUMBUS, OH 43215-3526	20-1182119	501(C)(3)	28,698.	0.			AFFILIATE
OKALOOSA COUNTY, HFH IN (FL)							
802 PELHAM RD					COST/SELL	BLDG	
FORT WALTON BEACH, FL 32547	59-3066029	501(C)(3)	10,093.	13,338.	1	MATER/APPLIANCE	AFFILIATE
OLD COLONY HFH					GOGE / GET T	DI DG	
P.O. BOX 100	04 2014770	E01/G\/3\	20 150	22 250	COST/SELL	BLDG	A DE T. T. A M.D.
ATTLEBORO, MA 02703-0002	04-3014778	501(C)(3)	39,150.	33,350.	PRICE	MATER/APPLIANCE	AFFILIATE
OMAHA, HFH OF (NE)							
1701 N 24TH ST.					COST/SELL	BLDG	
OMAHA, NE 68110	36-3283625	501(C)(3)	195,197.	300,614.	PRICE	MATER/APPLIANCE	AFFILIATE
ONTARIO COUNTY, HFH OF (NY)							
3040 COUNTY ROAD 10					COST/SELL	BLDG	
CANANDAIGUA, NY 14424	16-1386125	501(C)(3)	12,024.	4,520.	PRICE	MATER/APPLIANCE	AFFILIATE
ODANGE GOUNEY NG HEH							
ORANGE COUNTY NC HFH					COST/SELL	DI DG	
5501 DURHAM CHAPEL HL BLVD DURHAM, NC 27707	58-1603427	501/C)/3)	110,453.	181,361.		BLDG MATER/APPLIANCE	אספדו דאשפ
JURNAM, NC 27707	30-1003427	501(0)(3)	110,433.	101,301.	FRICE	MATER/AFFDIANCE	AFFIDIALE
ORANGE COUNTY, HFH OF (CA)							
2200 RITCHEY ST.					COST/SELL	BLDG	
SANTA ANA, CA 92705	33-0311059	501(C)(3)	372,226.	38,947.	PRICE	MATER/APPLIANCE	AFFILIATE
OREGON HFH							
P.O. BOX 11452							
PORTLAND, OR 97211-0452	93-1180321	501(C)(3)	32,318.	0.			AFFILIATE
2001110							
ORLANDO & OSCEOLA COUNTIES, HFH OF					GOGE / GET T	DI DO	
GREATER (FL) - 4116 SILVER STAR	EQ 2700167	501/C)/2\	170 000	100 000	COST/SELL	BLDG	A PETT TAME
RD - ORLANDO, FL 32808	59-2789167	DOT(C)(2)	178,929.	100,808.	LKICE	MATER/APPLIANCE	WELTPIWIE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OSHKOSH, HFH OF (WI)									
1640 S KOELLER ST.					COST/SELL	BLDG			
OSHKOSH, WI 54902	39-1657039	501(C)(3)	33,007.	174.	PRICE	MATER/APPLIANCE	AFFILIATE		
OSSIPEE MOUNTAINS HFH (NH)									
P.O. BOX 81					COST/SELL	BLDG			
WOLFEBORO FALLS, NH 03896	02-0464775	501(C)(3)	5,280.	8,177.	·	MATER/APPLIANCE	AFFILIATE		
,			,	,					
OTSEGO COUNTY, HFH OF (NY)									
403-B CHESTNUT ST.					COST/SELL	BLDG			
ONEONTA, NY 13820	16-1344319	501(C)(3)	1,393.	6,088.	PRICE	MATER/APPLIANCE	AFFILIATE		
OTTAWA COUNTY, HFH OF (OH)					GOGE / GET T	DI DG			
161 W WATER ST., STE. B	24 1744502	E01/G\/3\	2 200	16 257	COST/SELL	BLDG	ARRITAME		
OAK HARBOR, OH 43449	34-1744592	501(C)(3)	2,300.	16,257.	PRICE	MATER/APPLIANCE	AFFILIATE		
OUR TOWNS OF NORTH MECHLENBURG-HFH									
121 NORMAN STA BLVD					COST/SELL	BLDG			
MOORESVILLE, NC 28117	56-1733643	501(C)(3)	0.	71,430.	·	MATER/APPLIANCE	AFFILIATE		
,				, -					
OWENSBORO/DAVIESS COUNTY, HFH									
(KY) - 1702 MOSELEY ST					COST/SELL	BLDG			
OWENSBORO, KY 42303	61-1140804	501(C)(3)	23,087.	10,197.	PRICE	MATER/APPLIANCE	AFFILIATE		
OZAUKEE, HFH (WI)									
2360 DAKOTA DR					COST/SELL	BLDG			
GRAFTON, WI 53024	46-4275694	501(C)(3)	3,759.	2,690.	PRICE	MATER/APPLIANCE	AFFILIATE		
DAIM DEACH COUNTY HER OF /FT									
PALM BEACH COUNTY, HFH OF (FL) 6758 N MILITARY TRL					COST/SELL	BLDG			
WEST PALM BEACH, FL 33407	59-3525576	501(C)(3)	68,697.	154	PRICE	MATER/APPLIANCE	 		
nder rindir burion, the south	33 3323370	551(5)(5)	00,057.	134.	11101	THE PROPERTY OF THE PROPERTY O	P11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PALOUSE HFH (ID)									
306 N MAIN ST.		1			COST/SELL	BLDG			
					COSI/SELL	Бпра			

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ASADENA, HFH (TX)							
3522 WATTERS RD					COST/SELL	BLDG	
PASADENA, TX 77504	76-0438834	501(C)(3)	16,759.	38,062.		MATER/APPLIANCE	AFFILIATE
PATERSON HFH (NJ)							
P.O. BOX 2585					COST/SELL	BLDG	
PATERSON, NJ 07509	22-2598353	501(C)(3)	181,336.	16,649.	PRICE	MATER/APPLIANCE	AFFILIATE
PATUXENT HFH							
P.O. BOX 452					COST/SELL	BLDG	
LEXINGTON PARK, MD 20653	14-1869951	501(C)(3)	15,884.	3,389.		MATER/APPLIANCE	AFFILIATE
				-,			
PEMI-VALLEY HFH							
P.O. BOX 238					COST/SELL	BLDG	
PLYMOUTH, NH 03264-0238	02-0462603	501(C)(3)	0.	9,815.	PRICE	MATER/APPLIANCE	AFFILIATE
PENINSULA & GREATER WILLIAMSBURG,							
HFH (VA) - 11011 WARWICK BLVD -					COST/SELL	BLDG	
NEWPORT NEWS, VA 23601	52-1431619	501(C)(3)	99,230.	27,435.	PRICE	MATER/APPLIANCE	AFFILIATE
DENBURDITE REGION INC. HER (WA)							
PENNYRILE REGION, INC., HFH (KY)					GOGE / GET T	DI DG	
43 S DAVES ST.	61 1102061	E01/G\/3\	215 200		COST/SELL	BLDG	3 DDTT T 3 DD
MADISONVILLE, KY 42431	61-1192061	501(C)(3)	315,280.	92,538.	PRICE	MATER/APPLIANCE	AFFILIATE
PENSACOLA HFH (FL)							
P.O. BOX 13204					COST/SELL	BLDG	
PENSACOLA, FL 32591-3204	59-2186044	501(C)(3)	96,974.	83,601.		MATER/APPLIANCE	 AFFILIATE
,		, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			
PHILADELPHIA HFH INC							
2318 WASHINGTON AVE.					COST/SELL	BLDG	
PHILADELPHIA, PA 19146	42-1580163	501(C)(3)	549,530.	68,797.	PRICE	MATER/APPLIANCE	AFFILIATE
DIGNENG GOLDWY HELL (GG)							
PICKENS COUNTY HFH (SC)					GOGT / GTT T	D. D.G	
P.O. BOX 412		504 (5) (2)			COST/SELL	BLDG	
CLEMSON, SC 29633	57-0725702	pu1(C)(3)	23,157.	34,592.	PRICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKENS COUNTY, HFH (GA)							
135 CARES DR					COST/SELL	BLDG	
JASPER, GA 30143	58-1655353	501(C)(3)	925.	5,508.	PRICE	MATER/APPLIANCE	AFFILIATE
PIEDMONT HFH (VA)							
1512 S MAIN ST.					COST/SELL	BLDG	
FARMVILLE, VA 23901	54-1599433	501(C)(3)	11,857.	40,381.	PRICE	MATER/APPLIANCE	AFFILIATE
PIKE COUNTY, HFH OF (PA)							
103 DELAWARE CRST					COST/SELL	BLDG	
DINGMANS FERRY, PA 18328-9546	23-2860865	501(C)(3)	23,227.	16,051.	PRICE	MATER/APPLIANCE	AFFILIATE
PIKES PEAK HFH (CO)							
2802 N PROSPECT ST.					COST/SELL	BLDG	
COLORADO SPRINGS, CO 80907	35-1640064	501(C)(3)	88,372.	33,427.	PRICE	MATER/APPLIANCE	AFFILIATE
PINELLAS AND WEST PASCO COUNTIES,							
HFH OF (FL) - 13355 49TH ST. N -					COST/SELL	BLDG	
CLEARWATER, FL 33762-4001	59-2509116	501(C)(3)	320,754.	322,828.	PRICE	MATER/APPLIANCE	AFFILIATE
PIONEER VALLEY HFH (MA)							
P.O. BOX 60642					COST/SELL	BLDG	
FLORENCE, MA 01062-0642	04-3049506	501(C)(3)	81,450.	27,759.	PRICE	MATER/APPLIANCE	AFFILIATE
PITT COUNTY HFH							
210 E 14TH ST., STE. D							
GREENVILLE, NC 27858-6903	56-0702710	501(C)(3)	6,607.	0.			AFFILIATE
PITTSBURG COUNTY HFH (OK)							
1558 S MAIN					COST/SELL	BLDG	
MCALESTER, OK 74501	46-1807872	501(C)(3)	0.	5,700.		MATER/APPLIANCE	AFFILIATE
POLK COUNTY TEXAS INC HFH							
P.O. BOX 63							
LIVINGSTON, TX 77351-0001	82-0583622	501(C)(3)	13,776.	0.			AFFILIATE

Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	гас
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POMONA VALLEY HFH							
2111 BONITA AVE.					COST/SELL	BLDG	
LA VERNE, CA 91750-4900	95-4315482	501(C)(3)	62,158.	22,681.	·	MATER/APPLIANCE	AFFILIATE
PONTOTOC COUNTY HFH (MS)							
P.O. BOX 486					COST/SELL	BLDG	
PONTOTOC, MS 38863	64-0805086	501(C)(3)	5.	8,038.	PRICE	MATER/APPLIANCE	AFFILIATE
PORTAGE COUNTY, HFH OF (OH)							
P.O. BOX 306					COST/SELL	BLDG	
RAVENNA, OH 44266-0306	34-1604235	501(C)(3)	21,917.	26,071.	PRICE	MATER/APPLIANCE	AFFILIATE
DODWED GOLDWY HELLOS (IN)							
PORTER COUNTY, HFH OF (IN) 2411 BEECH ST UNIT L					COST/SELL	BLDG	
VALPARAISO, IN 46383	35-1939152	501(C)(3)	549.	18,674.	·	MATER/APPLIANCE	AFFTI.TATE
VIIIIIIIIIII , IN 10005	33 1333132	301(0)(3)	313.	10,0,1.			
PORTLAND-METRO EAST HFH							
10445 SE CHERRY BLOSSOM					COST/SELL	BLDG	
PORTLAND, OR 97216	93-0801200	501(C)(3)	1,164,315.	406,251.	PRICE	MATER/APPLIANCE	AFFILIATE
POWHATAN INC HFH							
P.O. BOX 416					COST/SELL	BLDG	
POWHATAN, VA 23139-0416	54-2018476	501(C)(3)	48,814.	1,960.		MATER/APPLIANCE	AFFILIATE
PREBLE COUNTY HFH							
131 NORTH BARRON ST.							
EATON, OH 45320	31-1307887	501(C)(3)	10,000.	0.			AFFILIATE
			-				
PRESCOTT AREA HFH (AZ)							
1230 WILLOW CRK RD					COST/SELL	BLDG	
PRESCOTT, AZ 86301-1428	86-0645207	501(C)(3)	21,167.	12,204.	PRICE	MATER/APPLIANCE	AFFILIATE
PRINCE WILLIAM COUNTY HFH							
10159 HAST.INGS DR							
MANASSAS, VA 20110	54-1721394	501(C)(3)	104,969.	0.			AFFILIATE

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PUERTO RICO HFH										
1357 AVENIDA ASHFORD SAN JUAN, PR 00907-1400	66-0515156	501(C)(3)	2,929,674.	0.			AFFILIATE			
PUTMAN HFH										
P.O. BOX 4056										
EATONTON, GA 31024	58-2344787	501(C)(3)	45,922.	0.			AFFILIATE			
PUTNAM COUNTY HFH (OH) 150 NORTH OAK ST.										
OTTAWA, OH 45875	31-1185975	501(C)(3)	22,097.	0.			AFFILIATE			
QUAD CITIES HFH 3625 MISSISSIPPI AVE.					COST/SELL	BLDG				
DAVENPORT, IA 52807	42-1404937	501(C)(3)	36,371.	39,282.	PRICE	MATER/APPLIANCE	AFFILIATE			
QUINCY HFH (IL) 521 STATE ST.										
QUINCY, IL 62301-4147	37-1286171	501(C)(3)	7,316.	0.			AFFILIATE			
RACINE HFH (WI) 1501 VILLA ST. RACINE, WI 53403-2725	39-1616230	501(C)(3)	4,311.	23,484.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE			
RAINTREE HFH (IN)										
P.O. BOX 6024 NEW CASTLE, IN 47362-6024	35-1825323	501(C)(3)	500.	13,779.	COST/SELL PRICE	BLDG MATER/APPLIANCE	AFFILIATE			
,				, , , , ,						
RANDOLPH COUNTY, HFH OF (NC) P.O. BOX 669					COST/SELL	BLDG				
ASHEBORO, NC 27204-0669	56-1976925	501(C)(3)	460.	13,783.	PRICE	MATER/APPLIANCE	AFFILIATE			
RARITAN VALLEY HFH P.O. BOX 6275					COST/SELL	BLDG				
BRIDGEWATER, NJ 08807	22-3126027	501(C)(3)	196,770.	43,462.	PRICE	MATER/APPLIANCE	AFFILIATE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DUODE TO AND COUNTY OF BOD									
RHODE ISLAND SOUTH COUNTY, HFH FOR (RI) - 1555 SHANNOCK RD -					COST/SELL	BLDG			
CHARLESTOWN, RI 02813	05-0450845	501(C)(3)	61,254.	21,424.		MATER/APPLIANCE	AFFILIATE		
RHODE ISLAND-GREATER PROVIDENCE,									
HFH OF (RI) - 460 HARRIS AVE, STE.					COST/SELL	BLDG			
203 - PROVIDENCE, RI 02909	05-0432730	501(C)(3)	27,126.	7,227.	PRICE	MATER/APPLIANCE	AFFILIATE		
RICE COUNTY HFH (MN)									
204 7TH ST. W PMB 128					COST/SELL	BLDG			
NORTHFIELD, MN 55057-2419	41-1700206	501(C)(3)	112,884.	72,346.		MATER/APPLIANCE	AFFILIATE		
				-					
RICHMOND METROPOLITAN HFH (VA)									
2281 DABNEY RD STE. A					COST/SELL	BLDG			
RICHMOND, VA 23230	54-1385198	501(C)(3)	153,941.	12,262.	PRICE	MATER/APPLIANCE	AFFILIATE		
DIO CDANDE HELL (MV)									
RIO GRANDE HFH (TX)									
P.O. BOX 4885 MCALLEN, TX 78502	74-2504676	501(C)(3)	46,066.	0.			AFFILIATE		
MCADDEN, TA 70302	74 2304070	301(0)(3)	40,000.	· ·			AFFIDIALE		
RIVER CITY HFH (MO)									
1420 CRK TRL DR					COST/SELL	BLDG			
JEFFERSON CITY, MO 65109-9238	43-1603718	501(C)(3)	43,200.	12,560.	PRICE	MATER/APPLIANCE	AFFILIATE		
RIVERSIDE HFH									
2180 IOWA AVE.		504 (5) (2)		20 555	COST/SELL	BLDG			
RIVERSIDE, CA 92507-2413	33-0288930	501(C)(3)	68,881.	30,557.	PRICE	MATER/APPLIANCE	AFFILIATE		
ROANOKE VALLEY HFH									
3435 MELROSE AVE., NW					COST/SELL	BLDG			
ROANOKE, VA 24017	54-1375465	501(C)(3)	25,502.	11,887.		MATER/APPLIANCE	AFFILIATE		
,		-,,,,,,	1,	,,					
ROARING FORK VALLEY, HFH OF THE									
(CO) - 7025 HWY 82P.O. BOX 2 -					COST/SELL	BLDG			
GLENWOOD SPRINGS, CO 81601	84-1499538	501(C)(3)	9,574.	10,751.	PRICE	MATER/APPLIANCE	AFFILIATE		

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKBRIDGE AREA HFH (VA)							
P.O. BOX 1596							
LEXINGTON, VA 24450-1596	54-1483949	501(C)(3)	20,072.	0.			AFFILIATE
ROCKFORD AREA HFH (IL)							
5183 HARLEM RD					COST/SELL	BLDG	
LOVES PARK, IL 61111-3448	36-3592066	501(C)(3)	67,222.	98,868.	PRICE	MATER/APPLIANCE	AFFILIATE
ROCKLAND INC HFH							
P.O. BOX 329							
SPRING VALLEY, NY 10977-0329	13-3717484	501(C)(3)	18,048.	0.			AFFILIATE
DOGUE VALLEY HEH							
ROGUE VALLEY HFH 2233 S PACIFIC HWY					COST/SELL	BLDG	
MEDFORD, OR 97501	93-0971629	501(C)(3)	194,734.	64,784.		MATER/APPLIANCE	AFFILIATE
,				,			
ROOSEVELT & CURRY COUNTIES INC HFH							
620 W 1ST. ST.					COST/SELL	BLDG	
PORTALES, NM 88130	85-0450723	501(C)(3)	6,223.	1,032.	PRICE	MATER/APPLIANCE	AFFILIATE
DOWN GOVERNMY NG THE VIEW OF							
ROWAN COUNTY NC INC HFH OF 1707 S MAIN ST.					COST/SELL	BLDG	
SALISBURY, NC 28144	56-1687483	501(C)(3)	3,555.	158,827.		MATER/APPLIANCE	AFFTI.TATE
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
RUTHERFORD COUNTY AREA HFH (TN)							
850 MERCURY BLVD					COST/SELL	BLDG	
MURFREESBORO, TN 37130	94-3099406	501(C)(3)	145,286.	56,225.	PRICE	MATER/APPLIANCE	AFFILIATE
RUTHERFORD COUNTY HFH (NC)					GOGE / GET T	DI DO	
P.O. BOX 1534  RUTHERFORDTON, NC 28139-1534	56-1581336	501(C)(3)	19,875.	90,275.	COST/SELL	BLDG MATER/APPLIANCE	מר הדו. דמיים מר הדו. דמיים
ROTHLANDION, NC 20139-1334	20 1301330	501(0/(5/	19,075.	30,273.	LICE	ENTING AFFITANCE	*** 1 THIATE
RUTLAND COUNTY, HFH OF (VT)							
67 MERCHANTS ROW P.O. BOX 5STE. 4C	[						
RUTLAND, VT 05701	46-4362970	501(C)(3)	52,640.	0.			AFFILIATE

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GAGRAMENTO HELLOE GREATER (GA)										
SACRAMENTO, HFH OF GREATER (CA) 819 N 10TH ST.					COST/SELL	BLDG				
SACRAMENTO, CA 95811	68-0085804	501(C)(3)	199,670.	50,855.	1	MATER/APPLIANCE	AFFILIATE			
SAGINAW SHIAWASSEE HFH										
1494 N M-52					COST/SELL	BLDG				
OWOSSO, MI 48867	38-2739180	501(C)(3)	45,746.	11,845.	PRICE	MATER/APPLIANCE	AFFILIATE			
SAINT LOUIS, HFH (MO)										
3830 SOUTH GRAND					COST/SELL	BLDG				
ST. LOUIS, MO 63118	58-1735543	501(C)(3)	124,939.	29,753.		MATER/APPLIANCE	AFFILIATE			
			,	•						
SALEM COUNTY INC HFH										
416 S PENNSVILLE-AUBURN RD					COST/SELL	BLDG				
CARNEYS POINT, NJ 08069	22-2446425	501(C)(3)	16,274.	4,172.	PRICE	MATER/APPLIANCE	AFFILIATE			
SALINE COUNTY, HFH OF (AR)					G0 GT / GTT T	D. D.C.				
404 W WALNUT ST.	71 0022520	E01/G)/3)	2 140	21 720	COST/SELL	BLDG	A DIDTT TAME			
BENTON, AR 72015-5152	71-0823520	501(C)(3)	3,140.	31,738.	PRICE	MATER/APPLIANCE	AFFILIATE			
SALT LAKE VALLEY HFH										
1276 S 500 W					COST/SELL	BLDG				
SALT LAKE CITY, UT 84101-3019	87-0430150	501(C)(3)	149,843.	50,933.	PRICE	MATER/APPLIANCE	AFFILIATE			
SAN ANTONIO INC HFH										
311 PROBANDT					COST/SELL	BLDG				
SAN ANTONIO, TX 78204-1745	74-1897502	501(C)(3)	176,299.	248,965.	PRICE	MATER/APPLIANCE	AFFILIATE			
SAN BERNARDINO AREA HFH										
25948 BUSINESS CTR DR										
REDLANDS, CA 92374	33-0509407	501(C)(3)	15,785.	0.			AFFILIATE			
	22 3303137		13,733.							
SAN DIEGO HFH (CA)										
8128 MERCURY CT					COST/SELL	BLDG				
SAN DIEGO, CA 92111	33-0259190	501(C)(3)	608,542.	10,446.	PRICE	MATER/APPLIANCE	AFFILIATE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAN EDANGICO HEU ODEAMED (CA)									
SAN FRANCISCO, HFH GREATER (CA) 500 WASHINGTON ST., STE. 250					COST/SELL	BLDG			
SAN FRANCISCO, CA 94111	94-3088881	501(C)(3)	539,303.	26,766.		MATER/APPLIANCE	AFFILIATE		
SAN GABRIEL VALLEY HFH (CA)									
724 EAST HUNTINGTON DR.					COST/SELL	BLDG			
MONROVIA, CA 91016	95-4244947	501(C)(3)	218,664.	416,995.		MATER/APPLIANCE	AFFILIATE		
SAN GORGONIO PASS AREA HFH OF									
BOX 269 BANNING, CA 92220-0015	33-0880554	501 (C) (3)	9,862.	0.			AFFILIATE		
BANNING, CA 92220-0013	33-0000334	501(0)(3)	9,002.	0.	•		ATTIBLATE		
SAN JUANS HFH									
1601 N TOWNSEND AVE.					COST/SELL	BLDG			
MONTROSE, CO 81401-5910	84-1140499	501(C)(3)	2,763.	20,686.	PRICE	MATER/APPLIANCE	AFFILIATE		
SAN LUIS OBISPO COUNTY HFH FOR									
P.O. BOX 613					COST/SELL	BLDG			
SAN LUIS OBISPO, CA 93406-0613	77-0434147	501(C)(3)	50,628.	4,711.	PRICE	MATER/APPLIANCE	AFFILIATE		
SANDUSKY COUNTY HFH (OH)									
120 S PARK AVE.					COST/SELL	BLDG			
FREMONT, OH 43420-2901	34-1605960	501(C)(3)	50,300.	14,233.	·	MATER/APPLIANCE	AFFILIATE		
,				,					
SANFORD AREA NC INC HFH OF									
413 WICKER ST.					COST/SELL	BLDG			
SANFORD, NC 27330	58-1999717	501(C)(3)	1,646.	12,731.	PRICE	MATER/APPLIANCE	AFFILIATE		
GANGAMON GOUNTRY HTT									
SANGAMON COUNTY HFH					COCM/CELT	BI DC			
2744 S 6TH ST. SPRINGFIELD, IL 62703	37-1250364	501(C)(3)	53,109.	8,027.	COST/SELL PRICE	BLDG MATER/APPLIANCE	 		
	37 1230304	501(0/(5/	33,109.	0,027.	, exton	TITLIN/ APPLIANCE	*** 1 THIATE		
SANTA FE HFH (NM)									
2520 CAMINO ENTRADA UNIT A					COST/SELL	BLDG			
SANTE FE, NM 87507	85-0355135	501(C)(3)	59,219.	20,454.	PRICE	MATER/APPLIANCE	AFFILIATE		

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IADAGOTA HEH (EL.)							
SARASOTA, HFH (FL) 1757 N EAST. AVE.					COST/SELL	BLDG	
SARASOTA, FL 34234	59-2495597	501(C)(3)	33,513.	49,822.		MATER/APPLIANCE	AFFILIATE
SCHENECTADY COUNTY, HFH OF (NY)							
115 N BROADWAY	14 1565000	501/61/21	10.453	04 505	COST/SELL	BLDG	
SCHENECTADY, NY 12305	14-1765200	501(C)(3)	12,453.	24,595.	PRICE	MATER/APPLIANCE	AFFILIATE
SCOTT COUNTY HFH (KY)							
111 N HAMILTON ST., STE. 1-D					COST/SELL	BLDG	
GEORGETOWN, KY 40324	61-1174637	501(C)(3)	2,995.	3,770.	PRICE	MATER/APPLIANCE	AFFILIATE
SCOTTS BLUFF COUNTY HFH (NE)					G0.GT / GTT T	D. D.G	
P.O. BOX 1133	30 2024064	E01/G\/3\	0.	11 140	COST/SELL	BLDG	A 17 17 1 T A 17 17
SCOTTSBLUFF, NE 69363-1133	39-2024964	501(C)(3)	0.	11,148.	PRICE	MATER/APPLIANCE	ALLIDIALE
SEA ISLAND HFH (SC)							
2545 BOHICKET RD					COST/SELL	BLDG	
JOHNS ISLAND, SC 29455-7204	57-0840667	501(C)(3)	15,506.	18,659.	PRICE	MATER/APPLIANCE	AFFILIATE
GENTAGO E GOLDWAY & GREATER AROUND							
SEMINOLE COUNTY & GREATER APOPKA, HFH OF (FL) - P.O. BOX 181010 -					COST/SELL	BLDG	
CASSELBERRY, FL 32718-8027	59-3034059	501(C)(3)	36,874.	44,933.	·	MATER/APPLIANCE	ል ፍ ፍ T T T T T T T T T T T T T T T T T
ADDEDDERKI, FB 32/10 002/	33 3034033	301(0)(3)	30,074.	44,555.	IKICE	HATEK/ATTEIANCE	AFFIBIATE
SHELBY CO KY INC HFH							
P.O. BOX 728					COST/SELL	BLDG	
SHELBYVILLE, KY 40066-0728	61-1185987	501(C)(3)	43,495.	2,000.	PRICE	MATER/APPLIANCE	AFFILIATE
, , , , , , , , , , , , , , , , , , ,							
SHOW ME CENTRAL HFH (MO)					GOGE / GET T	DI DG	
1305 BUSINESS LOOP 70 E	42 1462222	E01/G)/3\	20.004	19 965	COST/SELL	BLDG	A E E E E E A M E
COLUMBIA, MO 65201	43-1463222	DUI(C)(3)	29,984.	17,765.	PRICE	MATER/APPLIANCE	AFFILIATE
SIOUX FALLS, HFH OF GREATER (SD)							
721 E AMIDON ST.					COST/SELL	BLDG	
SIOUX FALLS, SD 57104	46-0427140	501(C)(3)	129,633.	61,486.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	· · · · · · · · · · · · · · · · · · ·	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUXLAND HFH (IA)							
1150 TRI VW AVE.					COST/SELL	BLDG	
SIOUX CITY, IA 51106	42-1388519	501(C)(3)	37,732.	6,131.		MATER/APPLIANCE	AFFILIATE
SISTERS HFH (OR)							
P.O. BOX 238					COST/SELL	BLDG	
SISTERS, OR 97759-0238	93-1039346	501(C)(3)	16,405.	11,081.	1	MATER/APPLIANCE	AFFILIATE
SKAGIT HFH (WA)							
1022 RIVERSIDE DR					COST/SELL	BLDG	
MOUNT VERNON, WA 98273	91-1628529	501(C)(3)	19,924.	19,085.	·	MATER/APPLIANCE	AFFILIATE
•				, -		·	
SMITH COUNTY, HFH OF (TX)							
822 WEST FRNT					COST/SELL	BLDG	
TYLER, TX 75702	75-2285678	501(C)(3)	67,676.	218,258.	PRICE	MATER/APPLIANCE	AFFILIATE
SOLANO-NAPA HFH (CA)							
5130 FULTON DR STE. R	60 0252525	E01/G\/3\	124 004	2 600	COST/SELL	BLDG	A D D T T A M D
FAIRFIELD, CA 94534	68-0252525	DUI(C)(3)	134,004.	3,699.	PRICE	MATER/APPLIANCE	AFFILIATE
SONOMA COUNTY HFH							
3273 AIRWAY DR STE. E							
SANTA ROSA, CA 95403-2080	68-0041170	501(C)(3)	47,055.	0.			AFFILIATE
SOUTH CAROLINA ASSOC OF HABITAT							
P.O. BOX 1990							
MT PLEASANT, SC 29465-1990	46-0980402	501(C)(3)	22,085.	0.			AFFILIATE
COLUMN CENTRAL MINIEGOMA UPU							
SOUTH CENTRAL MINNESOTA HFH 1730 BASSETT DR					COST/SELL	BLDG	
MANKATO, MN 56001	41-1654111	501(C)(3)	6,084.	12,494.		MATER/APPLIANCE	AFFILIATE
		-,,,,,,	1,112.	,			
SOUTH HAMPTON ROADS INC HFH							
900 TIDEWATER DR					COST/SELL	BLDG	
NORFOLK, VA 23504	54-1476409	501(C)(3)	280,101.	18,833.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	1 45
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PALM BEACH COUNTY, HFH OF							
(FL) - 181 SE 5TH AVE DELRAY					COST/SELL	BLDG	
BEACH, FL 33483-3336	68-0307017	501(C)(3)	106,046.	11,013.		MATER/APPLIANCE	AFFILIATE
SOUTH PUGET SOUND HFH (WA)							
711 CAPITOL WAY SOUTH, STE. 401							
OLYMPIA, WA 98501	91-1427020	501(C)(3)	77,393.	0.			AFFILIATE
SOUTH SARASOTA COUNTY, HFH (FL)							
280 ALLIGATOR DR					COST/SELL	BLDG	
VENICE, FL 34293	65-0326534	501(C)(3)	45,089.	43,785.	PRICE	MATER/APPLIANCE	AFFILIATE
SOUTH SHORE HFH					GOGE / GET T	DI DG	
20 MATHEWSON DR	22-2701789	E01/G\/3\	69 076	12,998.	COST/SELL	BLDG MATER/APPLIANCE	A DIDTT TAME
WEYMOUTH, MA 02189-2346	22-2701789	501(C)(3)	68,976.	12,990.	PRICE	MATER/APPLIANCE	AFFILIATE
SOUTHEAST NEW HAMPSHIRE HFH (NH)							
P.O. BOX 4428					COST/SELL	BLDG	
PORTSMOUTH, NH 03802-4428	02-0475356	501(C)(3)	62,188.	3,703.	·	MATER/APPLIANCE	AFFILIATE
			,	,			
SOUTHEAST OHIO HFH (OH)							
14440 STATE RTE 13					COST/SELL	BLDG	
MILLFIELD, OH 45761	31-1286856	501(C)(3)	37,115.	114,704.	PRICE	MATER/APPLIANCE	AFFILIATE
SOUTHEAST VOLUSIA HFH (FL)							
612 N RIDGEWOOD AVE., STE. A					COST/SELL	BLDG	
EDGEWATER, FL 32132	59-2934915	501(C)(3)	111,056.	21,555.	PRICE	MATER/APPLIANCE	AFFILIATE
GOURNEDN OGENN GOUNEN HELL OF							
SOUTHERN OCEAN COUNTY, HFH OF					GOGTI / GET T	DI DO	
(NJ) - 668 W MAIN ST WEST CREEK, NJ 08092-3214	22-3369985	501/C)/3)	23,092.	5 900	COST/SELL PRICE	BLDG MATER/APPLIANCE	
CREEK, NO 00032-3214	22-3303965	DOT(C)(3)	23,092.	5,890.	FRICE	MATER/APPLIANCE	MILITIALE
SOUTHERN SANTA BARBARA CO HFH							
710 EAST COTA ST.							
SANTA BARBARA, CA 93103	77-0518264	501(C)(3)	64,903.	0.			AFFILIATE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST ALABAMA, HFH OF (AL)							
P.O. BOX 16422					COST/SELL	BLDG	
MOBILE, AL 36616	63-0985638	501(C)(3)	58,920.	3,223.	·	MATER/APPLIANCE	AFFILIATE
SOUTHWEST MONTANA, HFH OF (MT)							
P.O. BOX 632					COST/SELL	BLDG	
BUTTE, MT 59703-0632	81-0486051	501(C)(3)	840.	55,742.	PRICE	MATER/APPLIANCE	AFFILIATE
SOUTHWEST UTAH, HFH OF (UT)							
835 S BLF ST.					COST/SELL	BLDG	
SAINT GEORGE, UT 84770	84-1424693	501(C)(3)	3,612.	3,217.	PRICE	MATER/APPLIANCE	AFFILIATE
SPARTANBURG HFH							
2270 S PNE ST.					COST/SELL	BLDG	
SPARTANBURG, SC 29302	57-0849669	501(C)(3)	8,826.	77,322.		MATER/APPLIANCE	AFFILIATE
			,,,,,,	,			
SPOKANE, HFH (WA)							
P.O. BOX 4130					COST/SELL	BLDG	
SPOKANE, WA 99220-0130	94-3066722	501(C)(3)	77,227.	77,649.	PRICE	MATER/APPLIANCE	AFFILIATE
SPRINGFIELD MISSOURI, HFH OF (MO)							
2410 S SCENIC AVE.					COST/SELL	BLDG	
SPRINGFIELD, MO 65807	43-1470360	501(C)(3)	14,058.	14,232.	·	MATER/APPLIANCE	AFFILIATE
ST JOSEPH CO HFH, IN							
2411 SOUTH MAIN ST.					COST/SELL	BLDG	
SOUTH BEND, IN 46614	31-1196894	501(C)(3)	5,751.	67,121.	PRICE	MATER/APPLIANCE	AFFILIATE
ST. AUGUSTINE/ST. JOHN'S COUNTY,							
HFH OF (FL) - 7 HOPKINS ST					COST/SELL	BLDG	
SAINT AUGUSTINE, FL 32084-4001	59-3129794	501(C)(3)	41,925.	11,428.	PRICE	MATER/APPLIANCE	AFFILIATE
ST. CHARLES COUNTY, HFH OF (MO) 2041 TRADE CTR DR					COCM/CELT	BI DC	
ST. PETERS, MO 63376	43-1798488	501(C)(3)	71,189.	23,392.	COST/SELL	BLDG MATER/APPLIANCE	A PRILITATE
51. IEIERS, MO 033/0	43-1/30400	DOT(C)(3)	11,109.	43,394.	LVICE	HATEK/APPLIANCE	PELIDIVIE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
ST. CROIX VALLEY HFH (WI)							
749 RYAN DR					COST/SELL	BLDG	
HUDSON, WI 54016	39-1857467	501(C)(3)	11,650.	16,525.	PRICE	MATER/APPLIANCE	AFFILIATE
ST. JOSEPH HFH (MO)							
3131 FREDERICK AVE.					COST/SELL	BLDG	
ST. JOSEPH, MO 64506	43-1733608	501(C)(3)	0.	11,600.	•	MATER/APPLIANCE	AFFILIATE
ST. LUCIE HFH (FL)							
702 S 6TH ST.	65 0604050	504 (5) (3)	20 700		COST/SELL	BLDG	
FORT PIERCE, FL 34950-8342	65-0631850	501(C)(3)	39,722.	23,787.	PRICE	MATER/APPLIANCE	ALLITIALE
ST. TAMMANY WEST, HFH (LA)							
1400 NORTH LN					COST/SELL	BLDG	
MANDEVILLE, LA 70471	72-0921695	501(C)(3)	47,321.	27,194.		MATER/APPLIANCE	AFFILIATE
ST. VRAIN VALLEY, HFH OF THE (CO)							
P.O. BOX 333	04 4000545	504 (5) (3)	150 050		COST/SELL	BLDG	
LONGMONT, CO 80502-0333	84-1092616	501(C)(3)	178,979.	7,525.	PRICE	MATER/APPLIANCE	ALLITIALE
STANISLAUS COUNTY HFH							
630 KEARNEY AVE.					COST/SELL	BLDG	
MODESTO, CA 95350	77-0233512	501(C)(3)	38,112.	13,500.	PRICE	MATER/APPLIANCE	AFFILIATE
GENNLY GOLINEY HELL (NG)							
STANLY COUNTY HFH (NC)					COST/SELL	BLDG	
1506 NC 24 27 HWY	E6 1500071	E01/C\/2\	600	35,696.			
ALBEMARLE, NC 28001-6413	56-1588971	DOT(C)(3)	688.	35,696.	LVICE	MATER/APPLIANCE	AFFILIATE
STARKVILLE HFH (MS)							
P.O. BOX 784							
STARKVILLE, MS 39760-0784	64-0751664	501(C)(3)	5,038.	0.			AFFILIATE
STEPHENS COUNTY HFH					GOGE / GET T	DI DO	
P.O. BOX 1771	EO 1081016	501/62/22	10.600		COST/SELL	BLDG	
TOCCOA, GA 30577-1432	58-1971316	DOT(C)(3)	10,680.	3,000.	PKICE	MATER/APPLIANCE	ALLITIALE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEUBEN COUNTY HFH (NY)							
3148 GOFF RD					COST/SELL	BLDG	
CORNING, NY 14830-9707	16-1425009	501(C)(3)	70,128.	10,868.		MATER/APPLIANCE	AFFILIATE
STILLWATER HFH (OK)					COST/SELL	BLDG	
P.O. BOX 912 STILLWATER, OK 74076-0912	73-1371689	501/C)/3)	2,644.	12,420.	1	MATER/APPLIANCE	אספדו דאתפ
511LLWAIER, OR /40/6-0912	73-1371009	501(C)(3)	2,044.	12,420.	PRICE	MATER/APPLIANCE	AFFILIAIE
SUFFOLK, HFH OF (NY)							
643 MIDDLE COUNTRY RD					COST/SELL	BLDG	
MIDDLE ISLAND, NY 11953-2509	11-2840553	501(C)(3)	326,232.	24,319.	PRICE	MATER/APPLIANCE	AFFILIATE
SUMMIT & WASATCH COUNTIES, HFH OF							
(UT) - 6280 SILVER CRK DR - PARK					COST/SELL	BLDG	
CITY, UT 84098	87-0539094	501(C)(3)	36,867.	157,971.	PRICE	MATER/APPLIANCE	AFFILIATE
SUMMIT COUNTY HFH							
2301 ROMIG RD					COST/SELL	BLDG	
AKRON, OH 44320	34-1518873	501(C)(3)	269,706.	1,035,561.		MATER/APPLIANCE	AFFILIATE
,			, ,	, ,		·	
SUMMIT HFH							
P.O. BOX 4330							
BRECKENRIDGE, CO 80424-4330	84-1312622	501(C)(3)	36,751.	0.			AFFILIATE
SUMNER COUNTY, HFH OF (TN)							
P.O. BOX 516	60 153555	501 ( 3 ) ( 3 )	01 640	68 181	COST/SELL	BLDG	
GALLATIN, TN 37066-0516	62-1535553	501(C)(3)	21,640.	67,171.	PRICE	MATER/APPLIANCE	ALLITIALE
SUMTER HFH (SC)							
P.O. BOX 2746					COST/SELL	BLDG	
SUMTER, SC 29151-2746	57-0835811	501(C)(3)	5,656.	50,472.		MATER/APPLIANCE	AFFILIATE
			,	•			
SUSQUEHANNA, HFH (MD)							
205 S HAYS ST.					COST/SELL	BLDG	
BEL AIR, MD 21014-3646	52-1848933	501(C)(3)	45,104.	25,630.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSSEX COUNTY HFH (DE)							
206 ACADEMY ST.					COST/SELL	BLDG	
GEORGETOWN, DE 19947	51-0334057	501(C)(3)	65,589.	31,587.	· ·	MATER/APPLIANCE	AFFILIATE
			,	,			
SYRACUSE HFH							
308 OTISCO ST.					COST/SELL	BLDG	
SYRACUSE, NY 13204-3028	22-2516352	501(C)(3)	53,211.	15,116.	PRICE	MATER/APPLIANCE	AFFILIATE
TACOMA/PIERCE COUNTY HFH (WA)							
4824 SOUTH TACOMA WAY	E0 172EE21	E01/G)/3)	254 032	155 600	COST/SELL	BLDG	3 DD 7 7 3 MD
TACOMA, WA 98409	58-1735531	501(C)(3)	254,832.	155,628.	PRICE	MATER/APPLIANCE	AFFILIATE
TAOS HFH							
P.O. BOX 1888					COST/SELL	BLDG	
TAOS, NM 87571-1888	85-0405105	501(C)(3)	1,037.	5,666.	· ·	MATER/APPLIANCE	AFFILIATE
,			,	,			
TELLER COUNTY, HFH OF (CO)							
P.O. BOX 339					COST/SELL	BLDG	
WOODLAND PARK, CO 80866-0339	84-1513509	501(C)(3)	6,000.	12,372.	PRICE	MATER/APPLIANCE	AFFILIATE
TENNESSEE HFH							
P.O. BOX 10375	02 0260176	E01/G)/3)	15 (12	0.0	COST/SELL	BLDG	3 DD T T 3 DD
MURFREESBORO, TN 37129	83-0368176	501(C)(3)	15,612.	96.	PRICE	MATER/APPLIANCE	AFFILIATE
TETON AREA, HFH OF THE GREATER							
(WY) - P.O. BOX 4194 - JACKSON, WY					COST/SELL	BLDG	
83001-4194	83-0312179	501(C)(3)	58,654.	33,097.		MATER/APPLIANCE	AFFILIATE
			·	,			
TEXAS INC HFH							
P.O. BOX 850							
BUDA, TX 78610-0850	20-2556383	501(C)(3)	153,602.	0.			AFFILIATE
TILLAMOOK COUNTY HFH (OR)					G0 GT / GTT T	D. D.G.	
P.O. BOX 988	01 1040416	E01/C\/3\	10 000	7 170	COST/SELL	BLDG	A PRITITAND
TILLAMOOK, OR 97141	91-1848416	DOT(C)(3)	10,998.	/,1/0.	PRICE	MATER/APPLIANCE	WL L I DI W.L.F.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMPATING C CODMI AND COUNTIES HER							
TOMPKINS & CORTLAND COUNTIES, HFH OF (NY) - P.O. BOX 4683 - ITHACA,					COST/SELL	BLDG	
NY 14852-4683	90-0238478	501(C)(3)	14,766.	28,963.	1	MATER/APPLIANCE	AFFILIATE
TOPEKA HFH (KS)							
121 NE GORDON ST.					COST/SELL	BLDG	
TOPEKA, KS 66608	48-0980011	501(C)(3)	51,152.	49,283.		MATER/APPLIANCE	AFFILIATE
TRANSYLVANIA HFH (NC)							
692 ECUSTA RD	50 1501110	501/61/21	07.000	46.604	COST/SELL	BLDG	
BREVARD, NC 28712	58-1581118	501(C)(3)	27,088.	46,604.	PRICE	MATER/APPLIANCE	ALLITIALE
TRES RIOS HFH (NM)							
P.O. BOX 324					COST/SELL	BLDG	
FARMINGTON, NM 87499-0324	85-0392641	501(C)(3)	16,488.	1,267.	PRICE	MATER/APPLIANCE	AFFILIATE
TRI-CITIES AREA HFH (MI)							
600 S BEACON BLVD STE. C	20 2025442	504 (5) (2)		2 224	COST/SELL	BLDG	
GRAND HAVEN, MI 49417	38-2885443	501(C)(3)	66,822.	3,301.	PRICE	MATER/APPLIANCE	AFFILIATE
TRI-COUNTY PARTNERS HFH (WA)							
313 WELLSIAN WAY					COST/SELL	BLDG	
RICHLAND, WA 99352-4116	91-1591086	501(C)(3)	9,332.	23,647.	PRICE	MATER/APPLIANCE	AFFILIATE
TRI-STATE, HFH OF THE (WV)					GOGE / GET T	DI DO	
P.O. BOX 2526	55-0697541	E01/C\/2\	52,939.	11,063.	COST/SELL	BLDG MATER/APPLIANCE	A DETITAME
HUNTINGTON, WV 25726-2526	33-003/341	501(C)(3)	32,939.	11,003.	PRICE	MATER/APPLIANCE	AFFILIATE
TRUMAN HERITAGE HFH (MO)							
505 N DODGION ST.					COST/SELL	BLDG	
INDEPENDENCE, MO 64050	43-1532266	501(C)(3)	60,879.	16,252.		MATER/APPLIANCE	AFFILIATE
TULARE/KINGS COUNTIES, HFH OF					GOGE (GET I	DI DG	
(CA) - P.O. BOX 848 - VISALIA, CA	77 0260201	E01/C\/3\	40 E10	1 072	COST/SELL	BLDG	A DETITATE
93279-0848	77-0369291	DOT(C)(3)	48,510.	1,073.	PRICE	MATER/APPLIANCE	ALLIDIATE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULSA HFH (OK)							
6235 E 13TH ST.					COST/SELL	BLDG	
TULSA, OK 74112	73-1325063	501(C)(3)	125,529.	529,271.		MATER/APPLIANCE	AFFILIATE
TUOLUMNE COUNTY, HFH OF (CA)							
14317 MONO WAY, STE. F					COST/SELL	BLDG	
SONORA, CA 95370	77-0484186	501(C)(3)	13,874.		PRICE	MATER/APPLIANCE	AFFILIATE
TUSCALOOSA, HFH OF (AL)							
2222 9TH ST.					COST/SELL	BLDG	
TUSCALOOSA, AL 35401	63-0949219	501(C)(3)	134,592.	193,531.		MATER/APPLIANCE	AFFILIATE
TWIN CITIES HFH (MN)							
1954 UNIVERSITY AVE., W					COST/SELL	BLDG	
ST. PAUL, MN 55104	36-3363171	501(C)(3)	1,495,733.	127,132.	PRICE	MATER/APPLIANCE	AFFILIATE
TWO RIVERS HFH (MN)							
1530 GREENVIEW DR SW STE. 107					COST/SELL	BLDG	
ROCHESTER, MN 55902	41-1664586	501(C)(3)	20,561.	11,414.	PRICE	MATER/APPLIANCE	AFFILIATE
III GMED, GOLINMY, HEIL (NY)							
ULSTER COUNTY HFH (NY) P.O. BOX 2554					COST/SELL	BLDG	
	14-1790299	E01/G\/3\	31,750.	59,282 <b>.</b>	· ·	MATER/APPLIANCE	A D D T I T A M D
KINGSTON, NY 12402	14-1790299	501(0)(3)	31,730.	39,202.	FRICE	MATER/AFFBIANCE	AFFIDIALE
UMPQUA VALLEY HFH (OR)							
P.O. BOX 1391							
ROSEBURG, OR 97470-0338	93-1197967	501(C)(3)	24,768.	0.			AFFILIATE
UNION-ANSON COUNTY HFH							
1 VLG PARK					COST/SELL	BLDG	
CHERAW, SC 29520	56-1704668	501(C)(3)	8,337.	132,229.		MATER/APPLIANCE	A FFTT.TATE
	30 1704000	551(5)(5)	0,337.	132,223.	11101	million, milliance	
UPPER CUMBERLAND HFH (TN)							
728 E 15TH					COST/SELL	BLDG	
COOKEVILLE, TN 38501	62-1592375	501(C)(3)	33,613.	4,336.	PRICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
UPPER KEYS, HFH OF THE (FL)							
98970 OVERSEAS HWY					COST/SELL	BLDG	
KEY LARGO, FL 33037	65-0169353	501(C)(3)	28,335.	1,087.	•	MATER/APPLIANCE	AFFILIATE
UPPER VALLEY HFH (VT)				_,			
P.O. BOX 1038							
WHITE RIVER JUNCTION, VT					COST/SELL	BLDG	
05001-1038	03-0306081	501(C)(3)	24,081.	7,520.	•	MATER/APPLIANCE	AFFILIATE
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
UPPER YADKIN VALLEY HFH (NC)							
225 BRG ST.					COST/SELL	BLDG	
JONESVILLE, NC 28642	56-1645813	501(C)(3)	0.	39,463.	1	MATER/APPLIANCE	AFFILIATE
,				,			
UTAH COUNTY, HFH OF (UT)							
340 SOUTH OREM BLVD					COST/SELL	BLDG	
OREM, UT 84058	87-0491420	501(C)(3)	44,894.	11,059.	PRICE	MATER/APPLIANCE	AFFILIATE
			,	•			
VAIL VALLEY HFH (CO)							
P.O. BOX 4149					COST/SELL	BLDG	
AVON, CO 81620-4149	84-1278922	501(C)(3)	35,524.	79,617.	PRICE	MATER/APPLIANCE	AFFILIATE
·							
VALDOSTA-LOWNDES CO HFH							
2010 E CYPRESS					COST/SELL	BLDG	
VALDOSTA, GA 31601	58-1743206	501(C)(3)	656.	12,988.	PRICE	MATER/APPLIANCE	AFFILIATE
VENTURA COUNTY, HFH OF (CA)							
1850 EAST.MAN AVE.					COST/SELL	BLDG	
OXNARD, CA 93030	77-0120376	501(C)(3)	176,271.	1,220.	PRICE	MATER/APPLIANCE	AFFILIATE
VERDE VALLEY HFH (AZ)							
737 SOUTH MAIN ST.					COST/SELL	BLDG	
COTTONWOOD, AZ 86326-2515	86-0754480	501(C)(3)	24,418.	15,890.	PRICE	MATER/APPLIANCE	AFFILIATE
VOLUSIA COUNTY, HFH OF GREATER							
(FL) - 1030 W INTERNATIONAL							
SPEEDWAY BLVD 2ND FL - DAYTONA					COST/SELL	BLDG	
BEACH, FL 32114	59-2687200	501(C)(3)	414,926.	2,955.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WABASH VALLEY HFH							
2313 TIPPECANOE ST.					COST/SELL	BLDG	
TERRE HAUTE, IN 47807-2536	35-1729005	501(C)(3)	1,935.	14,486.	1	MATER/APPLIANCE	AFFILIATE
WACO HFH (TX)							
P.O. BOX 2124					COST/SELL	BLDG	
WACO, TX 76703	75-2130884	501(C)(3)	14,570.	9,320.		MATER/APPLIANCE	AFFILIATE
WAKE COUNTY HFH							
826 E WILLIAMS ST.					COST/SELL	BLDG	
APEX, NC 27502	56-1492703	501(C)(3)	342,540.	215,739.		MATER/APPLIANCE	AFFILIATE
			,	,			
WALTON COUNTY, HFH OF (FL)							
110 S COUNTY HWY 393					COST/SELL	BLDG	
SANTA ROSA BEACH, FL 32459	59-3380235	501(C)(3)	49,373.	49,504.	PRICE	MATER/APPLIANCE	AFFILIATE
WARREN COUNTY HFH (NJ)							
31 BELVIDERE AVE.					COST/SELL	BLDG	
WASHINGTON, NJ 07882-1450	22-3575191	501(C)(3)	74,150.	35,238.	·	MATER/APPLIANCE	AFFILIATE
,			,	,			
WARRICK COUNTY HFH							
10622 TELEPHONE RD					COST/SELL	BLDG	
CHANDLER, IN 47610	35-1930280	501(C)(3)	2,564.	3,825.	PRICE	MATER/APPLIANCE	AFFILIATE
WASHINGTON & DODGE COUNTIES, HFH							
OF (WI) - W190 N10768 COMMERCE					COST/SELL	BLDG	
CIR - GERMANTOWN, WI 53022	39-1908370	501(C)(3)	21,926.	17,030.	·	MATER/APPLIANCE	AFFILIATE
,				,			
WASHINGTON COUNTY HFH OF							
100 CHARLES ST.					COST/SELL	BLDG	
HAGERSTOWN, MD 21740	52-1825698	501(C)(3)	38,704.	16,624.	PRICE	MATER/APPLIANCE	AFFILIATE
MACHINGTON COUNTY UPU /AD\							
WASHINGTON COUNTY, HFH (AR) 1421 E 15TH ST.					COST/SELL	BLDG	
FAYETTEVILLE, AR 72701	71-0712905	501(C)(3)	29,321.	2,850.		MATER/APPLIANCE	AFFTI.TATE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON DC, HFH OF (DC)							
2115 WARD CT NW STE. 100					COST/SELL	BLDG	
WASHINGTON, DC 20037-1209	52-1589700	501(C)(3)	496,323.	19,096.		MATER/APPLIANCE	AFFILIATE
WASHINGTON HFH							
P.O. BOX 164					COST/SELL	BLDG	
FRANKLINTON, LA 70438-0164	72-1079718	501(C)(3)	1,000.	4,073.	PRICE	MATER/APPLIANCE	AFFILIATE
WASHINGTON STATE HFH							
P.O. BOX 4569							
SPOKANE, WA 99220	06-1764737	501(C)(3)	21,105.	0.			AFFILIATE
WATAUGA COUNTY HFH							
P.O. BOX 33 DTS					COST/SELL	BLDG	
BOONE, NC 28607-0033	56-1659213	501(C)(3)	17,889.	6,914.		MATER/APPLIANCE	AFFILIATE
WAUKESHA COUNTY, HFH OF (WI)							
2120 EAST MORELAND BLVD					COST/SELL	BLDG	
WAUKESHA, WI 53186	39-1642114	501(C)(3)	38,256.	48,544.	1	MATER/APPLIANCE	AFFILIATE
WAUSAU, HFH OF (WI)							
1810 SCHOFIELD AVE.					COST/SELL	BLDG	
WESTON, WI 54476	39-1654855	501(C)(3)	258.	8,822.	1	MATER/APPLIANCE	AFFILIATE
WAYNE COUNTY, HFH (OH)							
2700 AKRON RD					COST/SELL	BLDG	
WOOSTER, OH 44691	58-1735548	501(C)(3)	6,039.	20,249.	· ·	MATER/APPLIANCE	AFFILIATE
WEATHERFORD COMMUNITY HFH							
P.O. BOX 1851					COST/SELL	BLDG	
WEATHERFORD, OK 73096-1851	73-1456109	501(C)(3)	120.	6,716.		MATER/APPLIANCE	AFFILIATE
MANAGORE ADEA HER OF THE CONTROL							
WENATCHEE AREA, HFH OF THE GREATER (WA) - 1408 WASHINGTON ST							
WENATCHEE, WA 98801-2555	91-1482879	501 (C) (3)	6,810.	0.			AFFILIATE
HEIMITCHEE, WA JOUUT-ZJJJ	71 14020/3	Pot(C)(3)	0,010.	l .			111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	, ,	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WEST BAY & NORTHERN, HFH OF (RI)							
P.O. BOX 6743					COST/SELL	BLDG	
WARWICK, RI 02887-6743	05-0458404	501(C)(3)	22,692.	4,808.	PRICE	MATER/APPLIANCE	AFFILIATE
WEST ORANGE HFH (FL)							
13369 WEST COLONIAL DR					COST/SELL	BLDG	
WINTER GARDEN, FL 34787	59-3046322	501(C)(3)	22,076.	16,758.	PRICE	MATER/APPLIANCE	AFFILIATE
WEST TUALITY HFH (OR)							
P.O. BOX 806					COST/SELL	BLDG	
FOREST GROVE, OR 97116-0806	93-1078791	501(C)(3)	49,080.	78,400.	PRICE	MATER/APPLIANCE	AFFILIATE
WEST VOLUSIA HFH (FL)							
604 S SPG GDN AVE.					COST/SELL	BLDG	
DELAND, FL 32720	59-2894153	501(C)(3)	120.	5,394.	PRICE	MATER/APPLIANCE	AFFILIATE
WEXFORD HFH (MI)							
P.O. BOX 8287545 E 34 RD					COST/SELL	BLDG	
CADILLAC, MI 49601-0828	38-2749069	501(C)(3)	25,090.	2,147.	PRICE	MATER/APPLIANCE	AFFILIATE
WHATCOM COUNTY, HFH (WA)							
1825 CORNWALL AVE.					COST/SELL	BLDG	
BELLINGHAM, WA 98225	91-1409512	501(C)(3)	38,086.	14,131.	PRICE	MATER/APPLIANCE	AFFILIATE
WICHITA FALLS HFH							
1206 LAMAR ST.					COST/SELL	BLDG	
WICHITA FALLS, TX 76301-4631	75-2405936	501(C)(3)	16,491.	12,799.	PRICE	MATER/APPLIANCE	AFFILIATE
WICHITA HFH (KS)							
130 E MURDOCK ST., STE. 102					COST/SELL	BLDG	
WICHITA, KS 67214-3630	58-1735540	501(C)(3)	33,397.	124,470.	PRICE	MATER/APPLIANCE	AFFILIATE
WICOMICO COUNTY, HFH OF (MD)							
908 W ISABELLA ST.					COST/SELL	BLDG	
SALISBURY, MD 21801	52-1522421	501(C)(3)	26,749.	9,940.	PRICE	MATER/APPLIANCE	AFFILIATE

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD RIVERS HFH (WI)							
1357 N RIV ST.					COST/SELL	BLDG	
SPOONER, WI 54801	39-1863020	501(C)(3)	21,579.	28,095.	1	MATER/APPLIANCE	AFFILIATE
WILKES HFH							
320 COTHREN ST.					COST/SELL	BLDG	
WILKESBORO, NC 28697	56-1753712	501(C)(3)	1,128.	40,278.		MATER/APPLIANCE	AFFILIATE
WILL COUNTY HFH (IL)							
P.O. BOX 3339					COST/SELL	BLDG	
JOLIET, IL 60434-3339	36-3564555	501(C)(3)	68,142.	112,613.		MATER/APPLIANCE	AFFILIATE
WILLIAMSON COUNTY, HFH OF (TX)							
2108 N AUSTIN AVE.					COST/SELL	BLDG	
GEORGETOWN, TX 78626	74-2907371	501(C)(3)	60,230.	23,354.	PRICE	MATER/APPLIANCE	AFFILIATE
WILLIAMSON-MAURY, HFH (TN)							
109 NOAH DR					COST/SELL	BLDG	
FRANKLIN, TN 37064	62-1506788	501(C)(3)	108,390.	28,898.	PRICE	MATER/APPLIANCE	AFFILIATE
WINONA EILIMODE COINMIEC HEU							
WINONA-FILLMORE COUNTIES, HFH  (MN) - P.O. BOX 1183 - WINONA, MN					COST/SELL	BLDG	
55987-7183	41-1755549	501(C)(3)	6,165.	8.807 <b>.</b>	·	MATER/APPLIANCE	AFFILIATE
			,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
WINTER PARK/MAITLAND, HFH OF (FL)							
P.O. BOX 1196					COST/SELL	BLDG	
WINTER PARK, FL 32790-1196	59-3213310	501(C)(3)	5,916.	5,460.	PRICE	MATER/APPLIANCE	AFFILIATE
MIGGONATA ING URB SE							
WISCONSIN INC HFH OF 420 SOUTH 1ST STREET					COST/SELL	BLDG	
MILWAUKEE, WI 53204	27-0819276	501(C)(3)	86,227.	4,000.		MATER/APPLIANCE	ΔΕΡΤΙ.ΤΔΨΕ
11111110NDB, WI 33201	27 0015270	501(0)(3)	00,227.	4,000.	LITOE	MILEN/ALIBIANCE	HI I I I I I I I I I I I I I I I I I I
WISCONSIN RAPIDS AREA HFH							
P.O. BOX 1134					COST/SELL	BLDG	
WISCONSIN RAPIDS, WI 54495-1134	39-1770592	501(C)(3)	81.	5,769.	PRICE	MATER/APPLIANCE	AFFILIATE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOD COUNTY, HFH OF (OH)							
326 INDUSTRIAL PKWYUNIT 1					COST/SELL	BLDG	
SOWLING GREEN, OH 43402	91-2043423	501(C)(3)	24,393.	27,647.	· ·	MATER/APPLIANCE	AFFILIATE
VYOMING VALLEY HFH (PA)							
303 MKT ST.					COST/SELL	BLDG	
KINGSTON, PA 18704	23-2604510	501(C)(3)	44,077.	11,745.		MATER/APPLIANCE	AFFILIATE
YAKIMA VALLEY PARTNERS HFH (WA)							
21 W MEAD AVE., STE. 110					COST/SELL	BLDG	
YAKIMA, WA 98902-6036	91-1307546	501(C)(3)	12,978.	26,924.		MATER/APPLIANCE	AFFTITATE
ORK COUNTY HFH							
P.O. BOX 267					COST/SELL	BLDG	
KENNEBUNK, ME 04043-0267	01-0414293	501(C)(3)	12,222.	15,515.	PRICE	MATER/APPLIANCE	AFFILIATE
ORK COUNTY, HFH OF (SC)							
1084 CHARLOTTE HWY					COST/SELL	BLDG	
LAKE WYLIE, SC 29710	57-0861107	501(C)(3)	188,057.	100,584.	PRICE	MATER/APPLIANCE	AFFILIATE
ORK HFH (PA)							
33 S SEWARD ST.					COST/SELL	BLDG	
ORK, PA 17404	22-2670895	501(C)(3)	11,601.	38,592.		MATER/APPLIANCE	AFFILIATE
·			,	•			
UBA SUTTER HFH							
202 D ST.					COST/SELL	BLDG	
MARYSVILLE, CA 95901	68-0301692	501(C)(3)	30,801.	13,036.	PRICE	MATER/APPLIANCE	AFFILIATE
	+						

Schedu	lle I (Form 990) 2022 HABITAT FOR HUMANITY	INTERNATIONAL	, INC.			91-1914868	Page
Part I		s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
Part I	Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I	I, LINE 2:						
DESCR	IPTION OF ORGANIZATION'S PROCEDURES FOR MONI	CORING THE USI	E OF GRANTS				
HFHI A	AFFILIATES THROUGH SUB-GRANT AGREEMENTS: HFH	SUB-GRANTS I	FUNDS TO				
THOSE	ENTITIES (HFHI AFFILIATES) WHICH MEET THE E	IGIBILITY CR	ITERIA THAT				
INCLUI	DES CAPACITY TO MANAGE GRANTS. ALL SUB-GRANTS	S ARE ON A RE	IMBURSEMENT				
BASIS	WHERE SUB-GRANTEES ARE REQUIRED TO PROVIDE (	COPIES OF ALL	THE				
VOUCHI	ERS/RECEIPTS TO ENSURE WHETHER THOSE EXPENSES	S ARE ALLOWABI	LE, BEFORE				
FUNDS	ARE TRANSFERRED. ALL SUB-GRANTEES PROVIDE QU	JARTERLY PERFO	ORMANCE				
	rs, Both Financial and Programmatic. sub-gram						

232291

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Employer identification number 91-1914868

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a		1

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JONATHAN RECKFORD	(i)	438,364.	1,000.	0.	18,300.	36,198.	493,862.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LUIS NODA	(i)	162,130.	1,000.	157,237.	10,251.	10,968.	341,586.	0.	
AREA VP, ASIA AND THE PACIFIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PATRICK CANAGASINGHAM	(i)	308,741.	0.	0.	2,585.	0.	311,326.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) AMY DUNHAM (BEG 02/22)	(i)	228,110.	1,000.	32,047.	14,213.	32,986.	308,356.	0.	
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) HILARY HARP	(i)	236,332.	1,000.	0.	14,756.	36,098.	288,186.	0.	
SVP, LEGAL & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) VALERIE NORTON	(i)	242,683.	1,000.	0.	15,024.	26,163.	284,870.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ADRIENNE GOOLSBY	(i)	246,393.	1,000.	0.	15,220.	21,406.	284,019.	0.	
SVP, U.S. AND CANADA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) RICHARD HATHAWAY	(i)	191,588.	1,000.	67,173.	11,923.	10,968.	282,652.	0.	
AREA VP, EMEA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) JACQUELINE INNOCENT	(i)	227,828.	1,000.	0.	14,348.	36,877.	280,053.	0.	
SVP, INTEGRATED PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MARLA DAVIDSON	(i)	235,248.	1,000.	0.	14,282.	10,428.	260,958.	0.	
VP, CIO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JIM MELLOTT	(i)	206,837.	1,000.	526.	12,996.	36,198.	257,557.	0.	
VP - FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) KEVIN CAMPBELL	(i)	139,382.	1,000.	81,817.	8,502.	10,428.	241,129.	0.	
MANAGING DIRECTOR - PRI RECOV PROG	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) JULIE LAIRD DAVIS	(i)	199,168.	1,000.	79.	12,142.	25,788.	238,177.	0.	
VP, CORP & CAUSE MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) BRANDIE MICHEL	(i)	202,006.	1,000.	700.	12,534.	17,520.	233,760.	0.	
SR DIR-CONSTITUENT ENGMNT SYSTEM	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) BELAYNESH TADESSE	(i)	108,033.	1,000.	100,923.	6,683.	8,215.	224,854.	0.	
DIRECTOR - BUSINESS STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) ERNESTO GARCIA	(i)	182,015.	0.	11,138.	14,304.	0.	207,457.	0.	
AREA VP, LAC	(ii)	0.	0.	0.	0.	0.	0.	0.	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(17) AARON LEWIS	(i)	171,402.	1,000.	0.	10,380.	9,583.	192,365.	0.	
ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(18) MAURICE MAKOLOO	(i)	169,282.	0.	0.	8,398.	0.	177,680.	0.	
AREA VICE PRESIDENT, AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(19) COLLEEN RIDENHOUR	(i)	129,222.	0.	22,733.	7,871.	6,110.	165,936.	0.	
CHIEF DEV. OFFICER (THRU 05/22)	(ii)	0.	0.	0.	0.	0.	0.	0,	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III	Supplemental	Information
----------	--------------	-------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE COMPENSATION LISTED BELOW IS TAXABLE COMPENSATION PROVIDED ON A CASE BY

CASE BASIS TO GLOBAL ASSIGNEES WORKING ON OFFICIAL HFHI BUSINESS. TYPICALLY

THE ALLOWANCES LISTED BELOW ARE PROVIDED TO EMPLOYEES WORKING OUTSIDE OF

THEIR HOME COUNTRY.

TRAVEL FOR COMPANIONS:

RICHARD HATHAWAY 2,300

LUIS NODA 3,600

BELAYNESH TADESSE 3,600

TRAVEL FOR COMPANIONS WAS TREATED AS TAXABLE COMPENSATION.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

KEVIN CAMPBELL 46,000

LUIS NODA 39,780

RICHARD HATHAWAY 18,662

BELAYNESH TADESSE 29,430

HOUSING ALLOWANCES WERE TREATED AS TAXABLE COMPENSATION.

Part III   Supplemental Inform	ation
Provide the information, explana	ation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
TAX INDEMNIFICATION AND	GROSS-UP PAYMENTS:
KEVIN CAMPBELL	35,817
LUIS NODA	92,061
RICHARD HATHAWAY	45,965
BELAYNESH TADESSE	56,134
TAX INDEMNIFICATION AND	GROSS-UP PAYMENTS WERE TREATED AS TAXABLE
COMPENSATION.	
PERSONAL SERVICES:	
RICHARD HATHAWAY	750
BELAYNESH TADESSE	750
LUIS NODA	547
TAX PREPARATION ASSISTAN	ICE PROVIDED WAS TREATED AS TAXABLE
COMPENSATION.	

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

		HABITAT FOR HUMAN	TTY INTERN	NATIONAL, INC.			91-1914	868	
Par	tl Ty	pes of Property							
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	I	(d) thod of deterr h contributior	_	ts
1	Art - Works	s of art							
2	Art - Histor	rical treasures							
3	Art - Fraction	onal interests							
4	Books and	publications							
5	Clothing ar	nd household goods							
6	Cars and c	other vehicles	Х	14,512	18,013,095.	SELLING P	RICE		
7		planes							
8		l property							
9		- Publicly traded	Х	190	5,684,877.	FMV			
10	Securities	- Closely held stock							
11		- Partnership, LLC, or							
	trust intere	ests							
12	Securities	- Miscellaneous							
13	Qualified c	onservation contribution -							
	Historic str	ructures							
14	Qualified c	onservation contribution - Other							
15	Real estate	e - Residential							
16		e - Commercial							
17		e - Other							
18		s							
19		ntory							
20		medical supplies							
21	Taxidermy								
22	-	artifacts							
23		specimens							
24		ical artifacts							
25		( HOUSING BUILDIN )	Х	300	42,853,520.	FMV			
26	Other (	SKY MILES	Х	1	70,893.	FMV			
27	Other (	(							
28	Other (	<u> </u>							
29	Number of	Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
		he organization completed Form 82							
				J				Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	h 28, that it			
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
		irposes for the entire holding period					30	а	Х
b		escribe the arrangement in Part II.							
31	,	organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	3	1 X	
		organization hire or use third parties		•	•		·····		
	contributio			•			32	a X	
b		escribe in Part II.							
33		nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked.			
	describe in			-, i= p. 5p 5( t)	(3) 13 0110	,			
LHA		erwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Sc	hedule M (F	orm 990	) 2022

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
SOLICITATION, PROCESSING, OR NONCASH CONTRIBUTIONS.
HABITAT FOR HUMANITY INTERNATIONAL INC. HAS A SERVICE AGREEMENT WITH
ADVANCED MARKETING SERVICES (ARS). ARS PERFORMS OPERATIONAL SUPPORT
SERVICES THAT CONSIST OF ASSIGNMENT, TRANSPORTATION, PREPARATION AND
SALE OF ALL VEHICLES DONATED TO HABITAT. ARS, OPERATING AS AN AGENT FOR
HABITAT, PROCESSES STANDARD RECEIPT AND IRS FORMS 8283, 8282 AND 1098C.

### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (CONTINUED FROM PART I) TO BUILD HOMES. COMMUNITIES AND HOPE. FORM 990, PART I, LINE 6 VOLUNTEERS THE NUMBER OF VOLUNTEERS REPORTED BY ALL HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) ENTITIES IN FY23 WAS 896,000. THIS TOTAL INCLUDES VOLUNTEERS FROM THE ENTIRE ORGNAIZATION INCLUDING HFHI AFFILIATES. FORM 990, PART III, PROGRAM SERVICE LINE 4A GLOBAL IMPACT HABITAT OPERATES IN MORE THAN 70 COUNTRIES AROUND THE WORLD. WORKING WITH NATIONAL HABITAT ORGANIZATIONS AND OTHER PARTNERS TO EXPAND ACCESS TO DECENT AND AFFORDABLE HOUSING. HABITAT'S WORK IS GROUPED INTO FIVE GEOGRAPHIC AREAS FOR ADMINISTRATIVE PURPOSES: THE UNITED STATES AND CANADA; LATIN AMERICA AND THE CARIBBEAN; ASIA AND THE PACIFIC; EUROPE AND THE MIDDLE EAST; AND AFRICA. HABITAT WORKED WITH NEARLY 13.5 MILLION PEOPLE IN FISCAL YEAR 2023 TO INCREASE ACCESS TO AFFORDABLE, SAFE HOUSING AROUND THE WORLD, HABITAT HELPED 9.55 MILLION PEOPLE GAIN THE POTENTIAL TO IMPROVE THEIR HOUSING CONDITIONS THROUGH OUR TRAINING (131,323) AND ADVOCACY

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

Schedule O (Form 990) 2022

(9,417,063).

Schedule O (Form 990) 2022 Page 2

**Employer identification number** Name of the organization HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 IN FY2023, HABITAT'S NETWORK, INCLUDING LOCAL AFFILIATES AND NATIONAL ORGANIZATIONS, ENGAGED MORE THAN 895,000 VOLUNTEERS TO BUILD, ADVOCATE AND RAISE AWARENESS ABOUT THE GLOBAL NEED FOR SHELTER. SINCE LAUNCHING IN MAY 2023, THE HOME EQUALS GLOBAL ADVOCACY CAMPAIGN HAS POTENTIALLY IMPACTED MORE THAN 2.1 MILLION PEOPLE AND ACCESSED US\$62 MILLION IN FUNDING TO IMPROVE HOUSING IN INFORMAL SETTLEMENTS AROUND THE WORLD. APPROXIMATELY 656 HABITAT AFFILIATES OPERATE 910 RESTORES IN THE U.S.; AND THERE ARE APPROXIMATELY 137 RESTORES IN SEVEN ADDITIONAL COUNTRIES. FORM 990, PART III, PROGRAM SERVICE LINE 4B DOMESTIC U.S. HABITAT AFFILIATES WORK ALONGSIDE THEIR NEIGHBORS TO IMPLEMENT REVITALIZATION PROJECTS, BRINGING TOGETHER RESIDENTS AND PARTNERS IN COMMUNITIES AROUND THE U.S. TO COLLABORATE, MAXIMIZE RESOURCES AND FOSTER THRIVING COMMUNITIES. MORE THAN 12,500 DISASTER AFFECTED PEOPLE IN 15 STATES WERE ABLE TO BEGIN REBUILDING POST-DISASTER IN FY2023 THANKS TO HABITAT FOR HUMANITY INTERNATIONAL'S SUPPORT OF LOCAL HABITAT OFFICES. HABITAT FOR HUMANITY INTERNATIONAL SUPPORTED U.S. AFFILIATES THAT WORKED WITH THE GOVERNMENT AND LOCAL COMMUNITIES TO CHANGE AND ENACT HUNDREDS OF POLICIES THROUGH THE COST OF HOME CAMPAIGN, IMPACTING MILLIONS OF INDIVIDUALS ACROSS AMERICA.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 HABITAT'S HOUSING AND COMMUNITY STRATEGIES PROVIDES PROGRAM SUPPORT AND FINANCIAL ASSISTANCE TO LOCAL AFFILIATES IMPLEMENTING PEOPLE-FOCUSED PROGRAMS, SUCH AS AGING IN PLACE, VETERANS BUILD, WOMEN BUILD, REPAIRS, ADVANCING BLACK HOMEOWNERSHIP AND LASTING AFFORDABLE HOMEOWNERSHIP. THE DIVERSITY. EQUITY AND INCLUSION PROGRAM IS DIVERSIFYING AND EXPANDING HABITAT FOR HUMANITY INTERNATIONAL'S IMPACT THROUGH OPERATIONAL CHANGES AT OUR HEADQUARTERS AND ASSISTANCE TO LOCAL HABITAT OFFICES. HABITAT ON THE HILL WELCOMED 375 LEADERS AND ADVOCATES TO CAPITOL HILL IN FEBRUARY 2023, TO SPEAK TO THEIR REPRESENTATIVES AND ADVOCATE FOR HOUSING-RELATED POLICY CHANGES TO INCREASE ACCESS TO AFFORDABLE, DECENT HOMES. INTERNATIONAL THE TERWILLIGER CENTER FOR INNOVATION IN SHELTER PARTNERS WITH BUSINESSES AND ORGANIZATIONS AROUND THE WORLD TO INFLUENCE THREE HOUSING-RELATED SECTORS: FINANCIAL SERVICES, ENTERPRISE AND ENTREPRENEURSHIP, AND CONSTRUCTION SYSTEMS AND TECHNOLOGIES. THE CENTER'S FOUR MAIN AREAS OF FOCUS ARE CLIMATE, SUSTAINABILITY, GENDER AND THE DIGITAL DIVIDE. IN FY2023, 281,719 PEOPLE ACROSS THE GLOBE RECEIVED PRODUCTS OR SERVICES FROM TERWILLIGER CENTER PARTNERS.

IN CANADA, HABITAT PROVIDED DISASTER RESPONSE ASSISTANCE TO FAMILIES

AFFECTED BY A WILDFIRE THAT DAMAGED HOMES IN NOVA SCOTIA IN MAY 2023.

SINCE FEBRUARY 2022, HABITAT HAS ASSISTED OVER 35,000 REFUGEES FROM

Schedule O (Form 990) 2022 Page **2** 

Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 UKRAINE IN HUNGARY, POLAND, ROMANIA, SLOVAKIA, AND GERMANY THROUGH A RANGE OF INTERVENTIONS, INCLUDING EMERGENCY TRAVEL KITS, RENTAL ASSISTANCE, HOTEL VOUCHERS AND THE PLACEMENT OF REFUGEES WITH HOST FAMILIES. THE HABITAT AFRICA AREA OFFICE IN NAIROBI, KENYA, SUPPORTS NINE NATIONAL ORGANIZATIONS IN THEIR EFFORTS TO OFFER PROGRAMS THAT IMPROVE LIVING CONDITIONS FOR FAMILIES IN NEED OF DECENT SHELTER. OUR WORK ACROSS AFRICA INCLUDES NEW CONSTRUCTION; HOME REPAIRS; WATER SANITATION, AND HYGIENE; TRAINING ON JOB SKILLS, HOME MAINTENANCE AND HEALTHY PRACTICES; DISASTER RESPONSE; AND MUCH MORE. FORM 990, PART III, PROGRAM SERVICE LINE 4C PUBLIC AWARENESS AND EDUCATION HABITAT WORKS DILIGENTLY TO SHARE OUR MESSAGE OF HELPING FAMILIES BUILD STRENGTH, STABILITY, AND SELF-RELIANCE THROUGH SHELTER WITH A WIDE RANGE OF AUDIENCES, USING A VARIETY OF MEDIA. THROUGH LEARNING EVENTS IN COMMUNITIES ALL OVER THE WORLD, HABITAT INCREASES PUBLIC AWARENESS AND DEMONSTRATES OUR PRINCIPLES IN ACTION. HABITAT, THE MAGAZINE OF HABITAT FOR HUMANITY, SHARES COMPELLING STORIES OF VOLUNTEERS AND HOMEOWNERS AND REACHES APPROXIMATELY 1.8 MILLION READERS EVERY YEAR. HABITAT PROVIDES DIGITAL PLATFORMS FOR CONSTITUENTS TO INTERACT WITH THE ORGANIZATION, SUCH AS THE HABITAT.ORG WEBSITE AND OUR SOCIAL MEDIA CHANNELS. WE REACHED MORE THAN 2.05 MILLION FOLLOWERS ON FACEBOOK LINKEDIN, PINTEREST, INSTAGRAM, AND X IN 2023.

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: BANGLADESH, CAMBODIA, COSTA RICA, DOMINICAN REPUBLIC, EGYPT, ETHIOPIA, HAITI, INDIA, COTE D IVOIRE, JORDAN, BURMA, NEPAL, NETHERLANDS, PERU, PHILIPPINES, SOUTH AFRICA SLOVAKIA, VIETNAM FORM 990, PART VI, SECTION A, LINE 1A: VOTING RIGHTS OF EX OFFICIO MEMBERS EX OFFICIO MEMBERS SERVE AS VOTING MEMBERS OF THE BOARD. EXCEPT ON: (1) MATTERS AFFECTING EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS; (2) THE ELECTION, APPOINTMENT, OR REMOVAL OF DIRECTORS AND OFFICERS; (3) THE DISSOLUTION, MERGER, OR REORGANIZATION OF THE CORPORATION OF DISTRIBUTION OF ITS ASSETS; (4) THE AMENDMENT OF THE ARTICLES OF INCORPORATION OR THE BY-LAWS; OR (5) SUCH OTHER MATTERS AS THE BOARD MAY HEREINAFTER DETERMINE BY A MAJORITY VOTE OF THE DIRECTORS. EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD AND THE CHAIRS OF EACH OF THE FIVE STANDING COMMITTEES. THE CHAIR OF THE BOARD ACTS AS CHAIR OF THE EXECUTIVE COMMITTEE. THE CHIEF EXECUTIVE OFFICER SERVES AS AN EX OFFICIO MEMBER OF THIS COMMITTEE. THE EXECUTIVE COMMITTEE MAY TAKE ACTION ACCORDING TO ANY MANNER THE BOARD IS PERMITTED TO USE UNDER THE BY-LAWS. THE EXECUTIVE COMMITTEE REPORTS ALL ITS INTERIM ACTIONS IN WRITING AT THE NEXT REGULAR OR SPECIAL MEETING OF THE BOARD.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization **Employer identification number** HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 FORM 990, PART VI, SECTION B, LINE 11B: PROCESS USED TO REVIEW THE FORM 990 HABITAT FOR HUMANITY INTERNATIONAL, INC.'S (HFHI) FORM 990 WAS PREPARED BY HFHI'S EXTERNAL AUDITOR, GRANT THORNTON, LLP, IN CONSULTATION WITH HFHI'S FINANCE AND LEGAL DEPARTMENTS. THE COMPLETED VERSION OF THE FORM 990 WAS THEN REVIEWED BY THE VP OF FINANCE AND GENERAL COUNSEL. AFTER THE REVIEW WAS COMPLETE. THE FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. UPON REVIEW BY THE FINANCE COMMITTEE, THE FORM 990 WAS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL, UPON APPROVAL BY THE BOARD OF DIRECTORS. THE FORM 990 WAS FINALIZED AND FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) CONDUCTS ANNUAL BOARD TRAINING, INCLUDING PERIODIC TRAINING ON HFHI'S CONFLICT OF INTEREST POLICY, THE ANNUAL DISCLOSURES REQUIRED, AND THE PROCESS FOR REVIEW AND APPROVAL OF ANY RELATED PARTY TRANSACTIONS. THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. WITH THE ASSISTANCE OF GENERAL COUNSEL. OVERSEES THE SUBMISSION OF THE ANNUAL DISCLOSURES BY THE DIRECTORS, OFFICERS, TRUSTEES AND KEY EMPLOYEES. REVIEWS THE DISCLOSURES TO DETERMINE WHETHER THERE ARE INTERESTS THAT COULD GIVE RISE TO CONFLICTS AND MONITORS OVERALL COMPLIANCE WITH THE POLICY. IF ANY ACTUAL OR POTENTIAL CONFLICTS WERE TO ARISE, THE GENERAL COUNSEL WOULD WORK WITH THE GOVERNANCE COMMITTEE, THE BOARD, AND MANAGEMENT, AS APPROPRIATE, TO FACILITATE THE ASSESSMENT OF THE FAIRNESS OF THE DELIBERATIONS OR VOTING REGARDING THE TRANSACTION AND OTHERWISE MONITOR COMPLIANCE WITH THE POLICY.

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

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL HABITAT FOR HUMANITY INTERNATIONAL, INC.'S (HFHI) HUMAN RESOURCE DEPARTMENT SUPPORTS THE BOARD FOR CEO COMPENSATION DECISIONS BY REVIEWING AN INDEPENDENT COMPENSATION SURVEY CONDUCTED BY THE BIRCHES GROUP, WHICH CONFIRMS THE CEO MARKET SALARY PRACTICES OF OVER 100 INTERNATIONAL NON-PROFIT ORGANIZATIONS. THE CHIEF PEOPLE OFFICER WORKS WITH THE HFHI BOARD CHAIR TO FINALIZE A SALARY RECOMMENDATION FOR THE CEO BASED ON THAT INDEPENDENT SALARY DATA AND THE INCUMBENT'S PERFORMANCE. THE CHAIR'S RECOMMENDATION GOES TO THE HFHI EXECUTIVE COMMITTEE, WHICH TAKES THE LEAD IN REVIEWING AND RECOMMENDING THE CEO'S SALARY FOR THE UPCOMING YEAR. AFTER EXECUTIVE COMMITTEE APPROVAL. THE RECOMMENDATION IS PRESENTED TO THE FULL BOARD FOR FINAL APPROVAL. FORM 990, PART VI, LINE 15B PROCESS FOR DETERMINING COMP. OF OTHER OFFICERS AND KEY EMPLOYEES HABITAT FOR HUMANITY INTERNATIONAL, INC.'S (HFHI) HUMAN RESOURCE DEPARTMENT PARTICIPATES IN AND PURCHASES A WIDELY USED INDEPENDENT COMPENSATION SURVEY PUBLISHED BY THE BIRCHES GROUP THAT REVIEWS MARKET SALARY PRACTICES OF INTERNATIONAL NON-PROFIT ORGANIZATIONS, ALONG WITH SURVEYS CONDUCTED BY WILLIS TOWERS WATSON REGARDING NON-PROFIT SALARY PRACTICES IN THE UNITED STATES. BASED ON THIS REVIEW. THE HUMAN RESOURCES DEPARTMENT DETERMINES THE MARKET AVERAGE SALARY FOR THE EXECUTIVE DIRECT REPORTS TO THE CEO AND OTHER KEY EMPLOYEES AND COMPARES HFHI'S ACTUAL INCUMBENT SALARIES TO THE POSITIONS' MARKET AVERAGES. THE HUMAN RESOURCE DEPARTMENT REVIEWS THIS ANALYSIS WITH THE CEO AND SENIOR STAFF WHO MAKE SALARY RECOMMENDATIONS FOR THEIR DIRECT REPORTS FOR THE UPCOMING CALENDAR YEAR BASED ON THIS DATA AND THE EMPLOYEE'S PERFORMANCE. HUMAN RESOURCES REVIEWS AND APPROVES ALL HFHI

SALARY CHANGES.

232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

	Page
G.	Employer identification number 91-1914868
OVERNING	
MENTS AVAILABLE	
0.	
0.	
26,355,388.	
26,355,388.	
10,113,618.	
822,482.	
0.	
10,936,100.	
37,291,488.	
-2,530,384.	
	0. 0. 26,355,388. 26,355,388.  10,113,618. 822,482. 0. 10,936,100. 37,291,488.

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Employer identification number 91-1914868

Part I	Identification of Disregarded Entities.	Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
--------	---	--

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HABITAT NMTC MANAGEMENT, LLC - 46-4068249					
322 W. LAMAR STREET					
AMERICAS, GA 31709	NMTC	GEORGIA	0.	0.	нғні
MICROBUILD I, B.V 80-0814102					
NACHTWACHTLAAN 20					
AMSTERDAM, NETHERLANDS	MICROFINANCE	NETHERLANDS	0.	0.	MICROBUILD I
HABITAT MORTGAGE SOLUTIONS, LLC - 32-0452847					
322 W. LAMAR STREET					
AMERICAS, GA 31709	FINANCING	GEORGIA	3,539,687.	66,164,023.	нғні
HFH PURCHASING GROUP - 52-2298238					
322 W. LAMAR STREET					
AMERICAS, GA 31709	INSURANCE	GEORGIA	0.	0.	нгні

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HABITAT FOR HUMANITY MIDDLE EAST -							1
52-2182590, 1310 L STREET, N.W., SUITE 350,							l
WASHINGTON, DC 20005	AFF. HOUSING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	нгні	х	
NADACIA HABITAT FOR HUMANITY INTL.							
ZOCHOVA 6-8 811							l
BRATISLAVA, SLOVAKIA 03 811	AFF. HOUSING	SLOVAKIA	501(C)(3)		нгні	х	
HABITAT FOR HUMANITY BRAZIL							
RUA AMERICO PEREIRA ALVES FILH							
VILLAGE MORUBI, BRAZIL	AFF. HOUSING	BRAZIL	501(C)(3)		нгні	х	
HABITAT FOR HUMANITY HAITI							
106 RUES CLERVEAU ET LOUVERTUR	]						l
PETION-VILLE, HAITI 15865	AFF. HOUSING	HAITI	501(C)(3)		нгні	х	l

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
or disregarded entity		foreign country)			entity
MS LOAN FUND 1 LLC - 92-2775225					
22 W. LAMAR STREET					
MERICUS, GA 31709	FINANCING	DELAWARE	0.	0.	HFHI
	<del></del>				
	<del></del>				

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
JAM HABITAT FOR HUMANITY INTL	_						
APT 1, 17 RESEARCH CRESCENT							
MANDEVILLE P.O, JAMAICA	AFF. HOUSING	JAMAICA	501(C)(3)		HFHI	Х	
HFHI PR, LLC - 66-0898341							
704 JORDAN STREET	_						
SAN JUAN, PUERTO RICO 00909	AFF. HOUSING	PUERTO RICO	501(C)(3)		HFHI	Х	
ASOCIACION CENTRO TERWILLIGER DE INNOVACION							
EN VIVIENDA, AV. JOSE PARDO 434, PISO 16,							
MIRAFLORES, LIMA, PERU	AFF. HOUSING	PERU	501(C)(1)		нғні	х	
	1						
	1						
	1						
-	1						
	1						
	-						
		ļ					
	4						
	]						
	1						
	1						
	1						
•	1						
	1						
	4						
	4						
	4						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managi partne	_
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
MICROBUILD I LLC - 45-3939711											
2711 CENTERVILLE RD, SUITE 400	)										
WILMINGTON, DE 19808	MICROFINANCE	DE	HFHI	RELATED	1,357,159.	28,435,500.		x	N/A	x	51.00%
HFHI NMTC SUB-CDE II, LLC -											
36-4788326, 285 PEACHTREE CNT											
AVE NE, STE 2700, ATLANTA, GA	NEW MARKET TAX										
30303	CR	GA	HABITAT NMTC	RELATED				x	N/A	x	.01%
HFHI NMTC SUB-CDE III, LLC -											
61-1740011, 285 PEACHTREE CNT											
AVE NE, STE 2700, ATLANTA, GA	NEW MARKET TAX										
30303	CR	GA	HABITAT NMTC	RELATED				x	N/A	x	.01%
HFHI NMTC SUB-CDE IV, LLC -											
30-0833140, 285 PEACHTREE CNT	1										
AVE NE, STE 2700, ATLANTA, GA	NEW MARKET TAX										
30303	CR	GA	HABITAT NMTC	RELATED				x	N/A	х	.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr enti	olled ity?
HABITAT MICROBUILD INDIA HOUSING FINANCE		,						Yes	No
W-190 N MAIN RD ANNA NAGAR WEST	-								ĺ
CHENNAI, INDIA 600101	MICROFINANCE	INDIA	HFHI	C CORP	602,638.	6,072,407.	74.79%		Х
HABITAT FOR HUMANITY SWITZERLAND -									
45-2570918, 42 AVENUE KRIEG 1208, GENVA,									ĺ
SWITZERLAND	AFF. HOUSING	DE	нгні	C CORP			100%		х
HABITAT FOR HUMANITY NMTC LLC - 45-2570918									
285 PEACHTREE CENTER AVE NE, STE 2700	1								ĺ
ATLANTA, GA 30303	NEW MARKET TA	GA	нгні	C CORP	36.	10,687.	100%		х
									<u> </u>
	1								ĺ
	1								ĺ
									1
	]								ĺ

Schedule R (Form 990) 2022

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Part III   Continuation of Identification	Troi riciated organiza	LIONS TAX		, , , , , , , , , , , , , , , , , , ,							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropate allo		Code V-UBI amount in box 20 of Schedule	managii partner	? OWNERSTIP
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
HFHI NMTC SUB-CDE V, LLC -											
38-3934088, 285 PEACHTREE CNT											
AVE NE, STE 2700, ATLANTA, GA	NEW MARKET TAX										
30303	CR	GA	HABITAT NMTC	RELATED				X	N/A	х	.01%
HFHI NMTC SUB-CDE VI, LLC -											
38-3934111, 285 PEACHTREE CNT											
AVE NE, STE 2700, ATLANTA, GA											
30303	INACTIVE	GA	HABITAT NMTC	RELATED				X	N/A	х	100%
HFHI NMTC LEVERAGE LENDER											
2013-1 - 38-3945196, 285											
PEACHTREE CNT AVE NE, STE	NEW MARKET TAX										
2700, ATLANTA, GA 30303	CR	GA	NMTC MGT	RELATED				x	N/A	x	.01%
HFH NMTC LEVERAGE LENDER											
2016-1 - 38-3945196, 285	]										
PEACHTREE CNT AVE NE, STE	NEW MARKET TAX										
2700, ATLANTA, GA 30303	CR	GA	NMTC MGT	RELATED				x	N/A	x	.01%
HFH NMTC LEVERAGE LENDER 2018											
- 82-4353612, 285 PEACHTREE	]										
CNT AVE NE, STE 2700,	NEW MARKET TAX										
ATLANTA, GA 30303	CR	GA	NMTC MGT	RELATED				x	N/A	x	.01%
HFH NMTC LEVERAGE LENDER 2021											
- 86-2024125, 285 PEACHTREE											
CNT AVE NE, STE 2700,	NEW MARKET TAX										
ATLANTA, GA 30303	CR	GA	NMTC MGT	RELATED				x	N/A	x	.01%
HFHI NMTC SUB-CDE I, LLC -											
61-1739631, 285 PEACHTREE CNT											
AVE NE, STE 2700, ATLANTA, GA	NEW MARKET TAX										
30303	CR	GA	HABITAT NMTC	RELATED				X	N/A	x	.01%
											<u> </u>
	]										
	]										

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	--

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No_
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
					1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11	Х	
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1р		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the seco	no must complete th	nis line, including covered rel	lationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount ir	nvolved		
1) <sup>I</sup>	HABITAT FOR HUMANITY HAITI	R	2,507,408.0	COST			
<b>2</b> ) <sup>I</sup>	HABITAT FOR HUMANITY MIDDLE EAST	R	1,793,081.0	COST			
3)							
4)							

<u>(5)</u>

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

## HABITAT FOR HUMANITY INTERNATIONAL, INC. 91-1914868 Schedule R (Form 990) 2022 Page 5 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. FORM 990, SCHEDULE R, PARTS I & II HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) CONTROLS EIGHT RELATED ENTITIES AS LISTED ON SCHEDULE R. HABITAT FOR HUMANITY MIDDLE EAST, INC., AND HABITAT FOR HUMANITY INTERNATIONAL PR, LLC FILE SEPARATE FORMS 990, WHICH SHOULD BE CONSULTED FOR ADDITIONAL INFORMATION ABOUT THOSE ENTITIES. HABITAT FOR HUMANITY HAITI, NADACIA HABITAT FOR HUMANITY INTERNATIONAL, HABITAT FOR HUMANITY BRAZIL, JAM HABITAT FOR HUMANITY INTERNATIONAL, AND ASOCIACION CENTRO TERWILLIGER DE INNOVACION ARE FOREIGN NON-PROFIT ENTITIES THAT DO NOT FILE U.S. INFORMATION RETURNS. HFHI HAS DEVELOPED A PROGRAM THAT MAKES AVAILABLE VARIOUS NECESSARY LINES OF INSURANCE TO ITS U.S. AFFILIATES. IN ORDER FOR HFHI AFFILIATES TO PURCHASE INSURANCE, HFHI INCORPORATED A SPECIAL PURPOSE ENTITY TO COMPLY WITH THE FEDERAL LIABILITY RISK RETENTION ACT OF 1986. HABITAT FOR HUMANITY PURCHASING GROUP (PG) IS INCORPORATED AS A GEORGIA NONPROFIT CORPORATION AND UNDER GEORGIA'S PURCHASING GROUP STATUTE. PG IS CONTROLLED BY HFHI THROUGH HFHI STAFF WHO ACT AS BOARD MEMBERS: HFHI HOLDS ANNUAL AND SPECIAL MEETINGS AS NECESSARY TO REVIEW AND TO RENEW THE INSURANCE COVERAGE AND TO MAKE OTHER DECISIONS REGARDING THE INSURANCE PROGRAM. PG EXISTS SOLELY TO PERMIT AFFILIATES TO PURCHASE THE INSURANCE. THE ENTITY HAS NO FINANCIAL ACTIVITY AND HOLDS NO ASSETS. FORM 990, SCHEDULE R, PARTS III AND IV

RELATED ORGANIZATIONS

IN 2011-2012, HABITAT FOR HUMANITY INTERNATIONAL INC. (HFHI) LAUNCHED

ITS "MICROBUILD" PROGRAM TO EXPAND THE NUMBER OF FAMILIES HFHI CAN

SERVE. MICROBUILD I, LLC (MICROBUILD), A SPECIAL PURPOSE LLC, USES LOAN

PROCEEDS FROM THE FEDERAL GOVERNMENT TO LEND TO SELECTED PARTNER

Schedule R (Form 990) 2022

Provide additional information for responses to questions on Schedule R. See instructions.
MICROFINANCE INSTITUTIONS AROUND THE WORLD, WHICH IN TURN MAKE HOUSING
MICROFINANCE SERVICES AVAILABLE TO LOW-INCOME FAMILIES FOR THE PURPOSE
OF AFFORDABLE HOME IMPROVEMENT. TO MORE EFFICIENTLY DEPLOY THESE FUNDS
GLOBALLY, MICRO BUILD WAS CREATED AND IS THE SOLE MEMBER OF A DUTCH
·
SUBSIDIARY, WHICH MAKES THE DIRECT LOANS TO QUALIFIED MICROFINANCE
INSTITUTIONS. IN FURTHERANCE OF THE HFHI MISSION, THIS PROGRAM WAS
DESIGNED TO MEET THE HOUSING NEEDS OF EVEN MORE LOW-INCOME FAMILIES
THAN COULD BE PREVIOUSLY SERVED BY THE TRADITIONAL HFHI CONSTRUCTION
MODEL. TO THIS END, THE DOWNSTREAM LOANS TO FAMILIES ARE USED TO MAKE
MUCH NEEDED HOME IMPROVEMENTS, ACCESS LEGAL AID PERTAINING TO SECURE
LAND REGISTRATION OR EVEN ACQUIRE A NEW HOUSE OR PLOT OF LAND. HFHI IS
THE SOLE MEMBER OF THE MICROBUILD I, LLC ENTITY FOR THE REPORTED TAX
YEAR, WHICH WAS TREATED AS A DISREGARDED ENTITY FOR TAX PURPOSES UNTIL
JUNE 29, 2012, AT WHICH POINT HFHI BECAME THE 51% CONTROLLING MEMBER OF
MICROBUILD. THE HABITAT MICROBUILD INDIA HOUSING FINANCE COMPANY SERVES
THE SAME PURPOSE AND IS OWNED AND CONTROLLED BY HFHI IN THE SAME MANNER
AS MICROBUILD. THIS ENTITY WAS CREATED SPECIFICALLY FOR USE IN INDIA TO
COMPLY WITH LOCAL LAWS. THIS ENTITY MAKES LOANS TO LOCAL INDIAN
MICROFINANCE INSTITUTIONS FITTING CRITERIA CONFORMING TO HFHI'S
CHARITABLE PURPOSES, TO PROVIDE HOUSING MICROFINANCE PRODUCTS TO
LOW-INCOME PEOPLE IN INDIA.
FORM 990, SCHEDULE R, PARTS III AND IV, COLUMNS F AND G
IN SOME CASES, THE INCOME AND ASSET AMOUNTS WERE NOT YET AVAILABLE AT
THE TIME OF FILING THIS RETURN AND THEREFORE ESTIMATES OR PRIOR YEAR
AMOUNTS HAVE BEEN USED AS BEING REASONABLY REPRESENTATIVE OF OUR
OWNERSHIP IN THESE ENTITIES.