**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Form 8879-TE		IRS e-file	e Signature A a Tax Exempt	uthorizatio	n	OMB N	No. 1545-0047
Form OOI 3-IL	For calendar ve		nning JUL 1 , 202		30 2023		000
	FUI Calendar yea		send to the IRS. Keep fo		<u> </u>		022
Department of the Treasury Internal Revenue Service			send to the most keep to s.gov/Form8879TE for th	•	n.		
Name of filer					EIN or SS	N	
CHEBOY	GAN COU	NTY НАВІТА	T FOR HUMANI	ΓY	38-3	19097	7
Name and title of officer or pe	rson subject to t	ax DARRIN	DEETER		I		
		PRESIDE					
Part I Type of	Return and	Return Inform	ation				
Check the box for the retu Form 5330 filers may ente or <b>10a</b> below, and the amo whichever is applicable, b than one line in Part I.	r dollars and count on that lin	ents. For all other fo le for the return bein	orms, enter whole dollars on ng filed with this form was	only. If you check th blank, then leave lir	e box on line <b>1a, 2a</b> ne <b>1b, 2b, 3b, 4b, 5</b> l	i, 3a, 4a, 5a b, 6b, 7b, 8	a, 6a, 7a, 8a, 9a, 3b, 9b, or 10b,
1a Form 990 check h	here	X b Total reve	enue, if any (Form 990, Pa	art VIII. column (A). I	ine 12)	1b	707503.
2a Form 990-EZ che		b Total reve	enue, if any (Form 990-EZ	(, line 9)		2b	
3a Form 1120-POL			(Form 1120-POL, line 22)				
4a Form 990-PF che			d on investment income				
5a Form 8868 check		b Balance d	due (Form 8868, line 3c)	,	, ,	5b	
6a Form 990-T chec		b Total tax	(Form 990-T, Part III, line	4)		6b	
7a Form 4720 check	r	b Total tax	(Form 4720, Part III, line	1)		7b	
8a Form 5227 check			ssets at end of tax year				
9a Form 5330 check			۔ Form 5330, Part II, line 19				
10a Form 8038-CP ch	r	·	of credit payment reques		, Part III, line 22)		
Part II Declarat	tion and Sig	gnature Authori	ization of Officer or	Person Subject	ct to Tax		
Under penalties of perjury	, I declare that	X I am an officer	r of the above entity or $igsqcup$	I am a person su	bject to tax with res	spect to (na	ame
with a state age on the return's o As an officer or	der, transmitte ipt or reason for e, I authorize th ution account it the entry to t prior to the pa ve confidential nber (PIN) as n <b>N SMITH</b> on the tax year ncy(ies) regula disclosure cons person subject	r, or electronic return or rejection of the tra- ne U.S. Treasury and indicated in the tax j this account. To revo ayment (settlement) information necessa ny signature for the <b>&amp; COMPANY</b> ar 2022 electronically ting charities as part sent screen. t to tax with respect	n originator (ERO) to send ansmission, <b>(b)</b> the reasor d its designated Financial preparation software for p oke a payment, I must co date. I also authorize the ary to answer inquiries an electronic return and, if a <u>PC</u> ERO firm name y filed return. If I have ind t of the IRS Fed/State pro-	d the return to the IF n for any delay in pro- Agent to initiate an oayment of the fede ntact the U.S. Treas financial institutions d resolve issues rela pplicable, the conse icated within this ret ogram, I also authori my PIN as my signat	RS and to receive fro coessing the return electronic funds wit ral taxes owed on the sury Financial Agent is involved in the pro- ated to the payment ent to electronic fun- to enter my turn that a copy of t ize the aforemention ture on the tax year	om the IRS or refund, a thdrawal (d his return, a tat 1-888-33 ocessing of t. I have sel ds withdraw PIN Enter fi do not the return is ned ERO to 2022 elect	(a) an and (c) the date lirect debit) and the 53-4537 no the electronic lected a wal. 74663 ive numbers, but enter all zeros is being filed penter my PIN ronically filed
	rogram, I will e		copy of the return is being return's disclosure conse	· ·	gency(ies) regulating Dat	-	as part of the
		uthentication					
ERO's EFIN/PIN. Enter yo	our six-digit ele	ctronic filing identific	cation				
number (EFIN) followed by	v your five-digit	self-selected PIN.		382916 Do not enter			
I certify that the above nu submitting this return in a Business Returns.	•		-	-			
ERO's signature				Date	11/30/23	,	
			Retain This Form - S				
			Form to the IRS Un	less Requested	l To Do So		
LHA For Privacy Act and 202521 12-16-22	d Paperwork F	Reduction Act Notio	ce, see instructions.			Form <b>88</b>	879-TE (2022)

Department of the Treasury

Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Α	For th	e 2022 calendar year, or tax year beginning $ m JUL1,2022$ and ending	JUN 30, 20	23				
В	Check if applicab	C Name of organization D Employer identification number						
	Addre	CHEBOYGAN COUNTY HABITAT FOR HUMANITY						
	Name							
	Initial returr Final	BO BOX 309	suite E Telephone nu 231-59		663			
	Lreturr termii ated		G Gross receipts \$	/ -	715503.			
	Amer		H(a) Is this a group	un ret				
			for subordin					
	pend	<sup>ng</sup> PO BOX 309, CHEBOYGAN, MI 49721	H(b) Are all subordin					
1	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ( ) (insert no.) 🛄 4947(a)(1) or 🦲			st. See instructions			
	Websi		H(c) Group exem					
κ	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🛛 L	Year of formation: 199	4 м	State of legal domicile: MI			
P	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: SEEKING	TO PUT GOD'	SL	OVE INTO			
Governance		ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE	OGETHER TO	BUI	LD HOMES,			
ern	2	Check this box if the organization discontinued its operations or disposed of		et ass				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
∞ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$		4	7			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	12			
Activities	6	Total number of volunteers (estimate if necessary)		6	0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
			Prior Year	-	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)	22105		375693.			
Revenue	9	Program service revenue (Part VIII, line 2g)	21215		330584.			
Ве	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-2707.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486 43806		3933.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9.	707503.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	19335	-	262750.			
Expenses	15	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) 46180.		0.	0.			
)en	10a	••	0•					
ă	17	Total fundraising expenses (Part IX, column (D), line 25)       46180.         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23767	1	537737.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43102		800487.			
	19	Revenue less expenses. Subtract line 18 from line 12						
or			Beginning of Current Y		-92984 • End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	75862		765160.			
Ass	21	Total liabilities (Part X, line 26)	5848		158003.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	70014		607157.			
P	art II			-				
_		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	atements, and to the best	of my	knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DARRIN DEETER, PRESIDENT Type or print name and title		Date
Paid Preparer	Print/Type preparer's name Firm's name <b>DAN SMITH &amp; COMPA</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Check X PTIN .1/30/23 self-employed P01286149 Firm's EIN 47-5207068
	Firm's address 114 N. COURT AVE. GAYLORD, MI 49735		Phone no.989-732-1441
May the If	RS discuss this return with the preparer shown abo		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form 990 (2022)

	n 990 (2022) CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-319097	7 Page <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRING PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3		res X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens revenue, if any, for each program service reported.	es, and
4a	BUILDING OF HOMES AND SALES OF DECENT AND AFFORDABLE HOMES OR REP.	62349.) AIR
	PROJECTS ON EXISTING HOMES FOR THOSE WHOM QUALIFY.	
4b	(Code: ) (Expenses \$ 208231. including grants of \$ ) (Revenue \$ 1 RESTORE SALES STORE.	68235 <b>.</b> )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses     665707.       For     For	m <b>990</b> (2022)
23200	$2^{12-13-22}$	

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<b>-</b>	000	$\langle 0 0 0 0 \rangle$
⊢orm	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	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			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14-		х
1E	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign 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	13		
.0	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,			<u> </u>
	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		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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Part IV	Checklist	of Required Schedu	lles (continue	ed)
Form 990 (	(2022)	CHEBOYGAN	COUNTY	HABITA

			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b C</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C		10		
23200	(gambling) winnings to prize winners?	Form	990	(2022)
202004	4	i onn		(2022)

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022)	CHEBOYGAN	COUNTY	HABITAT	FOR	HUMANITY
Statements F	Regarding Other	IRS Filing	s and Tax Co	omplia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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 13b			
	Enter the amount of reserves on hand 13c			
	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			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
23200	5 12-13-22	Form	990	(2022)

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Form 990 (2022)

Part V

5 2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

Form 990	(2022)
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Section A. Governing Body and Management

# CHEBOYGAN COUNTY HABITAT FOR HUMANITY

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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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	7		
	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 0.					
h		16	-	7		
	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			0		x
;	officer, director, trustee, or key employee?			2		- 23
	Did the organization delegate control over management duties customarily performed by or under the		-			x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
	Did the organization have members or stockholders?			6		
а	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		x
-	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			_		v
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	
3	The governing body?			8a	X	<u> </u>
)	Each committee with authority to act on behalf of the governing body?			8b	X	├──
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
C	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		1	
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a	<b> </b>	X
,	If "Yes," did the organization have written policies and procedures governing the activities of such cl	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<u> </u>
;	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c		X
	Did the organization have a written whistleblower policy?			13	X	<u> </u>
	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approva	•	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith 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	te its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
,	List the states with which a copy of this Form 990 is required to be filed None					
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	D-T (section 501(c)(3	B)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	on Sc	hedule O)			
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records			
	MANDY MARTIN - HABITAT FOR HUMANITY - 2315974663					
	PO BOX 309, CHEBOYGAN, MI 49721					
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• 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.

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

Name in the first and the strain or poly of the s	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (let any nours for elated organizations below bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ bines/ b	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
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(1) DARRIN DEETER       0.50       x       x       x       0.       0.       0.         PRESIDENT       0.50       x       x       0.       0.       0.       0.         SECRETARY       0.50       x       x       0.       0.       0.       0.         (3) MARER LIBBY       0.50       x       x       0.       0.       0.       0.         (4) MARILY GALLOWAY       0.50       x       x       0.       0.       0.       0.         (5) BETH SMITH       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       0.50       x       0.       0.       0.       0.       0.       0.         (7) TODD CHARBONEAU       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (8) REIN MASTERS       0.50       x       0.       0.       0.       0.       0.       0.       0.         (9) DIRECTOR       1       1       1       1       1       1       1       1       1       1 <td< td=""><td></td><td></td><td></td><td>er an</td><td></td><td>lirecto</td><td>n/irus</td><td>lee)</td><td></td><td></td><td></td></td<>				er an		lirecto	n/irus	lee)			
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(2) JOHN TURNER       0.50       X       X       0.0.0.0.0.0.0.         SECRETARY       0.50       X       X       0.0.0.0.0.0.         VICE PRESIDENT       0.50       X       X       0.0.0.0.0.0.         (4) MARILY GALLOWAY       0.50       X       X       0.0.0.0.0.0.         (5) BETH SMITH       0.50       X       X       0.0.0.0.0.         DIRECTOR       X       X       0.0.0.0.0.0.       0.         (6) STEVE EVOY       0.50       X       0.0.0.0.0.       0.         DIRECTOR       0.50       X       0.0.0.0.0.       0.         (7) YODD CHARBONEAU       0.50       X       0.0.0.0.0.       0.         DIRECTOR       X       0.0.0.0.0.0.       0.       0.         (8) ERIN MASTERS       0.50       X       0.0.0.0.0.       0.         DIRECTOR       X       0.0.0.0.0.       0.       0.         INCOR       INCOR       INCOR       INCOR       0.       0.         INCOR       INCOR       INCOR       INCOR       INCOR       INCOR         INCOR       INCOR       INCOR       INCOR       INCOR       INCOR       INCOR         INCOR <t< td=""><td>(1) DARRIN DEETER</td><td>0.50</td><td></td><td></td><td></td><td>-</td><td></td><td><u> </u></td><td></td><td></td><td></td></t<>	(1) DARRIN DEETER	0.50				-		<u> </u>			
SECRETARY         X         X         X         0.         0.         0.           (3) MAEER LIBBY         0.50         X         X         0.         0.         0.           VICE PRESIDENT         0.50         X         X         0.         0.         0.           TREASURER         0.50         X         X         0.         0.         0.           (5) BETH SHTH         0.50         X         0.         0.         0.         0.           (6) STEVE EVOY         0.50         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	PRESIDENT		X		X				0.	0.	0.
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VICE PRESIDENT         X         X         X         X         0.         0.         0.           (4) MARILY GALLOWAY         0.50         X         X         0.         0.         0.         0.           TREASURER         0.50         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6) STEVE EVOY         0.50         X         0.         0.         0.         0.         0.         0.           (7) TODD CHARBONEAU         0.50         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0	SECRETARY		X		X				0.	0.	0.
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(5) BETH SMITH       0.50       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(4) MARILY GALLOWAY	0.50									
DIRECTOR       X       0.       0.       0.       0.         01RECTOR       0.50       X       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.         0.       0.       0.       0.       0.       0.       0.       0.         0.       0.       0.       0.       0.       0.       0.       0.       0.         0.	TREASURER		X		X				0.	0.	0.
(6) STEVE EVOY       0.50       x       0.0.0.       0.0.0.         DIRECTOR       0.50       x       0.0.0.0.       0.0.0.         DIRECTOR       x       0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.0.       0.0.0.         DIRECTOR       DIRECTOR       DIRECTOR       DIRECTOR       DIRECTOR         DIRECTOR       DIRECTOR       DIRECTOR       DIRECTOR </td <td>(5) BETH SMITH</td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) BETH SMITH	0.50									
DIRECTOR     X     0.     0.     0.       (7) TODD CHARBONEAU     0.50     X     0.     0.     0.       DIRECTOR     0.50     X     0.     0.     0.       (8) ERIN MASTERS     0.50     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       DIRECTOR     0.     0. <td>DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		X						0.	0.	0.
(7) TODD CHARBONEAU       0.50       X       0.0.0.0.0.0.         DIRECTOR       0.50       X       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6) STEVE EVOY	0.50									
DIRECTOR     X     0.00000000000000000000000000000000000	DIRECTOR		X						0.	0.	0.
(8) ERIN MASTERS       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.	(7) TODD CHARBONEAU	0.50									
DIRECTOR     X     0.0.0.0.       Image: Constraint of the second secon	DIRECTOR		X						0.	0.	0.
	(8) ERIN MASTERS	0.50									
	DIRECTOR		Х						0.	0.	0.
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Form 990 (2022)

Form	990 (2022) CHI	EBOYGAI	OUNTY	Ζŀ	IAE	BIJ	[A]	г в	OF	R HUMANITY	38-33	1909	977	Pa	age <b>8</b>
Par	t VII Section A. Officers, Dire	ectors, Trus	tees, Key Em	ploy	ees,	, and	d Hig	ghe	st C	ompensated Employe	es (continued)				
	(A)		(B)			(0	C)			(D)	(E)			(F)	
	Name and title		Average hours per		not cl		more	than o		Reportable	Reportable			timate	
			week					is both pr/trus		compensation from	compensatio from related			ount o other	of
			(list any	ctor						the	organization			pensa	tion
			hours for	or dire				ted		organization	(W-2/1099-MIS			om the	
			related organizations	istee o	trustee		Ð	pensa		(W-2/1099-MISC/	1099-NEC)		-	anizati	
			below	ual tru	ional		ploye	t com /ee		1099-NEC)				l relato nizatio	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	mzati	5115
				-	_		×	<u>+ e</u>	<u> </u>						
	• • • • •									0.		0.			0.
	Subtotal									0.		0.			0.
	Total from continuation sheet Total (add lines 1b and 1c)									0.		0.			0.
2	Total number of individuals (inc									_	) 000 of reportabl				••
2	compensation from the organiz	-		1030	11310	u ai	5000	5) VVI	1010		5,000 of reportabl	C			0
														Yes	No
3	Did the organization list any for														
	line 1a? If "Yes," complete Sch											[	3		X
4	For any individual listed on line														37
-	and related organizations great												4		X
5	Did any person listed on line 1a rendered to the organization?		-				-			-			5		Х
Sec	tion B. Independent Contracto			001	0/ 30		00/0						<u> </u>		
1	Complete this table for your five	e highest co	mpensated ind	depe	ende	ent c	ontr	acto	ors tl	hat received more than	\$100,000 of com	ipensa	ation fr	rom	
	the organization. Report compe	ensation for	the calendar y	ear	endi	ng v	vith o	or w	ithin	n the organization's tax	year.				
	Namo a	(A) nd business	addross	NTC	דדאר	7				(B) Description of s	sonvicos	C,	<b>(C</b> omper		2
			2001655	INC	ONE	2			_	Description of a	services		mper	ISALIUI	·
									+						
									+						
2	Total number of independent c	ontractors (i	ncluding but n	ot li	mite	d to	thos	se lis	sted	above) who received n	nore than				
	\$100,000 of compensation from	m the organi	zation				(	)					-		
												F	Form 🤅	<b>390</b> (2	2022)

			2022) CHEBOYGAN C	OUNTY	HABI	TAT FOR HU	JMANITY	38-3190	977 Page <b>9</b>
Pa	rt \	/							
			Check if Schedule O contains a respo	nse or not	e to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1						
contributi ind Other		g	similar amounts not included above If Noncash contributions included in lines 1a-1f	2	5693. 4008.	375693.			
	2	n a b	Total. Add lines 1a-1f         RESTORE SALES         SALE TO HOMEOWNER	Busir 45	ness Code 9900 6000	168235. 140000	168235.		
Program Service Revenue			REPAIR PROJECTS		6000	22349			
Pro	3	f g	All other program service revenue <b>Total.</b> Add lines 2a-2f Investment income (including dividends, ir			330584.			
	3 4 5		other similar amounts) Income from investment of tax-exempt bo	nd procee	ds	293.	,		293.
		a b	Royalties     (i) Real       Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c		Personal				
	7	а	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Ta         Less: cost or other basis		Other 5000.				
Other Revenue		d	and sales expenses     7b       Gain or (loss)     7c       Net gain or (loss)	-	8000.	-3000.	-3000.		
Othe	8		,	8a					
	9	с	Less: direct expenses Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19						
	10	с	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances						
<u>ل</u>		с	Less: cost of goods sold	<b>10b</b> у	ness Code				
Miscellaneous Revenue	11	a b c	MISCELLANEOUS	45	9900	3933.	. 3933.		
Misc	12	d e	All other revenue			3933. 707503.		0.	293.
23200									Form <b>990</b> (2022

CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Page 9

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

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 respons of include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
,	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
i	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				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	236665.	179544.	38638.	18483
	Other salaries and wages Pension plan accruals and contributions (include	230003.	1753440		10405
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	26085.	19419.	5238.	1428
	Fees for services (nonemployees):				
а	Management				
	Legal				
C,	Accounting	5754.	3428.	612.	1714
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	14917.	9662.	3314.	1941
	Advertising and promotion	20148.	9464.	9089.	1595
		6899.	2227.	3228.	1444
	Information technology				
	Occupancy	7333.	4848.	2485.	
	Travel	7871.	4103.	3768.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	1129.	509.	620.	
	Payments to affiliates				
2	Depreciation, depletion, and amortization	13741.	9594.	4147.	
		19689.	15792.	3897.	
	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.)				
-	CONSTRUCTIONS COSTS	257015.	257015.		
	DONATION TO COMMUNITY F	100000.	100000.		
-	RESTORE PRODUCT	16016.	16016.		
•	VEHICLES	14360.	14258.	102.	
	All other expenses	52865.	19828.	13462.	19575
	Total functional expenses. Add lines 1 through 24e	800487.	665707.	88600.	46180
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

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CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Page 11

33 Total liabilities and net assets/fund balances       758626.33       765160.			Check if Schedule O contains a response or not	e to an	y line in this Part X			
generation       2       Savings and temporary cash investments       2         3       Pledges and grants receivable, net       3       1000.         4       Accounts receivables from any current or former officer, director, furstsee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Leans and other receivables from other disqualified persons (as defined under section 4958(i(1)), and persons described in section 4958(i(3)(B)       1864114.       7       163043.         7       Notes and loans receivables from other disqualified persons (as defined under section 4958(i(1)), and persons described in section 4958(i(3)(B)       1864114.       7       163043.         8       investories for sale or use       105415.       8       1551865.         9       Prepaid expenses and deferred charges       34244.       0       151111.         10a       Lans securities. See Part IV, line 11       11       12       11         11       Investments - publicly traded securities       11       12       11         11       Investments - publicly traded securities       11       12       11         13       investments - publicly traded securities       12       12       11         14       intraspetale end accrued expenses       224525.			· · · · · ·			<b>(A)</b> Beginning of year		(B)
get Savings and temporary cash investments       2         30       Piedges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from 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 (as defined under section 4958(f)(11), and persons described in section 4958(f)(3)(5)       6         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(f)(3)(5)       6         9       Prepaid expenses and deferred charges       34244.9       151111.         10a       Loans countributed depurpent: cost or other tota       10a       144323.         11a       Investments - popular veptoration       10a       143223.         12       Investments - popular veptoration       10a       10135.1       158020.         13       Investments - popular veptoration       11       11       11         14       Intrastites. See Part IV, line 11       12       11       104         14       Intrastites. Add lines 1 through 15 (must equal line 33)       7586226.16       765160.         17       Accounts payable and accound expenses       22457.17       19048.         20		1	Cash - non-interest-bearing			124094.	1	48368.
a       Piedges and grants receivable, net       3       1000.         4       Accounts receivables from any current or former officer, director, trustee, key employe, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons and enter section 4580(r)(3) and persons described in section 4580(r)(3) bit 186416.       4       30.         6       Leans and other receivables from other disqualified persons (and defined under section 4580(r)(1), and persons described in section 4958(r)(3)(3)       186416.       6         7       Notes and loans receivable, net       105415.       6       155186.         9       Prepaid expenses and deterred charges       34224.       9       151111.         10a       414322.       10a       186416.       11         11       Investments - publicly traded securities       11       12       12         11       Investments - publicly traded securities       11       12       11         12       Investments - publicly traded securities       17       101135.       15       158020.         16       Other assets. See Part IV, line 11       13       11       12       11       11       12         18       Intragible assets.       11       13       11       14       16       16       758626.       765160.		2					2	
a       Accounts receivable, net       4       30.         5       Loans and other receivables from 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       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958)(7(1)), and persons described in section 4958)(6(3)(8)       186 4114.       7       163043.         7       Notes and other receivables, net       105 415.       8       155186.         9       Prepaid expenses and deferred charges       34224.       9       151111.         10a       Land, buildings, and equipment. cost or ther       10b       18 9921.       238144.       10e       224402.         11       Investments - publicly traded securities       11       13       11       13         13       Investments - publicly traded securities       11       13       14       16         14       Intanglela assets       See Part IV, line 11       13       11       13         14       Intanglela assets       2457.       17       19048.         15       Other assets. See Part IV, line 11       13       14       10         16       Total assets       16       758626.       16		3					3	
Section any current or former officer, director, function or former officer, director, controlled entity or family member of any of these persons         5           6         Leans and other receivables from other disqualified persons (as defined under section 4958(i(3)(8))         186414.         7           7         Notes and leans receivable, net         105415.         8         175186.           9         Prepaid expenses and defired charges 105 415.         1055415.         155186.           9         Prepaid expenses and defired charges 105 415.         105415.         155186.           9         Prepaid expenses and defired charges 106 414323.         105         125111.           10         Lans.scoundet Part V 1 of Schedule D 106 414323.         1238144.         00c         224402.           11         Investments - publicy traded securities         11         12         11         12           11         Investments - program-related. See Part IV, line 11         13         13         11         13           11         Investments - program-related. See Part IV, line 11         13         14         19         19         2457.         17         19048.           13         Construction of function and parable in a cound is abilitie.         20         22         23         24         24         24		4				4	30.	
secontrolled entity or family member of any of these persons         5           Lans and other receivables from other disqualified persons (as defined under section 4398(c)(3)(1)), and persons described in section 4398(c)(3)(2)         186 414.         7           7         Notes and loans receivable, net         105 415.         8         1151116.           8         Inventories for sale or use         3424.         9         151111.           9         Prepaid expenses and deferred charges         3424.         9         151111.           10a         Land, buildings, and equipment: cost or other         10a         189921.         238144.         10c         224402.           11         Investments - publicly traded securities         11         12         11         12         11         12         11         12         11         13         11         13         14         13         14         13         14         13         14         13         14         13         14         13         14         15         15         158020.         16         16         165100.         20         22         24577.         17         19048.         18         19         24         26         18         19         20         22         22		5						
get get get get get get get get get get			trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
geg         under section 4958(0)(1), and persons described in section 4958(c)(3)(8)         6           7         Notes and loans receivable, net         186414.7         163043.7           8         inventories for sale or use         105415.8         1055186.           9         Prepaid expenses and deferred charges         3424.9         15111.           10a         Land, buildings, and equipment: cost or other         10a         414323.           b         Less: accumulated deprediation         10b         189921.2         238144.10c         224402.           11         investments - publicly traded securities         111         112         113         114         112         113           12         investments - organm-related. See Part IV, line 11         113         14         114         116         111         114         116         111         116         111         114         111         114         111         114         111         114         111         114         111         114         111         114         111         114         111         112         111         114         111         112         111         111         111         111         111         1111         1111         111			controlled entity or family member of any of thes	se pers	ons		5	
generation         7         Notes and loans receivable, net         186414.         7         163043.           8         inventories for sale or use         105415.         8         1155186.           9         Prepaid expenses and deterred charges         32424.         9         155186.           10a         Land, buildings, and equipment cost or other basis. Complete Part V of Schedule D         10a         4114323.           11         Investments - publicly traded securities         111         12           12         Investments - other socurities. See Part IV, line 11         12         13           14         Intangible assets         111         13         14           15         Other assets. See Part IV, line 11         101135.         15         158020.           16         Total assets. Add lines 1 through 15 (must equal line 33)         758626.         16         765160.           17         Accounts payable and accourd expenses         22457.         17         19048.           19         Deferred revenue         8500.         19         20           21         Exerce or or or ounder of 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         22         28 <td></td> <td>6</td> <td>Loans and other receivables from other disquali</td> <td>fied pe</td> <td>rsons (as defined</td> <td></td> <td></td> <td></td>		6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
B         Inventories for sale or use         105415.         8         155186.           9         Prepaid expenses and deterred charges         3424.         9         15111.           10a         Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D         10a         414323.           b         Less: accumulated depreciation         10a         414323.         238144.         10c         224402.           11         Investments - publicly traded securities         111         112         113         114         112         114         114         114         114         111         114         113         111         114         115         1158020.         116         114         115         111         114         111         114         115         111         116         111         114         111         114         111         114         111         114         111         111         111         111         116         111         116         111         111         111         111         111         111         111         111         111         111         111         111         111         111         111         111         111         111         1			under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
9       Frépade explorises and equipment: cost or other basis. Complete Part Vi of Schedule D       10a       414323.         10       Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D       10b       189921.       238144.       10c       224402.         11       Investments - publicly traded securities.       11       11       12       11       12       11       12       13       13       14       13         14       Intargible assets       11       13       14       13       14         15       Other assets. See Part IV, line 11       13       14       15       15       158020.         16       Total assets. Add lines 1 through 15 (must equal line 33)       758626.       16       765160.         17       Accounts payable and accrued expenses       22457.       17       19048.         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20       22         22       Loass and other payable 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       22       22       23       138955.         24       Unsecured nother sand basets yable to unrelated third parties       24       24	ts	7	Notes and loans receivable, net			7		
9       Frépade explorises and equipment: cost or other basis. Complete Part Vi of Schedule D       10a       414323.         10       Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D       10b       189921.       238144.       10c       224402.         11       Investments - publicly traded securities.       11       11       12       11       12       11       12       13       13       14       13         14       Intargible assets       11       13       14       13       14         15       Other assets. See Part IV, line 11       13       14       15       15       158020.         16       Total assets. Add lines 1 through 15 (must equal line 33)       758626.       16       765160.         17       Accounts payable and accrued expenses       22457.       17       19048.         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20       22         22       Loass and other payable 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       22       22       23       138955.         24       Unsecured nother sand basets yable to unrelated third parties       24       24	sse	8					8	
basis. Complete Part VI of Schedule D         10a         414323. 10b         238144. 10c         228402.           11         Investments - publicly traded securities 12         Investments - publicly traded securities 13         11         12         12           13         Investments - other securities. See Part IV, line 11         13         12         13           14         Investments - orgram-related. See Part IV, line 11         13         14         15           14         Intagible assets         14         101135.         15         158020.           16         Total assets. Add lines 1 through 15 (must equal line 33)         7586266.         16         765160.           17         Accounts payable and accrued expenses         22457.         17         19048.           19         Deferred revenue         8500.         19         20           21         Ecorw or custodial account liability. Complete Part IV of Schedule D         21         21           22         Loans and other payables to any current of ficer, director, truste, key employee, creator or founder, substantial contributor, or 35%         22         22           23         Secured nortsgages and notes payable to unrelated third parties         24         25         25           24         Unsecured notes and loans payable to unrelated	A	9				3424.	9	15111.
b       Less: accumulated depreciation       10b       189921.       238144.       10c       224402.         11       Investments - publicly traded securities       11       11       12         12       Investments - other securities. See Part IV, line 11       13       12         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       101135.       15       158020.         16       Total assets. Add lines 1 through 15 (must equal line 33)       758626.       16       765160.         17       Accounts payable and accrued expenses       22457.       17       19048.         19       Deferred revenue       8500.       19         20       Tax exempt bond liabilities       20       21         21       Loars and other payables to any current or former officer, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       23       Secured mortgages and notes payable to unrelated third parties       24       24         23       Secured mortgages and notes payable to unrelated third parties       24       25       26       158003.         24       Unsecured notes and loans payable to unrelated third parties       24       25       <		10a	Land, buildings, and equipment: cost or other					
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Intragible assets       11         14       Intangible assets       101135.         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 11 through 15 (must equal line 33)       758626.         17       Accounts payable and accrued expenses       22457.         18       Grants payable       8500.         19       Deferred revenue       8500.         21       Escrew or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       27528.       23         23       Secured mortgages and notes payable to unrelated third parties       27528.       24       25         24       Defered reverue       20       28       138955.       29         24       Other liabilities (including federal income tax, payables to related third parties, and other liability and including for elated third parties       24       25         25       Other liabilitities. Add lines 17 through 25       584855. </td <td></td> <td></td> <td>basis. Complete Part VI of Schedule D</td> <td>10a</td> <td></td> <td></td> <td></td> <td></td>			basis. Complete Part VI of Schedule D	10a				
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       101135         16       Total assets. Add lines 1 through 15 (must equal line 33)       7586266.         17       Accounts payable and accrued expenses       22457.         18       Grants payable       18         9       Defered revenue       8500.         19       Deferred revenue       8500.         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       24         26       Other liabilities. Add lines 17 through 25       584855.       26         28       Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		b	Less: accumulated depreciation	10b	189921.	238144.	10c	224402.
13         Investments - program-related. See Part IV, line 11         13           14         Intangible assets         14           15         Other assets. See Part IV, line 11         101135.           16         Total assets. Add lines 1 through 15 (must equal line 3)         758626.         16         765160.           17         Accounts payable and accrued expenses         22457.         17         19048.           18         Grants payable         18         18         18           19         Deferred revenue         8500.         19         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         22           22         Loans and other 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         22         23         Secured mortgages and notes payable to unrelated third parties         24         25         0ther liabilities not included on lines 17-24). Complete Part X of Schedule D         25         26         158003.           24         Usecured notes and loans payable to unrelated third parties         24         25         26         158003.           25         Cother liabilities. Add lines 17 through 25         S8485.         26         15						11		
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15       Other assets. See Part IV, line 11       101135. 15       158020.         16       Total assets. Add lines 1 through 15 (must equal line 33)       7586266. 16       765160.         17       Accounts payable and accrued expenses       22457. 17       19048.         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       21         21       Escrew or custodial account liability. Complete Part IV of Schedule D       21       20         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       27528. 23       138955.         24       Other liabilities (including federal income tax, payables to related third parties       24       24         25       Other liabilities. Add lines 17 through 25       58485. 26       158003.         07 ganizations that follow FASB ASC 958, check here       X       28       0700141. 27       607157.         28       Organizations that do not follow FASB ASC 958, check here       28       28       29       30       31         29       Capital stock or trust principal, or current funds		13	Investments - program-related. See Part IV, line		13			
15       Other assets. See Part IV, line 11       101135. 15       158020.         16       Total assets. Add lines 1 through 15 (must equal line 33)       758626. 16       765160.         17       Accounts payable and accrued expenses       22457. 17       19048.         18       Grants payable       18       18         19       Deferred revenue       8500. 19       20         20       Tax exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other 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       22         23       Secured mortages and notes payable to unrelated third parties       27528. 23       138955.         24       Unsecured notes and loans payable to unrelated third parties       24       25         26       Total liabilities not included on lines 17.24). Complete Part X of Schedule D       25       26         25       Total liabilities. Add lines 17 through 25       58485. 26       158003.         27       Net assets with donor restrictions       700141. 27       607157.         28       Net assets with donor restrictions <t< td=""><td></td><td>14</td><td>Intangible assets</td><td></td><td></td><td>14</td><td></td></t<>		14	Intangible assets			14		
16       Total assets. Add lines 1 through 15 (must equal line 33)       7586266.       16       765160.         17       Accounts payable and accrued expenses       22457.       17       19048.         18       Grants payable       18       19         20       20       20       20         21       Escrew or custodial account liabilities       20       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       27528.       23       138955.         24       Unsecured notes and loans payable to unrelated third parties       24       26       26         26       Other liabilities, including federal income tax, payables to related third parties       25       25         26       Total liabilities. Add lines 17 through 25       58485.       26       158003.         27       Net assets with donor restrictions       700141.       27       607157.         28       Net assets with donor restrictions       28       29       29         29       Capital stock or trust principal, or current funds       29       29       30		15				15		
18       Grants payable       18         19       Deferred revenue       8500. 19         20       Tax exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       27528. 23       138955.         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities (including federal income tax, payables to related third parties, and other payable to unrelated third parties       24       25         26       Total liabilities. Add lines 17 through 25       58485. 26       158003.         27       Net assets without donor restrictions       700141. 27       607157.         28       Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       29       29         29       Capital stock or trust principal, or current funds       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       <		16					16	
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21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       27528.23       138955.         24       Unsecured notes and loans payable to unrelated third parties       24         25       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       25         26       Total liabilities. Add lines 17 through 25       58485.26       158003.         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       700141.27       607157.         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total liabilities and net assets/fund balances       758626.33       765160. <td></td> <td>19</td> <td>Deferred revenue</td> <td></td> <td>8500.</td> <td>19</td> <td></td>		19	Deferred revenue		8500.	19		
22       Loans and other 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       22         23       Secured mortgages and notes payable to unrelated third parties       27528.23       138955.         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       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       25       26         26       Total liabilities. Add lines 17 through 25       58485.26       158003.         0rganizations that follow FASB ASC 958, check here x and complete lines 27, 28, 32, and 33.       28       28         0rganizations that do not restrictions       29       29       29         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29       29         29       Capital stock or trust principal, or current funds       29       29       29         30       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total ne assets or fund balances       700141.32       607157.         33       Total ne assets/fund balances       758626.33       765160.		20	Tax-exempt bond liabilities				20	
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23       Secured mortgages and notes payable to unrelated third parties       27726, 23       130333.         24       Unsecured notes and loans payable to unrelated third parties       24         25       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       25         26       Total liabilities. Add lines 17 through 25       58485. 26       158003.         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       700141. 27       607157.         28       Net assets with donor restrictions       28       28         0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       29       29       29         20       Paid-in or capital surplus, or land, building, or equipment fund       30       31         30       31       32       6071157.       33         31       Total net assets or fund balances       700141. 32       6071157.         33       Total liabilities and net assets/fund balances       7100141. 32       6071157.	es	22	Loans and other payables to any current or form	ner offic	cer, director,			
23       Secured mortgages and notes payable to unrelated third parties       27726, 23       130333.         24       Unsecured notes and loans payable to unrelated third parties       24         25       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       25         26       Total liabilities. Add lines 17 through 25       58485. 26       158003.         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       700141. 27       607157.         28       Net assets with donor restrictions       28       28         0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       29       29       29         20       Paid-in or capital surplus, or land, building, or equipment fund       30       31         30       31       32       6071157.       33         31       Total net assets or fund balances       700141. 32       6071157.         33       Total liabilities and net assets/fund balances       7100141. 32       6071157.	iliti		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
23       Secured mortgages and notes payable to unrelated third parties       27726, 23       130333.         24       Unsecured notes and loans payable to unrelated third parties       24         25       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       25         26       Total liabilities. Add lines 17 through 25       58485. 26       158003.         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       700141. 27       607157.         28       Net assets with donor restrictions       28       28         0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       29       29       29         20       Paid-in or capital surplus, or land, building, or equipment fund       30       31         30       31       32       6071157.       33         31       Total net assets or fund balances       700141. 32       6071157.         33       Total liabilities and net assets/fund balances       7100141. 32       6071157.	iab		controlled entity or family member of any of thes		22			
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parties, and other liabilities not included on lines 17-24). Complete Part X       25         26       Total liabilities. Add lines 17 through 25       58485.       26       158003.         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       X       700141.       27       607157.         28       Organizations that do nor restrictions       28       28       28         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29       29         29       29       29       30       31       30         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total net assets or fund balances       700141.       32       607157.		24	Unsecured notes and loans payable to unrelated	d third	parties		24	
of Schedule D       25         26 Total liabilities. Add lines 17 through 25       58485. 26       158003.         Organizations that follow FASB ASC 958, check here X         and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       700141. 27       607157.         28       28       28         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.         29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       700141. 32       607157.         33       Total liabilities and net assets/fund balances       758626. 33       765160.		25	Other liabilities (including federal income tax, pa	yables	to related third			
26       Total liabilities. Add lines 17 through 25       58485. 26       158003.         Organizations that follow FASB ASC 958, check here X         and complete lines 27, 28, 32, and 33.       700141. 27       607157.         27       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       700141. 32       607157.         33       Total liabilities and net assets/fund balances       7586266. 33       765160.			parties, and other liabilities not included on lines	s 17-24)	). Complete Part X			
Organizations that follow FASB ASC 958, check here       X         and complete lines 27, 28, 32, and 33.       700141. 27         27       Net assets without donor restrictions       700141. 27         28       Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         and complete lines 29 through 33.       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       700141. 32       607157.         33       Total liabilities and net assets/fund balances       758626. 33       765160.					······  -	<b>E040E</b>		1 = 0.000
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33 Total liabilities and net assets/fund balances	ŝ		-	ck her	e X			
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33 Total liabilities and net assets/fund balances	d B	28					28	
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		33	I otal liabilities and net assets/fund balances			10020.	33	

Form 990 (2022) Part X Balance Sheet

Form	1990 (2022) CHEBOYGAN COUNTY HABITAT FOR HUMANITY	38-	3190977	Pa	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			03.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	B Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	001	41.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	071	57.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				x			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it 📔		1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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(Form 990)

Total

# 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-FZ.

OMB No. 1545-0047
2022
Open to Public

r

Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			formation.		Open to Public Inspection
Nam	e of t	the organizati								identification number
					TY HABITAT F					8-3190977
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instructio	ns.	
The	organ	nization is not a	a private found	dation because it is:	(For lines 1 through 12, o	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 org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4		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:								
5		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). (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	ally receives a substa	antial part of its support	from a gov	rernmenta	unit or from	the general	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	a land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	of the colleg	je or
		university:								
10	X	An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	on organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to o	arry out the	e purposes of one or
		more publicly	v supported or	rganizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, ar	ıd 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. <b>You must d</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
		organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and function	ally integrat	ed with,
		its support	ed organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	with its suppo	orted organi	ization(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	tiveness
		requiremer	nt (see instruct	tions). <b>You must cor</b>	nplete Part IV, Section	s A and D	, and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type	e II, Type III	
		functionally	/ integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.			
f	Ente	er the number	of supported	organizations						
				n about the supporte						
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)

### CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Page 2 Schedule A (Form 990) 2022 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instruct <sup>i</sup>	ions)	•		12	
13	First 5 years. If the Form 990 is for the	ne organization's f				501(c)(3)	
	organization, check this box and <b>stop</b>	phere			-		
See	ction C. Computation of Publ						
14	Public support percentage for 2022 (	line 6, column (f), (	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or I	more, check this b	box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization	-	
b	10% -facts-and-circumstances tes	t - 2021. If the or	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the	-	-				
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
-							(Form 990) 2022

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Page 3 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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	33318.	81618.	165873.	188729.	251685.	721223.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	218602.	125718.	164415.	217018.	334516.	1060269.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	251920.	207336.	330288.	405747.	586201.	1781492.
7a	Amounts included on lines 1, 2, and						
k	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1781492.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018 251920.	(b) 2019 207336.	(c) 2020 330288.	(d) 2021 405747.	(e)2022 586201.	(f) Total 1781492.
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		207550	550200.		5002011	17014521
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
, 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				32322.		32322.
13	Total support. (Add lines 9, 10c, 11, and 12.)	251920.	207336.	330288.	438069.	586201.	1813814.
14	First 5 years. If the Form 990 is for the check this box and stop here	-		fourth, or fifth tax y			
Se	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	98.22 %
16	Public support percentage from 2021					16	97.78 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from					18	%
<b>19</b> a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The d	organization qualif	ies as a publicly su	upported organiza	tion	X
k	<b>33 1/3% support tests - 2021.</b> If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins		
2320	23 12-09-22			15		Schedule A	A (Form 990) 2022

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# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### 38-3190977 Page 5 CHEBOYGAN COUNTY HABITAT FOR HUMANITY Schedule A (Form 990) 2022 Part IV Summe

a	Supporting Organizations (continued)			
			Yes	No
1	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		
<u> </u>	tion B. Type I Supporting Organizations			

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

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.

# Section 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		

# Section 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		

# Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2022

2a

2b

За

3b

No Yes

Yes

1

2

No

Schedule A (Form 990) 2022

# CHEBOYGAN COUNTY HABITAT FOR HUMANITY

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

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# CHEBOYGAN COUNTY HABITAT FOR HUMANITY 38-3190977 Page 7

Par	t V   Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				

Schedule A (Form 990) 2022

and 4c.
Breakdown of line 7:
Excess from 2018
Excess from 2019
C Excess from 2020
Excess from 2021
Excess from 2021
Excess from 2022

										7 Ра
F	Part IV, Section A, li ine 1; Part IV, Secti	Information. Pr ines 1, 2, 3b, 3c, 4l ion D, lines 2 and 3	o, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 1 ction E, lines	1a, 11b, and 1c, 2a, 2b, 3	11c; Part a, and 3b	IV, Section E ; Part V, line	3, lines 1 and 1; Part V, Se	d 2; Part IV, Sec ection B, line 1e;	tion C.
( (	Section D, lines 5, 6 See instructions.)	6, and 8; and Part V	, Section E,	lines 2, 5, an	d 6. Also cor	nplete thi	s part for any	y additional i	nformation.	
									chedule A (Fori	m 990)
32028 12-09-22								3	chequie A (Fon	

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2022

Employer identification number

38-3190977

ame or	the organ	lization	

# Organization type (check one): Filers of: Section: Form 990 or 990-EZ Image: Solic)(Image: Solic)

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

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

# General Rule

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

# Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

utors	(see instructions).	Use duplicate copies	of Part I if additiona
	. ,		

Schedule B (Form 990) (2022)						
Name of organization	Name of organization					
CHEBOYGAN	COUNTY	HABITAT	FOR	HUMANITY		

Employer identification number

38-3190977

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	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	\$74539.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JOHN AND JOYCE WILLIAMS 41320 ROX RUN, APT. 117 NOVI, MI 48377	\$ <u>10000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIRST NATIONAL BANK 241 E SAGINAW ST EAST LANSING, MI 48823	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEMCSA 2569 US-23 SOUTH ALPENA, MI 49707	\$ <u>8275.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GARY AND JANICE DABKOWSKI 6351 LINK BLVD INDIAN RIVER, MI 49749	\$ <u>10000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-1	MARK MELVIN 722 HIDEWAY CIRCLE MARCO ISLAND, FL 34145	\$ <u>6717.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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22 2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

Name of organization

Employer identification number

38-3190977

# CHEBOYGAN COUNTY HABITAT FOR HUMANITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARTIN AND PATRICIA JAHN FOUNDATION 134 DRAGONFLY BURR RIDGE, IL 60527	\$100000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WELLS FARGO CLEARING SERVICES ONE NORTH JEFFERSON ST. LOUIS, MO 63103	- \$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CHEBOYGAN COUNTY 870 S. MAIN ST. CHEBOYGAN, MI 49721	- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARK MELVIN 722 HIDEWAY CIRCLE MARCO ISLAND, FL 34145	\$ <u>40800.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	<sup>5-22</sup> <b>23</b>		Schedule B (Form 990) (2022)

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2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

11181130 134608 0977

2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	3 PROPERTIES IN INDIAN RIVER MICHIGAN		
		\$40800.	12/31/22
(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
453 11-1	5.22	\$	Schedule B (Form 990)

# CHEBOYGAN COUNTY HABITAT FOR HUMANITY

# Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

38-3190977

Page 3

Schedule	B (Form 990) (2022)			Page 4						
Name of c	organization			Employer identification number						
CHEBO	YGAN COUNTY HABITAT FOR	ΗΙΙΜΑΝΤΨΥ		38-3190977						
Part III	Exclusively religious, charitable, etc., contributi	ions to organizations described in s								
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info	. once.) \$						
	Use duplicate copies of Part III if additional	space is needed.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I										
		(e) Transfer of gif	τ							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No. from	(h) During one of sift	(a) Line of with		aviation of how with in hold						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
	Transferee's name, address, al		Relationship of tr	ansieror to transferee						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I										
		(e) Transfer of gif								
		(e) transfer of gi	L							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
223454 11-1	15-22	I		Schedule B (Form 990) (2022)						
		25								

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7 2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

Department of the Treasury

Internal Revenue Service

90)

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.



Name of the organization

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

Employer identification number 38-3190977

1		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization'	s exclusive legal control?	Yes 🗌 N
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	
2 3 4 5 6 <b>Par</b> 1 2 a b c d 3 4 5 6 7 8 9 <b>Par</b> 1 1 1 1	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		
	Number of conservation easements on a certified historic s		
d	Number of conservation easements included in (c) acquired		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by t	ne organization during the tax
	year		
	Number of states where property subject to conservation e		<del>,</del>
5	Does the organization have a written policy regarding the p		
_	violations, and enforcement of the conservation easements		
Ь	Staff and volunteer hours devoted to monitoring, inspecting	g, nandling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	′O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🛛 N
9	In Part XIII, describe how the organization reports conserva		
9		tion easements in its revenue and expen	se statement and
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expen	se statement and
-	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foc	tion easements in its revenue and expen- tnote to the organization's financial state	se statement and ments that describes the
-	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foctorganization's accounting for conservation easements.	tion easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or	se statement and ments that describes the
Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footorganization's accounting for conservation easements.	ition easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8.	se statement and ments that describes the Other Similar Assets.
Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on For	tion easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 258, not to report in its revenue statemen	se statement and ments that describes the Other Similar Assets. t and balance sheet works
Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC S	tion easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 958, not to report in its revenue statemen ublic exhibition, education, or research in	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public
<b>Par</b> 1a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC S of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fin	tion easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 258, not to report in its revenue statemen- ublic exhibition, education, or research in ancial statements that describes these its	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public ems.
<b>Par</b> 1a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC so of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC so the organization elected, as permitted under FASB ASC so of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC so	tion easements in its revenue and expen- tnote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 258, not to report in its revenue statemen ublic exhibition, education, or research in ancial statements that describes these ite 258, to report in its revenue statement and	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public ems. d balance sheet works of
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Dar 1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the four organization's accounting for conservation easements. <b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu- service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for pub provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	tion easements in its revenue and expen- troote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 258, not to report in its revenue statemen ublic exhibition, education, or research in ancial statements that describes these ite 258, to report in its revenue statement an- lic exhibition, education, or research in fu	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public ems. d balance sheet works of rtherance of public service, \$\$
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Par 1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foctor organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for preservice, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for pub provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures Revenue included on Form 990, Part VIII, line 1	tion easements in its revenue and expen- trote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 258, not to report in its revenue statement ublic exhibition, education, or research in ancial statements that describes these its 258, to report in its revenue statement and ic exhibition, education, or research in fu ic exhibition, education, or research in fu reasures, or other similar assets for finance ASC 958 relating to these items:	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public ems. d balance sheet works of rtherance of public service, 
Par 1a b 2 a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foctor organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for pub- provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical the the following amounts required to be reported under FASB	tion easements in its revenue and expen- troote to the organization's financial state of Art, Historical Treasures, or m 990, Part IV, line 8. 958, not to report in its revenue statement ublic exhibition, education, or research in ancial statements that describes these its 958, to report in its revenue statement and lic exhibition, education, or research in fu easures, or other similar assets for finance ASC 958 relating to these items:	se statement and ments that describes the Other Similar Assets. t and balance sheet works furtherance of public ems. d balance sheet works of rtherance of public service, 

		AN COUNTY						8-31			ge <b>2</b>
									<b>LS</b> (contin	uea)	
3	Using the organization's acquisition, access	ion, and other record	is, check a	any of the	following tha	it make si	ignificant L	ise of its			
	collection items (check all that apply):	d		oon or ovo	hange progra						
a L	Scholarly research	d			nange progra						
b	Preservation for future generations	e									
с 4	Provide a description of the organization's c	alloctions and avalai	n how tho	v furthor t	ho organizati	on's ovon	not purpor	o in Dad			
- 5	During the year, did the organization solicit of							senran			
5	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pa			nga nzatio	in anowered		1 0111 000,	r art rv,	in 10 0, 01		
1a	Is the organization an agent, trustee, custod		diarv for co	ontributior	ns or other as	sets not i	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	U						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	ustodial acco	unt liabili	ty?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·									
		(a) Current year	(b) Prie	or year	(c) Two year	's back (	d) Three ye	ars back	(e) Four	years b	ack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		<i>(</i> 1' - 4		<u> </u>						
2	Provide the estimated percentage of the cur			, column (a	a)) held as:						
a L	Board designated or quasi-endowment		_%								
D	Permanent endowment	%%									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	-									
20	Are there endowment funds not in the posse	•	ation that	are hold a	nd administa	rad for th					
Ja	organization by:	ession of the organiz		are neiu a					Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								· · · ·		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	), Part X, I	line 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	• •	cumulated	k	(d) Bool	< value	
		basis (investr	ment)		(other)	dep	reciation				
1a	Land				25000.					2500	
	Buildings			2	72727.		9859	9.	1'	7412	<u> </u>
	Leasehold improvements										
	Equipment				16506		0100				7 4
	Other				16596.		9132	2.		2527	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	'0c.)				22	2440	12.

Schedule D (Form 990) 2022

232052 09-01-22

(a) Decoription of coour			11b. See Form 990, Part X, line 12.	and of year market yelye
	ity or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
	S			
	interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	I Form 990, Part X, col. (B) line 12.)			
	nents - Program Related.			
			11c. See Form 990, Part X, line 13.	
(a) Desc	ription of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	l Form 990, Part X, col. (B) line 13.)			
Part IX Other A	ssets.			
	if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete	(a	" on Form 990, Part IV, line ) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete	-		11d. See Form 990, Part X, line 15.	
Complete	(a		11d. See Form 990, Part X, line 15.	(b) Book value 158020
Complete	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4) (5)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4) (5) (6)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8)	(a		11d. See Form 990, Part X, line 15.	
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9)	(a CTION IN PROGRESS	) Description		
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must	(a CTION IN PROGRESS	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) musi Part X Other L	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities.	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) muss Part X Other L Complete	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities.	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) muss Part X Other L Complete 1.	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must Part X Other L Complete 1. (1) Federal income	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must Part X Other L Complete 1. (1) Federal income (2)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) musi Part X Other L Complete 1. (1) Federal income (2) (3)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must Part X Other L Complete 1. (1) Federal income (2) (3) (4)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) mus: Part X Other L Complete 1. (1) Federal income (2) (3) (4) (5)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020  158020  158020 e 25.
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) muss Part X Other L Complete I. (1) Federal income (2) (3) (4) (5) (6)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020  158020  158020 e 25.
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must Part X Other L Complete 1. (1) Federal income (2) (3) (4) (5) (6) (7)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must Part X Other L Complete 1. (1) Federal income (2) (3) (4) (5) (6) (7) (8)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability	) Description		158020
Complete (1) CONSTRUC (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must Part X Other L Complete 1. (1) Federal income (2) (3) (4) (5) (6) (7) (8) (9) (9)	(a CTION IN PROGRESS t equal Form 990, Part X, col. (B) li iabilities. if the organization answered "Yes (a) Description of liability e taxes	) Description		158020

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

38-3190977 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CHEBOYGAN COUNTY HABITAT			90977 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	707503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>			0.
3	Subtract line 2e from line 1			707503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			707503.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	800487.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			800487.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		800487.
Pa	rt XIII Supplemental Information.			
Dues	ide the descriptions required for Dort II lines 2.5, and 0; Dort III lines 1c and 4;	Dort IV lines 1h and 2h	Dart V line 4: Dart V li	na O: Dart VI

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

232054 09-01-22

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

**)22** 

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

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

Name of the organization

# CHEBOYGAN COUNTY HABITAT FOR HUMANITY

Employer identification number 38 - 3190977

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-		T (D )									
Par	τI	Types of Property			( <u>(</u> )			( ))			
				<b>(a)</b> Check if	(b) Number of	(c) Noncash con	tribution	(d) Method of de	tormin	ina	
				applicable	contributions or	amounts repo		noncash contribu		•	<u>د</u>
			Ľ	applicable	items contributed			nonodon oontinot	ation a	nount	<u> </u>
1	Art - ۱	Works of art									
2		Historical treasures									
3		Fractional interests									
4		ks and publications									
5		hing and household goods									
6		and other vehicles									
7		ts and planes									
8		lectual property									
9		urities - Publicly traded									
10		urities - Closely held stock									
11		urities - Partnership, LLC, or									
••											
10		interests urities - Miscellaneous									
12											
13		lified conservation contribution -									
		oric structures									
14		lified conservation contribution -		v	3		10000	FAIR MAKET	<b>177 T</b>		
15		estate - Residential		X	3	· · · · · · · · · · · · · · · · · · ·	40000.	FAIR MARET	VAL		
16		estate - Commercial									
17		estate - Other									
18		ectibles									
19		d inventory									
20		s and medical supplies									
21		dermy									
22	Histo	orical artifacts									
23	Scier	ntific specimens									
24	Arche	eological artifacts									
25	Othe	er (	)								
26	Othe	er (	)								
27	Othe	er (	)								
28	Othe	er (	)								
29	Num	ber of Forms 8283 received by t	the organiza	ation during	g the tax year for o	ontributions					
	for w	hich the organization completed	d Form 828	3, Part V, D	onee Acknowledg	ement	29				
										Yes	No
30a	Durin	ng the year, did the organization	receive by	contributio	on any property re	oorted in Part I, li	nes 1 throug	gh 28, that it			
		t hold for at least 3 years from th									
	exem	npt purposes for the entire holdi	ng period?						30a		Х
b		es," describe the arrangement in									
31		s the organization have a gift acc		olicy that re	equires the review	of any nonstand	ard contribu	itions?	31		Х
		s the organization hire or use thir							-		
		ributions?			-				32a		х
h		es," describe in Part II.									
33		e organization didn't report an ar	mount in co	olumn (c) fo	r a type of propert	v for which colum	nn (a) is che	cked			
		cribe in Part II.									
	2000										

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

Schedule M (Form 990) 2022

232141 09-09-22

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edule M	(Form 990) 2022	CHEBOYGAN					38-3190977	Pa
nrt II	is reporting in Par	<b>I Information.</b> Pr t I, column (b), the nu dditional information	umber of cont	rmation required ributions, the nu	by Part mber of	I, lines 30b, 32b, a items received, or	and 33, and whether the organi a combination of both. Also co	zation mplete
	22						Schedule M (Forr	- 000)

11181130 134608 0977

SCHEDULE O

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



38-3190977

# Form 990, Part I, Line 1, Description of Organization Mission:

COMMUNITIES, AND HOPE. DEDICATED TO ELIMINATING POVERTY HOUSING LOCALLY

BY CONSTRUCTING, REHABILITATING, AND PRESERVING HOMES, ADVOCATING FOR

CHEBOYGAN COUNTY HABITAT FOR HUMANITY

FAIR AND JUST HOUSING POLICIES, AND PROVIDING TRAINING AND RESOURCES TO

HELP FAMILIES IMPROVE THEIR LIVING CONDITIONS.

Form 990, Part VI, Section B, line 11b:

FORM 990 WAS REVIEWED BY EXECUTIVE COMMITTEE BEFORE FILING.

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) 2022

232211 10-28-22

32 2022.05010 CHEBOYGAN COUNTY HABITAT FO 0977\_\_\_1

## 2022 DEPRECIATION AND AMORTIZATION REPORT

# Form 990 Page 10

990	90
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	o rage 10				<u> </u>			990		i				i	
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.			٥.	
2	PRIOR FULLY DEPRECIATED	07/01/03	SL	5.00		16	40431.				40431.	40431.		٥.	40431.
3	RESTORE BUILDING	03/30/08	SL	39.00	MM	16	247063.				247063.	90537.		6335.	96872.
4	RESTORE BUILDING ADDITION	10/20/08	SL	15.00		16	22925.				22925.	20887.		1528.	22415.
5	BUILDING IMPROVEMENT	12/29/08	SL	15.00		16	1302.				1302.	1172.		87.	1259.
6	BUILDING IMPROVEMENT	06/30/11	SL	15.00		16	5080.				5080.	3726.		339.	4065.
7	STOREFRONT WINDOWS	12/02/11	SL	15.00		16	8542.				8542.	6026.		569.	6595.
8	OFFICES	05/29/12	SL	15.00		16	8113.				8113.	5454.		541.	5995.
9	STOREAGE UNIT	07/01/18	SL	15.00		16	6880.				6880.	1835.		459.	2294.
10	BUILDING IMPROVEMENT	11/24/20	SL	39.00	MM	16	25664.				25664.	1069.		658.	1727.
11	BUILDING IMPROVEMENT (TOILET & SINKS)	02/28/22	SL	15.00		16	3937.				3937.	87.		262.	349
12	WIRELESS SYSTEM	04/02/20	SL	7.00		16	4344.				4344.	1397.		621.	2018.
13	POS SYSTEM	03/31/20	SL	7.00		16	2645.				2645.	850.		378.	1228.
14	PHONE SYSTEM	02/10/20	SL	7.00		16	2276.				2276.	785.		325.	1110.
15	PRINTER	01/31/21	SL	5.00		16	3395.				3395.	962.		679.	1641.
16	LIFT GATE	06/30/21	SL	7.00		16	4956.				4956.	708.		708.	1416.
17	COMPUTERS	07/01/21	SL	7.00		16	1770.				1770.	253.		253.	506.
	* Total 990 Page 10 Depr						414323.				414323.	176179.		13742.	189921.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone