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CLIENT'S COPY

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $\underline{JUL}\ 1$, 2021, and ending $\underline{JUN}\ 30$, 20 $\underline{22}$

2021

Form **8879-TE** (2021)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 ELINORE BARNEY Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ____ > 7a Form 4720 check here 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a 10a Form 8038-CP check here ▶ **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DAN SMITH & COMPANY PC 74663 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 38291631849 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date \triangleright 01/05/23 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

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

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 309 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 49721 CHEBOYGAN, MI 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 Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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) MANDY MARTIN - HABITAT FOR HUMANITY The books are in the care of ▶ PO BOX 309 - CHEBOYGAN, MI Telephone No. ▶ 2315974663 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 __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. May 15, 2023 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 or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 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.

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

Form 8868 (Rev. 1-2022)

Extended to May 15, 2023

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Open to Public Inspection

B	Check if applicable:	C Name of organization		D Employer identific	cation number	
	Address	CHEBOYGAN COUNTY HABITAT FOR HUMANITY				
H	change Name			38-31909	77	
H	change □Initial	Doing business as	/- · · it-			
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 309	oom/suite	E Telephone number 231-597-4		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	438069.	
	Amende return	CHEBOIGAN, MI 49721		H(a) Is this a group re		
	Applica-	F Name and address of principal officer: EDINORE DARRIET		for subordinates'	? Yes X No	
	pending	PO BOX 309 , CHEBOYGAN, MI 49/21		H(b) Are all subordinates in	cluded? Yes No	
		mpt status: X 501(c)(3) 501(c)()	527	If "No," attach a	list. See instructions	
		HABITATCHEBOYGAN.ORG		H(c) Group exemption		
_		organization: X Corporation Trust Association Other	L Year o	of formation: 1994 M	State of legal domicile: MI	
Pa		Summary				
ë	1 B	Briefly describe the organization's mission or most significant activities: SEEKIN	NG TO	PUT GOD'S I	LOVE INTO	
Activities & Governance	_	ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE				
err	1	Check this box if the organization discontinued its operations or disposed		1 1		
é	1			4	7	
જ		lumber of independent voting members of the governing body (Part VI, line 1b)			9	
ties		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			30	
ξį		otal number of volunteers (estimate if necessary)			0.	
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	·····			
		N 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 165873.	Current Year 221051.	
ne	1	Contributions and grants (Part VIII, line 1h)		149864.	212157.	
Revenue	1	Program service revenue (Part VIII, line 2g)		-64.	0.	
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14615.	4861.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		330288.	438069.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	438009.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	l	Renefits paid to or for members (Part IX, column (A), line 4)		138331.	193354.	
Expenses	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	193334.	
oen	loa P	roressional fundraising fees (Part IX, column (A), line 1 Te)	<u>-</u>	0.	0 •	
Ě		Otal furidraising expenses (Part IX, Column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		161166.	237671.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		299497.	431025.	
		Revenue less expenses. Subtract line 18 from line 12		30791.	7044.	
-Se	19 5	nevertue less expenses. Subtract line 16 front line 12		ginning of Current Year	End of Year	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	DE:	795315.	758626.	
Ass Bal	21 T	otal labilities (Part X, line 26)		102218.	58485.	
Net	22 N	let assets or fund balances. Subtract line 21 from line 20		693097.	700141.	
Pá	art II	Signature Block		0330374	, 002120	
		ies of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	ents, and to the best of my	knowledge and belief, it is	
	-	and complete. Declaration of preparer (other than officer) is based on all information of which			,	
	<u> </u>	\	· ·			
Sig	n l	Signature of officer		Date		
Here ELINORE BARNEY, PRESIDENT						
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	II.		X PTIN	
Paid			lo	1/05/23 if self-employe	P01286149	
Pre	parer	Firm's name DAN SMITH & COMPANY, PC	I	Firm's EIN ▶ 4	47-5207068	
Use	_	Firm's address 114 N. COURT AVE.				
		GAYLORD, MI 49735		Phone no. 989	9-732-1441	
May	y the IR	S discuss this return with the preparer shown above? See instructions			Yes No	
	01 12-09		S.		Form 990 (2021)	

132002 12-09-21

350927.

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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	Ť		
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		144		
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	۵		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in box 2 of Form 1006. Fator 0, if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		

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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х						
а										
b	, , , , , , , , , , , , , , , , , , , ,									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11								
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10										
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand			7,						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X						
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	,									
47	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		х							
12a										
b										
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► None									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial							
_	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	MANDY MARTIN - HABITAT FOR HUMANITY - 2315974663									
	PO BOX 309, CHEBOYGAN, MI 49721									

132006 12-09-21

Form 990 (2021)

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensa (C)						(D)	(E)	(F)
Name and title	Average	Average Position						Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an				is bot	h an	compensation	compensation from related	amount of
	week	_	officer and a director/trustee)				tee)	from		other
	(list any	ector						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		gy.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual trı	onal		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) ELINORE BARNEY	0.50	=	=	0	~	王壱	프			
PRESIDENT	0.00	X		X				0.	0.	0.
(2) NINI SHERWOOD	0.50			122				0.	0.	0
SECRETARY	0.00	X		х				0.	0.	0
(3) BETTY SCHAEFER	0.50			<u>^`</u>				0.	•	0
VICE PRESIDENT	0.00	X		x				0.	0.	0 .
(4) DARRIN DEETER	0.50	^		^				0.	0.	0 .
TREASURER		X		x				0.	0.	0
(5) BETH SMITH	0.50	^		^				0.	0.	0 .
		X						0.	0.	0
DIRECTOR	0.50	Δ						0.	0.	0 .
(6) STEVE EVOY		X						0.	0.	_
DIRECTOR	0.50	^						0.	0.	0 .
(7) TODD CHARBONEAU	0.00	7.								_
DIRECTOR	0.00	Х						0.	0.	0 .
		-								
		L	L	L	L_		L			
		L		L	L		L			
					1		1			

Form **990** (2021)

Page 7

(A)	Destination 1							(E)			(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Est	timate	b
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	า		ount c	of
	week (list any	\vdash	00. u.		T	1	T	from	from related			other	.:
	hours for	director						the organization	organizations (W-2/1099-MIS			oensat om the	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	0,		anizatio	
	organizations	truste	al trus		yee	mper		1099-NEC)	,			l relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	est cc loyee	Jer	<u> </u>			orga	nizatio	ns
	line)	Indiv	Instil	Officer	Keye	Highest compensated employee	Former						
1b Subtotal						<u> </u>	▶	0.		0.			0.
c Total from continuation sheets to Par								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including bu								eceived more than \$100	0.000 of reportable	 e			
compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
												Yes	No
Did the organization list any former offic			•	•	•	•	•		-				v
line 1a? If "Yes," complete Schedule J fo								h			3		X
For any individual listed on line 1a, is the and related organizations greater than \$	•							-	•		4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," or					•						5		Х
ection B. Independent Contractors													
Complete this table for your five highest										pens	ation fi	rom	
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
(A) Name and busine	ess address	NO	INC	Ξ				(B) Description of s	ervices	С	(C omper		ı
Total number of independent contractor\$100,000 of compensation from the org		ot li	mite	d to		se li:	sted	above) who received m	nore than				
\$ 100,000 or compensation from the org	arnzation										Гокт (200	

Pa	rt V	Ш	Statement of Re	ven	ue					
			Check if Schedule O	conta	ins a respons	e or note to any lin				<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 :	a I	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
s, G Am			Fundraising events							
Sift lar,										
is, (е (Government grants (contr	ibutio	ons) 1e	32322.				
tion	1	f /	All other contributions, gifts,	grants	s, and					
ibu.		9	similar amounts not included	above	e 1f	188729.				
d	•	g i	Noncash contributions included in	lines 1	la-1f 1g \$					
<u>8 0</u>	ı	h .	Total. Add lines 1a-1f				221051.			
						Business Code	1.6550.6	165506		
<u>ice</u>	2 8		RESTORE SALES			442000	165726.	165726.		
er ue	ı	-	REPAIR PROJEC			236000	43039.	43039.		
n S		-	LOT SALE GAIN			236000	3392.	3392.		
gra Re	•	d _								
Program Service Revenue		е.								
_			All other program service				212157.			
_	3		Total. Add lines 2a-2f Investment income (include				212137•			
	3		other similar amounts)							
	4		Income from investment of							
	5		Royalties		•					
				П	(i) Real	(ii) Personal				
	6 a	а (Gross rents	6a	.,					
			Less: rental expenses	6b						
			Rental income or (loss)	6с						
		d I	Net rental income or (loss	<u> </u>						
	7 8	a (Gross amount from sales of		(i) Securities					
		ć	assets other than inventory	7a						
	ı	b I	Less: cost or other basis							
nue		á	and sales expenses	7b						
Revenue	(c (Gain or (loss)	7с						
Ä			Net gain or (loss)			>				
Othe	8 8		Gross income from fundraisi		· .					
0			including \$							
			contributions reported on							
			Part IV, line 18							
			Less: direct expenses		_	-				
			Net income or (loss) from		_					
	9 7		Gross income from gamin Part IV, line 19							
	١,		Less: direct expenses							
			Net income or (loss) from			-				
			Gross sales of inventory, I							
			and allowances)a				
	ı		Less: cost of goods sold							
			Net income or (loss) from							
s			, ,			Business Code				
Miscellaneous Revenue	11 a	a]	MISCELLANEOUS	5		442000	4861.	4861.		
ane	ı	b [
Sel Seve	(c [
Mis	(All other revenue							
	•		Total. Add lines 11a-11d			>	4861.	04.504.6		
	12		Total revenue. See instruction	ns		▶	438069.	217018.	0.	0.

132009 12-09-21

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon			(A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	152506	120066	10000	15015
7	Other salaries and wages	173506.	138266.	18023.	17217
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10040	16606	1.611	1 (1 4
10	Payroll taxes	19848.	16626.	1611.	1611
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2222	4504		
С	Accounting	3008.	1504.	752.	752
d	Lobbying				
е	ř ,				
f	Investment management fees				
g	, -				
	column (A), amount, list line 11g expenses on Sch 0.)	2522	1221	1101	
12	Advertising and promotion	8529.	4324.	4181.	24
13	Office expenses	13034.	8848.	3812.	374
14	Information technology	5875.	1838.	2827.	1210
15	Royalties	6.455	4550	4505	
16	Occupancy	6477.	4750.	1727.	
17	Travel	2167.	1109.	1054.	4.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1=10	1001		
20	Interest	1712.	1094.	618.	
21	Payments to affiliates	10-1-	2.1=2	100=	
22	Depreciation, depletion, and amortization	13567.	9472.	4095.	
23	Insurance	8746.	6969.	1777.	
24	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	PROGRAM EXPENSES	125149.	122790.	646.	1713
b	RESTORE PRODUCT	23204.	23204.		
С	SPECIAL EVENT	7397.			7397
d	PRINTING/POSTAGE	4596.	658.	1166.	2772
е	All other expenses	14210.	9475.	4643.	92
25	Total functional expenses. Add lines 1 through 24e	431025.	350927.	46932.	33166
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Investments - program-related. See Part IV, lintangible assets	t or former office bstantial contributes persons ualified persons bed in section r 10a 10b	eer, director, butor, or 35% (as defined 4958(c)(3)(B) 414323 . 176179 .	(A) Beginning of year 237673. 175043. 116266. 3116.	1 2 3 4 5 5 6 7 8 9 10c	(B) End of year 124094. 186414. 105415. 3424.					
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any curren trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons descri Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	t or former office betantial control betantial control betantial control betantial persons bed in section to be a section betantial beta	eer, director, butor, or 35% (as defined 4958(c)(3)(B) 414323. 176179.	175043. 116266. 3116.	2 3 4 5 6 7 8 9	186414. 105415. 3424.					
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any curren trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons descri Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	t or former office betantial control betantial control betantial control betantial persons bed in section to be a section betantial beta	eer, director, butor, or 35% (as defined 4958(c)(3)(B) 414323. 176179.	175043. 116266. 3116.	2 3 4 5 6 7 8 9	186414. 105415. 3424.					
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any curren trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons descri Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	t or former office betantial control betantial control betantial control betantial persons bed in section to be a section betantial beta	eer, director, butor, or 35% (as defined 4958(c)(3)(B) 414323. 176179.	116266. 3116.	3 4 5 6 7 8 9	105415. 3424.					
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Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	10a 10b	414323. 176179.								
Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	10a 10b	176179.	246003.	10-						
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Investments - publicly traded securities Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	ne 11		246003.	40-						
Investments - other securities. See Part IV, lir Investments - program-related. See Part IV, lir Intangible assets	ie 11			100	238144.					
Investments - program-related. See Part IV, lintangible assets				11						
Intangible assets	ne 11	Investments - other securities. See Part IV, line 11								
	Investments - program-related. See Part IV, line 11									
			4=644	14	40110=					
Other assets. See Part IV, line 11	17214.	15	101135.							
Total assets. Add lines 1 through 15 (must e	qual line 33)		795315.	16	758626.					
Accounts payable and accrued expenses		11927.	17	22457.						
Grants payable	40004	18								
Deferred revenue			10704.	19	8500.					
Tax-exempt bond liabilities				20						
Escrow or custodial account liability. Comple				21						
Loans and other payables to any current or for										
	70507		27520							
	-		19361.		27528.					
				24						
•	nes 17-24). Cor	npiete Part X		05						
			102218		58485.					
			102210•	26	30403.					
	lieck liefe									
•			693097.	27	700141.					
			0330374		7001114					
				20						
	5 500, CHECK I									
	ds			29						
			693097.		700141.					
Retained earnings, endowment, accumulated		L		33	758626.					
	controlled entity or family member of any of the Secured mortgages and notes payable to unrelate the Unsecured notes and loans payable to unrelate the Cother liabilities (including federal income tax, parties, and other liabilities not included on limples of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated.	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third pa Unsecured notes and loans payable to unrelated third partie Other liabilities (including federal income tax, payables to rel parties, and other liabilities not included on lines 17-24). Cor of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check h and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fun Retained earnings, endowment, accumulated income, or other	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Total sests without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 79587 • 23 79587 • 23 79587 • 23 79587 • 23 24 79587 • 24 25 102218 • 26 25 102218 • 26 27 28 29 29 29 29 20 29 29 29 29 29					

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	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										
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)										
6	Public support. Subtract line 5 from line 4.										
	ction B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	, ,	. ,	()	,	,					
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities.	etc. (see instructi	ons)			12					
13	First 5 years. If the Form 990 is for the	•	,								
	organization, check this box and stop	· ·		•	•						
Sec	ction C. Computation of Publ		rcentage				Í				
	Public support percentage for 2021 (column (f))		14	%				
	Public support percentage from 2020					15	%				
	33 1/3% support test - 2021. If the					nore, check this bo	ox and				
	stop here. The organization qualifies						▶□				
b	33 1/3% support test - 2020. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box				
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□				
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,				
	and if the organization meets the fact	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□				
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or				
	more, and if the organization meets the										
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicl	y supported organ	ization					
18	Private foundation. If the organization						s ▶				
	-										

Schedule A (Form 990) 2021

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	siow, picade comp	ioto i dit ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	` '	. ,	()	()	,	
	membership fees received. (Do not						
	include any "unusual grants.")	65210.	33318.	81618.	165873.	188729.	534748.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	165106.	218602.	125718.	164415.	217018.	890859.
•	organization's tax-exempt purpose	103100.	210002.	123/10•	104413.	21/010.	090039.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	230316.	251920.	207336.	330288.	405747.	1425607.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	n 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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1425607.
Sec	ction B. Total Support	•		•			
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	230316.	251920.	207336.	330288.	405747.	1425607.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69.					69.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	69.					69.
	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.)					32322.	32322.
13	Total support. (Add lines 9, 10c, 11, and 12.)	230385.	251920.	207336.	330288.	438069.	1457998.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (lin	ne 8, column (f), di	vided by line 13, o	column (f))		15	97.78 %
	Public support percentage from 2020					16	99.98 %
Sec	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 202	21 (line 10c, colum	ın (f), divided by lir	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box an						▶ X
b	33 1/3% support tests - 2020. If the oline 18 is not more than 33 1/3%, check	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
20	Private foundation. If the organization						

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A

> and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

,		Yes	No
	1		
	2		
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	OI-		
	3b		
	_		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
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	8		
	9a		
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	an		
	0-		
	9с		
	10a		
	10b		
dule	Δ (Forr	n 990	2021

	dule A (Form 990) 2021 CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-31	9097	7 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 in	structio	ns).	
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			

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

these activities but for the organization's involvement.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2b

За

132025 01-04-22

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e 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-function	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977

Organiz	ation type (check or	ne):			
Filers of	:	Section:			
Form 990 or 990-EZ		\overline{X} 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not 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)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
X	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.			
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 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, durin year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this both is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

38-3190977

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HABITAT MICHIGAN 618 S CREYTS RD STE A LANSING, MI 48917	\$63368.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLARE SULLIVAN 10549 CHICKAGMI TRAIL BRUTUS, MI 49716	\$5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIRST NATIONAL BANK 241 E SAGINAW ST EAST LANSING, MI 48823	\$ <u>25000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GREAT LAKES ENERGY PO BOX 70 BOYNE CITY, MI 49712	\$5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

38-3190977

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. 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
		\$	

Name of organization **Employer identification number** 38-3190977 CHEBOYGAN COUNTY HABITAT FOR HUMANITY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

Employer identification number 38-3190977

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2), and and one document
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	rt III Organizations Maintaining C	collections of Art	t, Historic	al Treasures	, or Othe	r Similar Ass	sets(continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any	of the following t	hat make si	gnificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan o	or exchange pro	gram			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they fur	ther the organiza	ation's exer	npt purpose in P	art XIII.	
5	During the year, did the organization solicit of	r receive donations o	f art, historica	al treasures, or o	ther similar	assets		
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements. Complet	te if the orgar	nization answere	d "Yes" on	Form 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contri	butions or other	assets not	included		
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
	• • • • • • • • • • • • • • • • • • • •							
	Additions during the year							
е	3 ,					. 1e		
f	Ending balance					. 1f		
	Did the organization include an amount on F					ty?L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.					-		
Pai	rt V Endowment Funds. Complete i						ald A Farm	.aaua baali
		(a) Current year	(b) Prior ye	ear (c) 1wo yo	ears back (d) Three years bac	ck (e) Four	ears back
1a	3 3 ,							
b	Contributions							
C	Net investment earnings, gains, and losses							
d								
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance		umn (a)) held as:				
a	Board designated or quasi-endowment	0/	_%					
b	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are					
Sa	Are there endowment funds not in the posse	ession of the organiza	tion that are	neid and adminis	stered for tr	ie organization	Г	Yes No
	by: (i) Unrelated organizations							100 110
								_
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the						30	
Pai	rt VI Land, Buildings, and Equipm		William Tarias					
	Complete if the organization answere		Part IV. line	11a. See Form 9	90. Part X.	line 10.		
	Description of property	(a) Cost or ot) Cost or other		cumulated	(d) Book	value
	2222ption of proporty	basis (investm		basis (other)	` '	reciation	(3 , 200K	
1a	Land	,	-	25000			2	5000.
				272727		91606.		1121.
	Leasehold improvements							
	Other			116596	•	84573.	3	2023.
	I. Add lines 1a through 1e. (Column (d) must e		(, column (B)	, line 10c.)			23	8144.
	<u> </u>					Schedu	ıle D (Form	990) 2021

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.	-31909// Page
(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			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990. Part IV line	11c Soc Form 990 Part V 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)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Farme 000 David IV line	11d Con Faura 000 Part V line 15	
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(b) Book value
CONCERNICETON THE BROCKERS	Description		101135
. ,			101133
(2)			
(3)			
(4)			
(5)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			101125
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	· 15.)	>	101135
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	,		101135
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	,		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (C) Proposition of liability.	,		101135 (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,		
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	,		
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,		
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	,		
(6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	,		
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	,		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,		
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	,		
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,		

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... Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

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 Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Inspection **Employer identification number** 38-3190977

CHEBOYGAN COUNTY HABITAT FOR HUMANITY	38-3190977
Form 990, Part I, Line 1, Description of Organization Mis	sion:
COMMUNITIES, AND HOPE. DEDICATED TO ELIMINATING POVERTY H	OUSING LOCALLY
BY CONSTRUCTING, REHABILITATING, AND PRESERVING HOMES, AD	VOCATING FOR
FAIR AND JUST HOUSING POLICIES, AND PROVIDING TRAINING AN	D RESOURCES TO
HELP FAMILIES IMPROVE THEIR LIVING CONDITIONS.	
Form 990, Part VI, Section B, line 11b:	
FORM 990 WAS REVIEWED BY EXECUTIVE COMMITTEE BEFORE FILIN	G.
Form 990, Part VI, Section C, Line 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.	

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

Schedule O (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	03/30/08	L				25000.				25000.			0.	
2	PRIOR FULLY DEPRECIATED	07/01/03	SL	5.00		16	40431.				40431.	40431.		0.	40431.
3	RESTORE BUILDING	03/30/08	SL	39.00	ММ	16	247063.				247063.	84202.		6335.	90537.
4	RESTORE BUILDING ADDITION	10/20/08	SL	15.00		16	22925.				22925.	19359.		1528.	20887.
5	BUILDING IMPROVEMENT	12/29/08	SL	15.00		16	1302.				1302.	1085.		87.	1172.
6	BUILDING IMPROVEMENT	06/30/11	SL	15.00		16	5080.				5080.	3387.		339.	3726.
7	STOREFRONT WINDOWS	12/02/11	SL	15.00		16	8542.				8542.	5457.		569.	6026.
8	OFFICES	05/29/12	SL	15.00		16	8113.				8113.	4913.		541.	5454.
9	STOREAGE UNIT	07/01/18	SL	15.00		16	6880.				6880.	1376.		459.	1835.
10	BUILDING IMPROVEMENT	11/24/20	SL	39.00	MM	16	25664.				25664.	411.		658.	1069.
11	BUILDING IMPROVEMENT (TOILET & SINKS)	02/28/22	SL	15.00		16	3937.				3937.			87.	87.
12	WIRELESS SYSTEM	04/02/20	SL	7.00		16	4344.				4344.	776.		621.	1397.
13	POS SYSTEM	03/31/20	SL	7.00		16	2645.				2645.	472.		378.	850.
14	PHONE SYSTEM	02/10/20	SL	7.00		16	2276.				2276.	460.		325.	785.
15	PRINTER	01/31/21	SL	5.00		16	3395.				3395.	283.		679.	962.
16	LIFT GATE	06/30/21	SL	7.00		16	4956.				4956.			708.	708.
17	COMPUTERS	07/01/21	SL	7.00		16	1770.				1770.			253.	253.
	* Total 990 Page 10 Depr						414323.				414323.	162612.		13567.	176179.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Current Year Activity														
	Beginning balance						408616.			0.	408616.	162612.			175839.
	Acquisitions						5707.			0.	5707.	0.			340.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						414323.			0.	414323.	162612.			176179.
	Ending accum depr											176179.			
	Ending book value											238144.			