Form <b>990</b>
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# \*\*PUBLIC DISCLOSURE COPY\*\*

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

		of the Trea		Do not enter soc	ial security numbers on thi	s form a	s it may be	made publ	ic. 🕨 Go to			Inspec	tion
_				ar year, or tax year beginning	07/0	1, 2020,	and endin	g		06,	/30, 20		
				of organization	-y-wunserver	me and "	<del> iatost in</del>	D	Employer ide	ntificat	ion num	ber	
<b>B</b> c	heck if ap	pplicable:	DAL	LAS AREA HABITAT FO	OR HUMANITY INC				75-209	7161			
	Addre		Doing	business as									
	1 1	e change	Numb	er and street (or P.O. box if mail is	not delivered to street address)		Room/suite	E	Telephone nu	mber			
	Initial	l return	280	0 N HAMPTON ROAD				(	214) 67	8-23	300		
	Final	return/	City o	r town, state or province, country, a	nd ZIP or foreign postal code								
	termir Amen	nded	DAL	LAS, TX 75212				G	Gross receipts	s \$	17	,598	,618
		cation	F Name	and address of principal officer:	DAVID CRAWFORD			н	(a) Is this a gro		for	Yes	XN
L	_ pendi	ing	280	0 N HAMPTON ROAD, 1	DALLAS, TX 75212			н	subordinates (b) Are all subord		uded?	Yes	
1	Tax-ex	empt sta		X 501(c)(3) 501(c) (		947(a)(1)	or 5	27			st. See ins	-	
				ALLAS-HABITAT.ORG	)	<u></u>	0. 0		( <b>c)</b> Group exem	ption nu	mber 🕨		
		of organia		X Corporation Trust	Association Other		L Year		2008 M			micile.	TX
	art I	-	nmary				- 104	er rennation			r rogai ac		
				e the organization's mission o	most significant activities:	CONST	RUCTION	OF OU	ALITY, A	FFOR	DABLI	2	
e	•	HOUS	SING I	IN THE DALLAS AREA.				<u>x</u>				_	
anc													
Governance	2	Check	this box	if the organization d	scontinued its operations of	n dispose	ed of more t	han 25% of	its net asset	<u></u>			
Š				ing members of the governing	•	•				3			26.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				lependent voting members of t						4			26.
Activities &				of individuals employed in cale						5			92.
iži				of volunteers (estimate if neces						6		5	,000.
Act				d business revenue from Part V	** * * * * * * * * * * *					7a			0.
				business taxable income from						7b			0.
		Net un	related						Prior Year		Cur	rent Y	
	8	Contrik	outions	and grants (Part VIII, line 1h)					7,283,30	5.			,965.
Revenue				ce revenue (Part VIII, line 2g)				•	4,880,42				,565.
ivel				come (Part VIII, column (A), line				• • • • • • • • • • • • • • • • • • •	692,96				,271.
Re				e (Part VIII, column (A), lines 5,					31,32				,670.
				- add lines 8 through 11 (must					2,888,01				,471.
				milar amounts paid (Part IX, colu				•	116,66				,078.
				to or for members (Part IX, colu						0.			0.
				r compensation, employee bene					4,682,39		5	013	,874.
Expenses				undraising fees (Part IX, column				•	1,002,00	0.		010	0.
ben				ing expenses (Part IX, column (I		3,791		•					
Ĕ				es (Part IX, column (A), lines 11					8,910,42	5.	7	820	,236.
				s. Add lines 13-17 (must equal				•	3,709,48		12,960,18		
			•	expenses. Subtract line 18 from	, , , ,			•	-821,47		,		,283.
es	15	Revent	00 1033	expenses. Oubtract line to from					ig of Current		End	d of Yea	
anc	20	Total a	esots (F	Part X, line 16)					2,084,42				,241.
Net Assets or Fund Balances	21			(Part X, line 26)				-	3,717,78				,995.
und	22			fund balances. Subtract line 21				•	8,366,64				,246.
Da	rt II		nature					•   -	-,,-		,		/
		•		I declare that I have examined th	s return including accompany	ina schodi	ules and stat	omente and	to the hest o	fmykr	owledge	and h	oliof it is
true	e, corre	ect, and c	complete.	. Declaration of preparer (other than	officer) is based on all informat	tion of whi	ich preparer h	has any know	vledge.		lowicage		
									05/0	9/20	22		
Sig	n	Si	ignature	of officer					Date	2720	22		
He			•	A MILLER	C	FO							
				int name and title	C	10							
				parer's name	Preparer's signature		Date			., P	ΓIN		
Paic	I	JAMI		VERSOLE	i ropaloi o oignataro			9/2022	Check self-employ		P008	392/	14
Pre	parer			▶BDO USA, LLP			05/0		rm's EIN ▶ 1				. T
Use	Only			r		100			0		738-2		
Mai	, th a	-		▶ 301 COMMERCE STREET, SUIT									<u> </u>
				his return with the prepare	· · · · · · · · · · · · · · · · · · ·	uctions)						es	
ror	rape	rwork F	eductio	on Act Notice, see the separat	e instructions.						For	m 99(	0 (2020)
JSA													

OMB No. 1545-0047

**Open to Public** 

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_	m 990 (202	,			Page <b>2</b>
Pa	art III	Statement of Program Service			
			response or note to any line in this Par	<u>t III </u>	X
1		escribe the organization's mission			
	-		NITY, INC. IS A NONDENOMIN		
			ANIZATION WHOSE PURPOSE IS		
			DEVELOPMENT FOR THE DALLA		
			NEW OR REHABILITATED IS S		
2			ficant program services during the ye		
	prior For	m 990 or 990-EZ?			Yes X No
	If "Yes,"	lescribe these new services on S	chedule O.		
3	Did the	organization cease conducting	, or make significant changes in I	now it conducts, any progra	.m
	services				. Yes X No
		lescribe these changes on Scheo			
4			rvice accomplishments for each of i		
			<ol><li>(4) organizations are required to rep</li></ol>	ort the amount of grants and	allocations to others,
	the total	expenses, and revenue, if any, fo	r each program service reported.		
4a	(Code:	) (Expenses \$ 8,	516,160. including grants of \$	126,078. ) (Revenue \$	3,527,606.
	OUR VI	SION STATEMENT IS "A W	ORLD WHERE EVERYONE HAS A	DECENT PLACE	·
	TO LIV	E." OUR MISSION IS TO	SEEK TO PUT GOD'S LOVE IN	ITO ACTION,	
	HABITA	T FOR HUMANITY BRINGS	PEOPLE TOGETHER TO BUILD H	IOMES,	
	COMMUN	ITIES AND HOPE. OUR C	ORE BELIEF IS THAT MORE TH	IAN A ROOF,	
	HOMEON		FOR TRANSFORMING OUR COMMU		
			FOR GENERATIONS, AND PRIM		
		ORHOOD FOR ECONOMIC DE			
4b	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<u> </u>				
4c	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	-	ogram services (Describe on Sch			
	(Expense			≥\$)	
4e	Total pro	gram service expenses 🕨	8,516,160.		
JSA 0E1	020 1.000				Form <b>990</b> (2020)
		SF M19Y 5/9/2022 3:	56:01 PM V 20-7.21		PAGE 4

-	90 (2020)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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,	4		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
Ŭ	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		x
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
ISA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

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Page **4** 

Part	IV Checklist of Required Schedules (continued)		X	
			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	L
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	0.		<u> </u>
52	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	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,			<u> </u>
54	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	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		<u> </u>
, N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 51		<u> </u>
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part		50		L
T anu	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		-		(2020)
0E1030	<sup>1.000</sup> 6133SF M19Y 5/9/2022 3:56:01 PM V 20-7.21			(2020) AGE (

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
40-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U U	the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

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	DALLAS AREA HABITAT FOR HUMANITY INC 75-2097	7161	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
C +!	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Λ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
		10a	100	X
	Did the organization have local chapters, branches, or affiliates?	TUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
-		12h	x	
		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Х	
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13		
13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c	X X	
13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c 13	X X	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c 13 14	X X	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a	X X X	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14	X X X X	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a	X X X X	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a	X X X X	x
13 14 15 a b 16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b	X X X X	X
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b	X X X X	x
13 14 15 b 16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b	X X X X	X
13 14 15 b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a	X X X X	x
13 14 15 b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a	X X X X	x
13 14 15 b 16a b <u>Secti</u> 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a	X X X X	
13 14 15 b 16a b <u>Secti</u> 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a	X X X X	
13 14 15 b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a	X X X X	
13 14 15 b 16a b <u>Secti</u> 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"         describe in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>On C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed          Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website <td>12c 13 14 15a 15b 16a 16b</td> <td>X X X X tion 5</td> <td>601(c</td>	12c 13 14 15a 15b 16a 16b	X X X X tion 5	601(c
13 14 15 16a b <u>Secti</u> 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i>	12c 13 14 15a 15b 16a 16b	X X X X tion 5	601(c

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours per week					is both or/trust		compensation from the	compensation from related	of other compensation
	(list any		_	1				organization	organizations	from the
	hours for	Individual trustee or director	nstiti	Officer	Key employee	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	dual	utior	, a	mpl	st o	er			related organizations
	below	rus	ıal tr		суее	omp				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
			e			ated				
	40.00									
(1) DAVE CRAWFORD	40.00			37					0	40.004
	0.			X				237,993.	0.	42,364.
(2) MARK BROWN COO	40.00			v				102 020	0	
(3) CARMEN HOLMES	40.00			Х				193,020.	0.	26,800.
VP OF DEVELOPMENT	40.00					x		158,359.	0.	17,833.
(4) SANDRA MILLER	40.00							130,339.	0.	17,055.
CFO	<u>40.00</u> 0.			х				157,894.	0.	2,526.
(5)DAVE FISK	.75			21				137,051.		2,520.
BOARD MEMBER	0.	x						0.	0.	0.
(6) DAWN KAHLE	.75									
CHAIRMAN	0.	x		х				0.	0.	0.
(7) JOEY HALL	.75									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) JUAN SUAREZ	.75									
VICE CHAIRMAN	0.	X		Х				0.	0.	0.
(9) ROY WHITEHEAD	.75									
BOARD MEMBER	0.	X						0.	0.	0.
(10)HILDA RODRIGUEZ	.75									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) SYDNEE FREEMAN	.75									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) MARGARET HUGHES	.75									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) RIVOLINO LOPEZ	.75									
BOARD MEMBER	.05	X						0.	0.	0.
(14) ASHLEY SHEETZ	.75									
BOARD MEMBER	0.	X						0.	0.	0.

Form 990 (2020)

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	ss per d a di	tion more rson	e than c is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) GARY VAUGHN	.75							0	0	0
BOARD MEMBER 16) STEVE DILLON	0.	X						0	0.	0
BOARD MEMBER	0.	х						0	. 0.	0
17) CLARISSA LINDENMEYER BOARD MEMBER	.75 0.	x						0	. 0.	0
18) HEATHER LORCH	.75	v						0	0	0
BOARD MEMBER 19) CRAIG LEWIS	0.	X						0	0.	0
BOARD MEMBER	0.	х						0	0.	0
20) STEVE REED BOARD MEMBER	.75 0.	x						0	. 0.	0
21) KATHRYN STRICKER BOARD MEMBER	.75 0.	x						0	. 0.	0
22) DIETMAR ULTES BOARD MEMBER	.75 0.	x						0	. 0.	0
23) STEVE WESTERHEIDE BOARD MEMBER	.75 0.	x						0	. 0.	0
24) JEFF DARNELL BOARD MEMBER	.75	x						0	. 0.	0
25) ANN HURLEY BOARD MEMBER	.75	x						0	0.	0
1b Sub-total								747,266.	0.	89,523.
c Total from continuation sheets to Part VII, S	ection A							0.	0.	0.
d Total (add lines 1b and 1c)								747,266.	0.	89,523.
2 Total number of individuals (including but not				d ab	ovo	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization		4	±							Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
<ul> <li>For any individual listed on line 1a, is the sorganization and related organizations graindividual.</li> </ul>	sum of rep eater than	ortab \$15	ole c 50,0	comp 00?	oer <i>If</i>	isatio "Yes	n a s <i>,"</i>	nd other compension complete Schedu	sation from the <i>le J for such</i>	4 X
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i></li> </ul>	accrue co	mpen	sati	on f	ron	n any	un	related organizati	on or individual	5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 5	e listed above) who received	

	rt VII Section A. Officers, Directors, Tru		ey ⊏n	ipio			апа г	пgi			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26)	COURTNEY SPELLICY	.75									
	BOARD MEMBER	0.	X						0.	0.	
27)	CHRIS PACKARD	.75								0	
8)	BOARD MEMBER CHRISTIE NEWKIRK	0.	X						0.	0.	
0)	BOARD MEMBER	0.	x						0	0.	
9)		.75									
	BOARD MEMBER	0.	x						0	0.	
0)		.75	-								
	BOARD MEMBER	0.	x						0	0.	
		+									
			-								
			-								
			-								
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A				 	  		0.	0.	
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	eceived more than	\$100,000 of	
										t compensated	Yes
3	Did the organization list any former offic										
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual	• •	• • •	••			3
	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr	<i>ule J for suc</i> sum of rep eater than	ch ind oortab \$15	lividu ole c 50,0	ual com 00?	pen If	satior "Yes	n ai s," (	nd other compens complete Schedu	sation from the le J for such	3 4 X
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the	ule J for sud sum of rep eater than accrue co	ch ind oortab ∫\$15 mpen	lividu ole c 50,0 satio	ual com 00? on f	pen <i>If</i>	satior <i>"Ye</i> s n any	n ar s," ( un	nd other compens complete Schedu related organizatio	sation from the <i>Ie J for such</i> on or individual	
4 5 Sec	employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ction B. Independent Contractors</b>	ule J for su sum of rep eater than accrue co és," comple	ch ind portab \$15 mpen <u>te Sch</u>	lividu ole c 50,00 satio nedu	on f	pen <i>If</i> rom	satior <i>"Yes</i> any such	n ar s," ( un per	nd other compens complete Schedu related organization	sation from the le J for such on or individual	4 X 5
4 5 Sec	employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gruin <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	ule J for su sum of rep eater than accrue co és," comple	ch ind portab \$15 mpen <u>te Sch</u> ndepe	lividu ble c 50,00 sationedu medu	on f le J	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( un per	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual	4 X 5
4 5 Sec	employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gre <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ction B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of	ule J for su sum of rep eater than accrue co ces," comple opensated in compensati	ch ind portab \$15 mpen <u>te Sch</u> ndepe	lividu ble c 50,00 sationedu medu	on f le J	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( un per	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual than \$100,000 on hin the organization	4 X 5
4 5 Sec	employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gruin <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ction B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of year. (A)	ule J for su sum of rep eater than accrue co ces," comple opensated in compensati	ch ind portab \$15 mpen <u>te Sch</u> ndepe	lividu ble c 50,00 sationedu medu	on f le J	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( un per	nd other compens complete Schedu related organization son hat received more ending with or with (B)	sation from the le J for such on or individual than \$100,000 on hin the organization	4 X 5 of on's tax (C)
4 5 Sec	employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gruin <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> <b>ction B. Independent Contractors</b> Complete this table for your five highest com compensation from the organization. Report of year. (A)	ule J for su sum of rep eater than accrue co ces," comple opensated in compensati	ch ind portab \$15 mpen <u>te Sch</u> ndepe	lividu ble c 50,00 sationedu medu	on f le J	pen <i>If</i> rom <i>for</i>	satior "Yes a any <u>such</u> tracto	n ar s," ( un per	nd other compens complete Schedu related organization son hat received more ending with or with (B)	sation from the le J for such on or individual than \$100,000 on hin the organization	4 X 5 of on's tax (C)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

#### Form 990 (2020)

		Check if Schedule O contain			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ut	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
a, A, O	С	Fundraising events	1c					
arti	d	Related organizations	1d					
s,	е	Government grants (contributions)		1,011,300.				
n Sig	f	All other contributions, gifts, grant						
put He		and similar amounts not included above	·	6,984,665.				
Ē	g	Noncash contributions included in						
a Co		lines 1a-1f.			7 005 065			
• ••	n	Total. Add lines 1a-1f		Business Code	7,995,965.			
a	-	SALE OF PROGRAM PROPERTIES		900099	2,831,916.	2,831,916.		
ž	2a	MORTGAGE INTEREST		900099	333,294.	333,294.		
Sel	b	GROUND LEASE INCOME		900099	208,635.	208,635.		
an Selection	C d	ANCILLARY INCOME		900099	64,843.	64,843.		
Bag	d	REBATE INCOME		900099	5,877.	5,877.		
Program Service Revenue	e f	All other program service revenue			5,5,7.	5,5,7.		
	g	Total. Add lines 2a-2f			3,444,565.			
	3	Investment income (including						
		other similar amounts)			25.			25
	4	Income from investment of tax-ex			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	7,400.					
	b	Less: rental expenses 6b	37,938.					
	С	Rental income or (loss) 6c	-30,538.					
	d	Net rental income or (loss)			7,400.			7,400
	7a		Securities	(ii) Other				
		sales of assets						
		other than inventory 7a		1,009,246.				
enue	b	Less: cost or other basis						
>		and sales expenses 7b		1.000.046				
Other Re		Gain or (loss)		1,009,246.	1,009,246.	1,009,246.		
her	d	Net gain or (loss)			1,000,210.	1,009,210.		
Ē	8a	Gross income from fundra	Ŭ					
		events (not including \$ of contributions reported on						
				0.				
	h	1c). See Part IV, line 18		0.				
	b C	Net income or (loss) from fundrais			0.			
	9a		ming					
	ou	activities. See Part IV, line 19	U U	0.				
	b	Less: direct expenses	9b	0.				
	C	Net income or (loss) from gaming			0.			
	10a	Gross sales of inventory,	less					
		returns and allowances	10a	5,020,438.				
		Less: cost of goods sold		3,687,209.				
	С	Net income or (loss) from sales of	inventory	<u></u> ▶	1,333,229.	1,333,229.		_
s				Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME		900099	83,041.	83,041.		
eni	b							
Seel Seel	с							
Mis	d	All other revenue						
_		Total. Add lines 11a-11d			83,041.			
	12	Total revenue. See instructions .		🕨	13,873,471.	5,870,081.		7,425 Form <b>990</b> (2020)
JSA								

Section 501(c)(3) and 501(c)(4) organizations musi	· · · · · · · · · · · · · · · · · · ·			
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	126,078.	126,078.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	026 700	125 122	267 477	12/ 100
trustees, and key employees	836,789.	435,132.	267,477.	134,180
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and	0.			
persons described in section 4958(c)(3)(B)	3,278,580.	1,704,870.	1,047,986.	525,724
7 Other salaries and wages	5,270,500.	1,704,070.	1,047,500.	525,725
8 Pension plan accruals and contributions (include	119,413.	62,095.	38,170.	19,148
section 401(k) and 403(b) employer contributions)	469,615.	244,201.	150,111.	75,303
9 Other employee benefits	309,477.	160,929.	98,923.	49,625
0 Payroll taxes	505,177.	100,525.	50,525.	17,023
11 Fees for services (nonemployees):	0.			
a Management	44,817.	67.	44,750.	
b Legal	86,349.	130.	86,219.	
c Accounting	00,519.	150.	00,219.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	631,000.	233,086.	392,139.	5,775
(A) amount, list line 11g expenses on Schedule O.)	174,038.	8,754.	20,834.	144,450
Advertising and promotion	422,292.	107,474.	232,788.	82,030
3   Office expenses     4   Information technology	0.			01,000
	0.			
	1,886,020.	1,437,237.	396,891.	51,892
6 Occupancy	0.			01,000
I7 Travel       I8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	18,759.	9,704.	8,523.	532
20 Interest	24,302.	19,305.	4,997.	
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	308,141.	98,946.	209,195.	
23 Insurance	155,967.	99,642.	56,325.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aCOST OF PROGRAM PROPERTIES	3,037,104.	3,034,045.	3,059.	
hPROPERTY TAX	269,478.	82,240.	187,238.	
cCOURIER/FREIGHT	185,817.	181,529.	4,260.	28
dALLOCATION OVERHEAD	186,721.	205,305.	-29,748.	11,164
e All other expenses	389,431.	265,391.	40,100.	83,940
25 Total functional expenses. Add lines 1 through 24e	12,960,188.	8,516,160.	3,260,237.	1,183,791
<b>6</b> 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				
following SOP 98-2 (ASC 958-720)				

0.

following SOP 98-2 (ASC 958-720)

DALLAS AREA HABITAT FOR HUMANITY INC

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		[
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	0.	1	
2	Savings and temporary cash investments.	2,168,153.	2	5,745,25
3	Pledges and grants receivable, net	777,611.	3	419,90
4	Accounts receivable, net.	619,826.	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	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	7,216,711.	7	5,908,56
7 8	Inventories for sale or use	2,001,482.	8	2,077,96
9	Prepaid expenses and deferred charges	355,098.	9	296,16
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D <b>10a</b> 3, 383, 167.			
b	Less: accumulated depreciation	2,061,670.	10c	1,593,29
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	16,883,878.	15	10,423,10
16	Total assets. Add lines 1 through 15 (must equal line 33)	32,084,429.	16	26,464,24
17	Accounts payable and accrued expenses	1,328,366.	17	1,643,68
18	Grants payable	0.	18	
19	Deferred revenue ATCH 2	6,362,455.	19	5,551,09
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	892,457.	23	544,85
24	Unsecured notes and loans payable to unrelated third parties	0.	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	5,134,502.	25	1,064,36
26	Total liabilities. Add lines 17 through 25	13,717,780.	26	8,803,99
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	16,766,908.	27	15,846,43
28	Net assets with donor restrictions.	1,599,741.	28	1,813,81
27 28 29 30 31 32	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	18,366,649.	32	17,660,24
33	Total liabilities and net assets/fund balances	32,084,429.	32	26,464,24
100		-=,001,129.	55	Form <b>990</b> (2

Form 990 (2020)

DALLAS	AREA	HABITAT	FOR	HUMANITY	INC

Form 99	90 (2020)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	. <b></b>	<u></u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,9		
3	Revenue less expenses. Subtract line 2 from line 1	3		913,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,3	66,6	549.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	-1,2	26,8	391.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	- 3	92,7	795.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	17,6	60,2	246.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	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 over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
			Form	990	(2020)

SCH	EDUL	ΕA	
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 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 > Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Name of the organization         Employer identification number 75-2097161           PatLAS         AREA HABITAT FOR HUMANITY INC         75-2097161           Partil         Reason for Public Charity Status. (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)         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 or 990-EZ).)         3           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). (Complete Part II.)           6         A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).           7         X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)           8         A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)           9         An arganization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to ceratin exception			nt of the Treasury venue Service	1	-	v/Form990 for instruction			information.	Open to Public Inspection
DALLAS         AREA         P3=-0397161           Cent1         Reson for Public Charry Status. (All organizations must complete this part). See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box).           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 93) or 930-E2).           3         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, div, and state.           4         An defaination operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II)           5         A organization operative organization described in section 170(b)(1)(A)(i).           6         A community trust described in section 170(b)(1)(A)(ii). (Complete Part II).           7         A an granization organization described in section 170(b)(1)(A)(i).         Community trust described in section 170(b)(1)(A)(ii). (Complete Part II).           8         A community trust described in section 170(b)(1)(A)(vi). (Complete Part II).         A organization organization described in section 170(b)(1)(A)(i) operated in conjunction with a land-grant college or university:           10         An organization organization section 170(b)(1)(A)(vi). (Complete Part II).         Description activi astrelisted to its seventrof 10									Employer identif	
The organization is not a private foundation because it is: [For lines 1 through 12, check only one box, 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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)(ii). (Complete Part II.) 4 A federal, state, or focul government or governmental unit described in section 170(b)(1)(A)(v). 5 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 4 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 5 An arganization described in section 170(b)(1)(A)(vi). (Complete Part II.) 6 A nagricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 An organization that normally receives (1) more than 33:rs % of its support from contributions, membership fees, and gross 1 receipts from advites related to its seempt functions, subject to certain exceptions; and (2) normal masses 2 acquired by the organization after June 30: 1975. See section 509(a)(1). 11 An organization organization after June 30: 1975. See section 509(a)(2). Complete Part III.) 12 An organization organization advites view (subject to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject Part III) 13 An organization organization advites view (subject W) to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject W) to certain exceptions; and complete Part III.) 2			-	ITAT FOR H	HUMANITY INC				75-20971	61
The organization is not a private foundation because it is: [For lines 1 through 12, check only one box, 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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)(ii). (Complete Part II.) 4 A federal, state, or focul government or governmental unit described in section 170(b)(1)(A)(v). 5 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 4 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 5 An arganization described in section 170(b)(1)(A)(vi). (Complete Part II.) 6 A nagricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 An organization that normally receives (1) more than 33:rs % of its support from contributions, membership fees, and gross 1 receipts from advites related to its seempt functions, subject to certain exceptions; and (2) normal masses 2 acquired by the organization after June 30: 1975. See section 509(a)(1). 11 An organization organization after June 30: 1975. See section 509(a)(2). Complete Part III.) 12 An organization organization advites view (subject to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject Part III) 13 An organization organization advites view (subject W) to certain exceptions; and (2) normal masses 2 acquired by the organization advites view (subject W) to certain exceptions; and complete Part III.) 2	Ра	rt I	Reason for	r Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instruction	S.
2       A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 90 or 990-E2,))         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, div, 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)(iii). Enter the hospital's name, div, and state.         7       S       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)(v).         8       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agrinution their normally receives (1) more than 32x19 % of 18 support from noorthubine, mentalenship fees, and gross in university.         10       An organization organization described in section 509(a)(4).         11       An organization organization as 01, 907.55 escetion 509(a)(2). (Complete Part III.)         12       An organization organization as 03, 195.5 escetion 509(a)(2). (Complete Part III.)         13       An organization organization as 03, 195.5 escetion 509(a)(2). (Complete Part III.)         14       An organization organization as 03, 195.5 escetion 509(a)(4).         15       Described in section 1200					•	<u> </u>			,	
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:</li> <li>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)(ii). Enter the hospital's name, city, and state:</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii). Complete Part II.)</li> <li>An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from achivities related to its exampt functions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from achivities related to its exampt functions; state state, state section 509(a)(2). Complete Part II.)</li> <li>An organization organization after June 30, 1975. See section 509(a)(2). Complete Part II.)</li> <li>An organization organization operated exclusively for the sterift public statey. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization of organization organization organization operated exclusively is poptior organization and complete lines 12e, 12l, and 12g, and 12g.</li> <li>Type I. A supporting organization operated exclusively for the sterift in Connection with its supported organization(s), by aving the supporting organization operated exclusively is appoint or</li></ul>		$\square$							,	
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:</li> <li>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)(ii). Enter the hospital's name, city, and state:</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii). Complete Part II.)</li> <li>An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from achivities related to its exampt functions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from achivities related to its exampt functions; state state, state section 509(a)(2). Complete Part II.)</li> <li>An organization organization after June 30, 1975. See section 509(a)(2). Complete Part II.)</li> <li>An organization organization operated exclusively for the sterift public statey. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization of organization organization organization operated exclusively is poptior organization and complete lines 12e, 12l, and 12g, and 12g.</li> <li>Type I. A supporting organization operated exclusively for the sterift in Connection with its supported organization(s), by aving the supporting organization operated exclusively is appoint or</li></ul>	2	$\square$	A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990	)-EZ).)	
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:     A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).     A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).     A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).     A norganization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its sevenpt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from contributions membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from contributions onganized and operated exclusively for the benefit of, to perform the functions 331/3 % of its support from the supported organization adcoreated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 121, and 12g.      Type II. A supporting organization supervised or controlled by its supported organization(s), by locally by giving the supported organization supervised or controlled in connection with its supported organization(s). by lowing control or management of the supporting organization operated in connection with its supported organization(s). by lowing control or management of the supporting organization operated in connection with its supported organization(s). that is not functio	3	$\square$					-			
<ul> <li>hospila's name, city, and state:</li> <li>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)(V).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A norganization that normally receives (1) more than 33/3 % of its support from contributions, membership fees, and gross receives:</li> <li>An organization that normally receives (1) more than 33/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exception 100(c)(1)(A)(V). (Complete Part II.)</li> <li>An organization and uprate exclusively to test for public safety. See section 509(a)(2).</li> <li>An organization organization and uprated exclusively to test for public safety. See section 509(a)(2).</li> <li>Check the box in lines '2 a through 12 that describes the type of supporting organization and complete lines 12e, 12l, and 12g, a Type I. A supporting organization organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and G.</li> <li>Type II. A supporting organization supervised or controlled in connection with it is supported organization(s), by having control or management of the supporting organization organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization overtice in the same persons that control or management of supporting organization supervised</li></ul>	4		-	-	-	-				(iii). Enter the
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)(v).         7       A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       A norganization that normally receives (1) more than 33173% of its support from contributions, membership fees, and gross restment in come and university: or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: or anon-land-grant college section 509(c). (Complete Part III.)         10       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organized and operated exclusively for the benefit of to perform the functions of to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 121, and 12g.         11       An organization organization organization describes A and B.       Imperel A supporting organization				•	•		•			
G A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).     An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)     A norganization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) more than 331/3 % of its support form contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) more than 331/3 % of its support form contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) more than 331/3 % of its support form contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) more than 331/3 % of its support form contributions, and provide the support do granization and perated exclusively to test for public safety. See section 509(a)(4).     An organization organized and operated exclusively to test for public safety. See section 509(a)(2).     Check the box in lines 12a through 12d that describes the type of supporting organization for your the purposes or ontrolled by its supported organization (3). Type III the supporting organization supervised or controlled by its supported organization(s), by laving the supporting organization supervised or controlled by its supported organization(s), by aving control or management of the supporting organization operated in connection with its supported organization(s), by aving control or management of the supporting organization operated in connection with i	5		An organizati	on operated f	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
7       ∑       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An organization that normally receives (1) more than 33/1% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) more than 33/1% of its support from gorsalization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).         12       On one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).         13       Check the box in lines 12 a through 12d that describes the type of supporting organization and complete lines 12e, 12(, and 12g, and	6					rnmental unit describe	d in <b>sec</b> t	ion 170	b)(1)(A)(v).	
described in section 170(b)(1(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of see section 500(a)(2). Complete Part III.)         10       An organization after June 30, 1975. See section 500(a)(2). Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 500(a)(2). Complete Part III.)         11       An organization organized and operated exclusively to rest for public supported organizations of, yorigin operated, supporting organization and complete for supporting organization and complete for supporting organization actions of, or to carry out the purposes of one or more publicly supported organization periods or controlled the supporting organization(s), type and 12g, a		x		-	-					om the general public
A community trust described in section 170(b)(1)(A)(vi), Complete Part II.)     An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:     an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:     acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(2).     Check the box in lines 12 a through 12 dt hat describes the type of supporting organization, support dorganization organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, supporting organization supporting organization operated, supporting organization supported organization, by having control or management of the supporting organization operated in connection with its supported organization(s), by having control or manage the supporting organization operated in connection with its supported organization(s). Type III, Type II	•		•		•		ipport in	om a go		eni ine general public
9       An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from metriculture by the organization agrinzed and operated exclusively to the store problet Safety. See section 509(a)(2). Complete Part II).         11       An organization agrinzed and operated exclusively to the thore find it, to perform the functions 50(a)(2). Complete Part II).         12       An organization organized and operated exclusively for the barrient of the perform the functions 50(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving control or management of the supporting organization supervised or controlled in connection with its supported organization(s), typically by giving control or management of the supporting organization operated Part IV, Sections A and C.         c       Type II. A supporting organization supervised or controlled in its supported organization(s), typicated Part IV, Sections A and C.         c       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) typicated provide proganization operated in connection with its supported organization(s) typic) (see instructions). You mu	8					-	Part II)			
or university: a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:     in An organization that normally receives (1) more than 33/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) norme than 33/1% of its support from gross investment income and unrelated business taxable income (less section 5011 tax) from businesses acquired by the organization organized and operated exclusively to test for public selection 5013 (2). (Complete Part III.)     An organization organized and operated exclusively to the bronk of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.     a <b>Type I</b> . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.     b <b>Type II</b> . A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.     c <b>Type III</b> functionally integrated. A supporting organization operated in connection with its usported organization(s) the instructions). You must complete Part IV, Sections A and D, and Part V.     e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III functionally integrated. The organization operated supporting organization.     functionally integrated. The organization operated supporting organization.     full functionally integrated. The organization gener		$\square$							in conjunction with a	land-grant college
university:       university:         10       An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses activities of the support from gross investment income and unrelated business taxable income (less section 509(a)(2).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).         12       An organization and unrelated business taxable income (less section 509(a)(2).         13       An organization and unrelated exclusively to test for public safety. See section 509(a)(2).         14       An organization and unrelated business taxable income (less section 509(a)(2).         15       An organization and unrelated exclusively to test for public safety. See section 509(a)(2).         14       An organization and unrelated business taxable income (less section 509(a)(2).         15       An organization sequence of supported organization operated in section 509(a)(2).         16       Type II. A supporting organization operated, supervised, or controlled by its supported organization(s), by laving control or management of the supporting organization vested in the same persons that control or manage the supported organization secretores of controlled by its supported organization(s), by laving control or opanization action with its supported organization(s). You must complete Part IV, Sections A and D.	Ū									
10       An organization that normally receives (1) more than 33/3 % of its support from contributions, membership fees, and gross support from gross investment income and unrelated business taxable income (fess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III, and functions of, or to carry out the purposes of one or more publicly supported organization after section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or manage the supporting organization supervised or controlled in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type II A supporting organization supporting organization operated in connection with its supported organization(s) the supporting organization supporting organization supporting organization supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(					grant conege of a				name, eng, and etate e	r the conego of
11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 500(a)(2). See section 500(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	10		An organization receipts from support from	activities rela gross investm	ted to its exempt f nent income and u	functions, subject to c nrelated business tax	ertain ex able inco	ceptions	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
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e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations				-					-	
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f       Enter the number of supported organizations         g       Provide the following information about the supported organization (s).         (i) Name of supported organization       (ii) EIN         (iii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)         (A)       (A)       (A)       (A)       (A)         (B)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (E)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (E)       (C)       (C)       (C)       (	U			•					••••••	n, type m
g       Provide the following information about the supported organization (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization (see instructions))       (v) Amount of monetary support (see instructions)       (v) Amount of other support (see instructions)         (A)       (A)       (B)       (C)	f	Ent		-				Jiganiza		
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization (isted in your governing document?       (v) Amount of monetary support (see instructions)         (A)       (A)       (B)       (B)       (B)       (B)       (C)       (C) <t< th=""><td>a</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></t<>	a				-					
Image: Construction of the second				-			(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
Yes     No       (A)     Image: Sector of the sector of t		.,					-	• •		
(A)       (A)       (A)       (A)       (A)         (B)       (B)       (C)       (						above (see instructions))			instructions)	instructions)
(B)       Image: Colored and the second a							100			
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(D)     (E)     (E) <td>(D)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(D)									
(E)	(C)									
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	Tot	al								
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2020			work Reduction A	ct Notice see th	e Instructions for Form	990 or 990-EZ			Schedule A	(Form 990 or 990-E7) 2020

Page 2

#### Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,077,160.	11,328,225.	11,029,874.	7,283,305.	6,984,665.	46,703,229.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	10,077,160.	11,328,225.	11,029,874.	7,283,305.	6,984,665.	46,703,229.
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)						3,788,217.
6	Public support. Subtract line 5 from line 4						42,915,012.
	tion B. Total Support	() 2242	(1) 00 (7	() 00 (0	( )) 00 ( 0	() 0000	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,077,160.	11,328,225.	11,029,874.	7,283,305. 252,811.	6,984,665.	46,703,229.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	81,826.	76,830.	98,734.	44,349.	83,041.	384,780.
11	Total support. Add lines 7 through 10						48,654,419.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>	, third, fourth, (	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percentag	ge				
14	Public support percentage for 2020 (lin					14	88.20 <b>%</b>
15	Public support percentage from 2019						91.05 <b>%</b>
16a	331/3% support test - 2020. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu			•			
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets				-		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			-	-		
40	organization						
18	Private foundation. If the organizatio						
	instructions						<u> 🟲 🗀</u>

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1		1		
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0					
	organization, check this box and stop here .	<u></u>					<u></u> ▶
Sec	tion C. Computation of Public Supp		•			1 1	
15	Public support percentage for 2020 (line 8,	.,	•			15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S						%
19 a	331/3% support tests - 2020. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	box and <b>stop</b>	here. The organ	nization qualifies	as a publicly s	upported organiza	ition . 🕨 📃
b	331/3% support tests - 2019. If the orga	anization did not	check a box on	line 14 or line '	19a, and line 16	is more than 337	1/3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	lid not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	1 1.000				5	Schedule A (Form 9	90 or 990-EZ) 2020

#### Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
0	an D. Tuma I. Summarting Organizations			

#### Section B. Type I Supporting Organizations

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

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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see in</b>	structio	ns).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ctions	;).
	• ··	itics Test Answer lines 2s and 2b balaw	١	Yes	No

2	Activities Test. Answer lines za and zb below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

Schedule A (Form 990 or 990-EZ) 2020			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			in in Dout VA Coo
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · · <b>-</b> · · · · · · ·	

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 or 990-EZ) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
			116-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			_	
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI</i> ). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u> </u>	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				A (Form 000 or 000 EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	OUTED THOM	-			ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	5				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	81,826.	76,830.	98,734.	44,349.	83,041.	384,780.
TOTALS	81,826.	76,830.	98,734.	44,349.	83,041.	384,780.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

DALLAS AREA HABITAT FOR HUMANITY INC

Employer identification number

75-2097161

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	HABITAT FOR HUMANITY INTERNATIONAL INC.		Person X Payroll				
	121 HABITAT STREET	\$241,635.	Noncash (Complete Part II for				
	AMERICUS, GA 31709-3498		noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	HIGHLAND PARK UNITED METHODIST CHURCH		Person				
	3300 MOCKINGBIRD LANE	\$249,300.	Payroll Noncash				
	DALLAD, TX 75205-2327		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_	PIONEER NATURAL RESOURCES		Person				
	777 HIDDEN RIDGE	\$507,640.	Payroll Noncash				
	IRVING, TX 75038		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	REX AND NANCY SPIVEY		Person				
	2800 N HAMPTON ROAD	\$ 400,637.	Payroll Noncash				
	DALLAS, TX 75212		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_	THRIVENT FINANCIAL		Person				
	625 FOURTH AVENUE SOUTH	\$203,561.	Payroll Noncash				
	MINNEAPOLIS, MN 55415-1665		(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.)				

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Name of organization DALLAS AREA HABITAT FOR HUMANITY INC

Employer identification number 75-2097161

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

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

Page 3

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Pag										
Name of organization	DALLAS	AREA	HABITAT	FOR	HUMANITY	INC	Employer identification number			
							75-2097161			

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.								
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift							
	(e) Transfer of gift								
	Transferee's name, address, ar		- Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, ar		-	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee						

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

SCHEE	DULE D
(Form	990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11	le, 11f, 12a, or 12	2b.	
	artment of the Treasury		Attach to Form 990.	the latest informe		Open to Public
_	nal Revenue Service e of the organization		/Form990 for instructions and	the latest morma		Inspection Inspection
	U	TAT FOR HUMANITY INC			75-20	
_		tions Maintaining Donor Adv	ised Funds or Other Simi	ilar Funds or A		,101
1 0		e if the organization answered			1000011131	
	Complete		(a) Donor advised fu		(b) Funds	s and other accounts
4	Total number at a	nd of year			(2) - 41144	
1 2		nd of year of contributions to (during year)				
23		of grants from (during year)				
3 4		at end of year				
<del>4</del> 5		ion inform all donors and donor	advisors in writing that the	o assots hold in	a dopor adv	isod
3	•	inization's property, subject to the	•			
6		on inform all grantees, donors, a		-		
U		e purposes and not for the bene				
		issible private benefit?				
Pa		tion Easements.			<u></u>	<u> </u>
		if the organization answered	"Yes" on Form 990, Part	IV, line 7.		
1		servation easements held by the				
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation of	f a historical	ly important land area
		of natural habitat				historic structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation	contribution in t	he form of a	conservation
	easement on the I	ast day of the tax year.	-		Held a	t the End of the Tax Year
а	Total number of co	onservation easements		[	2a	
b		tricted by conservation easements			2b	
с	-	vation easements on a certified			2c	
d		rvation easements included in (d				
	historic structure l	isted in the National Register			2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguis	shed, or termin	ated by the	organization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is located	►		
5	Does the organiz	ation have a written policy reg	garding the periodic monite	oring, inspectio	on, handling	of
	violations, and enf	orcement of the conservation ea	sements it holds?			. 🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations,	and enforcing c	onservation e	asements during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, a	nd enforcing cor	nservation ea	asements during the year
	▶\$					
8		vation easement reported on line 2				
		)(4)(B)(ii)?				
9		be how the organization reports			•	
		d include, if applicable, the text of	8	zation's financia	l statements	that describes the
D		ounting for conservation easeme			0:	
Pa		tions Maintaining Collections e if the organization answered			Similar Ass	sets.
	•	Ŭ	,			
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report ts held for public exhibitio to its financial statements th	t in its revenue n, education, o at describes the	statement a or research ese items.	and balance sheet works in furtherance of public
b	art, historical treas	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, edu	its revenue stancation, or resea	atement and arch in furthe	balance sheet works of erance of public service,
		ded on Form 990, Part VIII, line 1				▶\$
		d in Form 990, Part X				
2		n received or held works of a				
	•	s required to be reported under F				- · ·

Assets included in Form 990, Part X....

а

b

Revenue included on Form 990, Part VIII, line 1.

▶\$\_

▶\$

. . . . . OMB No. 1545-0047

2020

DALLAS AREA HABITAT FOR HUMANITY INC

2211UII Organizations Maintaining Collections of Art, Historical Treasures, or Other Sinilar Assets (continued)         3       Using the organization's accession, and other records, check any of the following that make significant use of its calculation items (back all that apply):         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         revelue ad description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part NI       Escrew and Custolial Arrangements.       Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         1b       If Yes, ' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance.       1d       Image: State	Schee	dule D (Form 990) 2020									Pa	age <b>2</b>
collection items (check all that apply):       a       b       b       collection items (check all that apply):         a       b       Check       Check       collections       collections         b       Collection items (check all that apply):       collections       collections       collections         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       So the organization and agent of the organizations collection?       Yes       No         Part NI       Escrive and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2,	Ра	rt III Organizations Maintaining	Collections of	Art, Histo	rical Tre	asures	, or C	Other Sim	ilar Assets (d	continue		<u> </u>
collection items (check all that apply):       a       b       b       collection items (check all that apply):         a       b       Check       Check       collections       collections         b       Collection items (check all that apply):       collections       collections       collections         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       So the organization and agent of the organizations collection?       Yes       No         Part NI       Escrive and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2,	_			-					•		<i>'</i>	its
a       Public exhibition       d       Lean or exchange program         b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be old to rais ording rather than to be maintained as part of the organization's collection?       Yes       No         7       Nonplete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Imount       Yes       No         6       Batinbuitons during the year, .       1d       Imount       Imount       Imount       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Port Yes'       No         b       Complete if the organizat								U	U			
b       Scholarly reservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ,	а			d	Loan d	or excha	inge p	orogram				
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?       Yes       No         7       West complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       If       Id       Intermediation an agent, trustee, custodian anount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Intermediation answered "Yes" on Form 990, Part IV, line 10.       Intermediation and programs.       Intermediation and programs. <td< th=""><th>b</th><th>Scholarly research</th><th></th><th>e</th><th></th><th></th><th>0 1</th><th>0</th><th></th><th></th><th></th><th></th></td<>	b	Scholarly research		e			0 1	0				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	с		ons		_							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	4			and expla	ain how t	hey furt	ther th	he organiz	ation's exemp	t purpose	e in F	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.										
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.       Image: Control of	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year.         1d         2 Distributions during the year.         1d         1d         2 Distributions during the year.         1d         1d         1d         1d Contributions during the year.		assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2.         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         c Beginning balance         d Additions during the year.         1d         e Distributions during the year.         1d         1d         e Distributions during the year.         1d	Pa											
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contributions of the arrangement in Part XIII and complete the following table:         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Contributions during the year			n answered "Ye	es" on For	m 990, F	Part IV, I	line 9	), or repor	ted an amour	nt on Fo	m	
included on Form 990, Part X?,       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance,       1d         d       Additions during the year.       1d         d       Distributions during the year.       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance,		990, Part X, line 21.										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         e       Distributions during the year         f       Ending balance         e       Distributions during the year         f       Ending balance         f       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Contributions       (a) Current year         b       Contributions         s       Contributions         and losses       (b) Plor year         f       Administrative expenditures for facilities and programs         and programs       (c)         g       End of year balance         f       Administrative expenses         g       End of year balance         g       Ford de estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment        %         f       Form endowme	1a				-				_			
c       Beginning balance       Ic       Amount         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id         f       Ending balance       In       In         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Contributions       (a) Current year       (b) Prior year       (c) Three years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Three years back       (e) Four years back         1a       Grants or scholarships       (c)       (c) Three years back       (e) Four years back									L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1e         1       1d       1e         1       1f       1f         2a       Distributions during the year       1f       1f         1a       Beginning of year black       1f       1f       1f         1b       Contributions       1f       1f       1f       1f         1c       Garats or scholarships       1f       1f       1f       1f         1c       Intersevent earnings, gains, and losses       1f       1f	b	If "Yes," explain the arrangement in P	Part XIII and comp	olete the fo	lowing tab	ole:						
d       Additions during the year									Amount			
e       Distributions during the year	С	Beginning balance				••••	1c					
f       Ending balance       Iff         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a)       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities and programs       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities and programs       (c) Three years back       (e) Four year       (e) Four years back         g       End of year balance       (c) Tars erechtages on lines 2a, 2b, and 2c should equal no0%.       Sa       Sa       Tern endowment \sum	d						1d					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	е	Distributions during the year				••••	1e					
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Contributions         c       Net investment earnings, gains, and losses         ad losses	f	0										
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions		-										No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance			Part XIII. Check he	ere if the e	xplanation	has bee	en pro	vided on Pa	art XIII		•	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	Pa			. –								
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contret basis       Image: Contret basis       Imag		Complete if the organizatio										
b       Contributions			(a) Current year	(b) Prio	r year	(c) Two	years	back (d)	Three years back	<b>(e)</b> Four y	ears b	ack
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
and losses	b	Contributions										
d Grants or scholarships	С	Net investment earnings, gains,										
e       Other expenditures for facilities and programs		and losses										
and programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities										
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         c       Term endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations</li> <li>b</li> <li>If "Yes" on line 3a(ii), are the related organization listed as required on Schedule R?</li> <li>3b</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment. (investment)     (c) Accumulated depreciation depreciation depreciation depreciation depreciation               1a             Land             392,700.             392,700.	f	Administrative expenses										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation 392, 700.</li> <li>Buildings</li> <li>b Buildings</li>	g											
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>b</li> <li>If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>3b</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property         <ul> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> </li> <li>1a Land.</li> <li>392,700.</li> <li>392,700.</li>					e (line 1g,	column	(a)) h	eld as:				
c       Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (c) Accumulated (c) Book value</li> <li>(c) Accumulated (c) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul>				_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li><b>3a(ii)</b></li> <li><b>3a(iii)</b></li> <li><b>3b</b></li> </ul> <li><b>4</b> Describe in Part XIII the intended uses of the organization's endowment funds.</li> <li><b>Part VI</b> Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li><b>Description of property</b> <ul> <li>(a) Cost or other basis (other)</li> <li>(cother)</li> <li>(cother)</li></ul></li>			%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       392,700.       392,700.       392,700.         b Buildings       u       132,700.       392,700.	C	· · · · · · · · · · · · · · · · · · ·		1000/								
Organization by:       Yes No         (i)       Unrelated organizations       3a(i)       3b       3c       3b       3c       3c       3b       3c       <	20				tion that	are held	hand	administor	od for the			
(i) Unrelated organizations.       3a(i)         (ii) Related organizations .       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land       392,700.       392,700.       392,700.         b Buildings       u       u       392,700.       392,700.	Ja		possession of th	le organiza	lion that			auminister		Ŋ	'es	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated (other)       (d) Book value         1a       Land       392,700.       392,700.         b       Buildings       u       1392,700.		•										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.       392,700.       392,700.         b       Buildings       u       1												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       392,700.       392,700.         b       Buildings       Land       Land       Land	h											
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       392,700.       392,700.       392,700.         b       Buildings       Land       Land       Land       Land	-		•									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       392,700.       392,700.       392,700.         b Buildings       0       0       0       0		rt VI Land, Buildings, and Equip	ment.									
Ia         Land         (investment)         (other)         depreciation           b         Buildings         392,700.         392,700.		Complete if the organization	on answered "Ye		1				1			
1a Land         392,700.         392,700.           b Buildings		Description of property					sis			I) Book valu	le	
b Buildings	1a	Land	· · · · · · · · · · · · · · · · · · ·	1		,	0.	1		39	2,70	00.
c Leasehold improvements		Leasehold improvements			1,1	61,08	0.	452,	792.	70	8,28	88.
d Equipment. 1,829,387. 1,337,081. 492,306.					1,8	329,38	7.	1,337,	081.	49	2,30	06.
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,593,294.	Tota	I. Add lines 1a through 1e. (Column (a	l) must equal Form	n 990, Part	X, columi	n (B), lin	e 10c.	)		1,59	3,29	94.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020
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		Page 🕻
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C) (D)		
(D) (E)		
(F)		
(G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨		
Part VIII Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4) (5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1) CONSTRUCTION IN PROGRESS	scription	
(1) CONSTRUCTION IN PROGRESS (2) DUE FROM AFFILIATE - DNAFH	scription	
(1) CONSTRUCTION IN PROGRESS         (2) DUE FROM AFFILIATE - DNAFH         (3) DUE FROM AFFILIATE - DNH	scription	
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> </ol>	scription	2,879,440
<ol> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> </ol>	scription	2,879,440
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> </ul>	scription	2,879,440
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> </ul>	scription	2,879,440
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>	scription	(b) Book value 2,879,440 7,543,663
<pre>(1) CONSTRUCTION IN PROGRESS (2) DUE FROM AFFILIATE - DNAFH (3) DUE FROM AFFILIATE - DNH (4) DUE FROM AFFILIATE - DBH (5) DUE FROM AFFILIATE - DNA (6) (7) (8) (9)</pre>		7,543,663
(1) CONSTRUCTION IN PROGRESS         (2) DUE FROM AFFILIATE - DNAFH         (3) DUE FROM AFFILIATE - DNH         (4) DUE FROM AFFILIATE - DBH         (5) DUE FROM AFFILIATE - DNA         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) In         Part X       Other Liabilities.         Complete if the organization answered	ine 15.)	7,543,663
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Cotal. (Column (b) must equal Form 990, Part X, col. (B) II</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>(a) Descrip</li> </ol>	ine 15.)	2,879,440 7,543,663 ▶ 10,423,103
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Otal. (Column (b) must equal Form 990, Part X, col. (B) In</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>(a) Descrip</li> <li>(1) Federal income taxes</li> </ol>	<i>ine 15.)</i>	2,879,440 7,543,663 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>FROM AFFILIATE - DNA</li> <li>Due FROM AFFILIATE -</li></ol>	<i>ine 15.)</i>	2,879,440 7,543,663 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>TOUE FRO</li></ol>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) h</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>(a) Descrip</li> <li>(1) Federal income taxes</li> <li>(2) IBERIA LOAN - SBA/PPP</li> <li>(3) CAPITAL LEASE</li> <li>(4)</li> </ol>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) II</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>(a) Descrip</li> <li>(1) Federal income taxes</li> <li>(2) IBERIA LOAN - SBA/PPP</li> <li>(3) CAPITAL LEASE</li> <li>(4)</li> <li>(5)</li> </ol>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) I</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>. (a) Descrip</li> <li>(1) Federal income taxes</li> <li>(2) IBERIA LOAN - SBA/PPP</li> <li>(3) CAPITAL LEASE</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) h</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>. (a) Descrip</li> <li>(1) Federal income taxes</li> <li>(2) IBERIA LOAN - SBA/PPP</li> <li>(3) CAPITAL LEASE</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ol> <li>CONSTRUCTION IN PROGRESS</li> <li>DUE FROM AFFILIATE - DNAFH</li> <li>DUE FROM AFFILIATE - DNH</li> <li>DUE FROM AFFILIATE - DBH</li> <li>DUE FROM AFFILIATE - DNA</li> <li>DUE FROM AFFILIATE - DNA</li> <li>(a) Description</li> <li>(capital loan - SBA/PPP</li> <li>(capital lease</li> <li>(</li></ol>	<i>ine 15.)</i>	2,879,440 7,543,663 ► 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795
<ul> <li>(1) CONSTRUCTION IN PROGRESS</li> <li>(2) DUE FROM AFFILIATE - DNAFH</li> <li>(3) DUE FROM AFFILIATE - DNH</li> <li>(4) DUE FROM AFFILIATE - DBH</li> <li>(5) DUE FROM AFFILIATE - DNA</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Fotal. (Column (b) must equal Form 990, Part X, col. (B) h</li> <li>Part X Other Liabilities. Complete if the organization answered line 25.</li> <li>. (a) Descrip</li> <li>(1) Federal income taxes</li> <li>(2) IBERIA LOAN - SBA/PPP</li> </ul>	ine 15.)	2,879,440 7,543,663 7,543,663 10,423,103 Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 1,034,795 29,567

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nation.	

SEE PAGE 5

#### PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OTHER THAN UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. INTEREST AND PENALTIES, AND THE ASSOCIATED TAX EXPENSE, RELATED TO UNCERTAIN TAX POSITIONS, WHEN APPLICABLE, WILL BE RECORDED AS INCOME TAX EXPENSE AS THE POSITIONS ARE RECOGNIZED. AT JUNE 30, 2021, THE ORGANIZATION HAD NOT IDENTIFIED ANY SIGNIFICANT UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2018 FORWARD.

SCHEDULE I		Grants a		OMB No. 1545-0047								
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
	Com	plete if the o	-			, line 21 or 22.						
Department of the Treasury		<b>b</b> 0-		ttach to Form 990	-			Open to Public Inspection				
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	<b>.</b>	Employer identified					
Name of the organization		TNO					Employer identificat					
	BITAT FOR HUMANITY		~				75-209710					
	nformation on Grants an											
	zation maintain records to s							X Yes No				
	teria used to award the gran IV the organization's proce											
	<u> </u>											
	nd Other Assistance to I		-					'es" on Form 990,				
Part IV, li	ne 21, for any recipient t	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	needed.					
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) HABITAT FOR HUMAN	NITY INTERNATIONAL											
121 HABITAT STREE	ET AMERICUS, GA 31709	911914868	501(C)3	126,078.				PROGRAM SUPPORT				
(2)		_										
(3)		_										
(4)		_										
(5)		_										
(6)		_										
(7)												
(8)												
(9)												
(10)												
· ·												
(11)		_										
(12)		_										
	per of section 501(c)(3) and per of other organizations lis	•	•				· · · · · · · · · •	1.				
	on Act Notice, see the Instruc						S	chedule I (Form 990) 2020				

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provid information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION ONLY GRANTS MONEY OR ASSETS TO A RELATED ORGANIZATION

WHICH HAS THE SAME FINANCIAL AND ACCOUNTING TEAM INVOLVED WITH THE

TRANSCATION THIS ENSURES THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.

75-2097161

(Forn	EDULE J n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.					047
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identificatio		ectio	n
	0	ABITAT FOR HUMANITY INC		75-2097161		•	
Part		as Regarding Compensation		/3-209/101			
Pari	Question	is Regarding compensation				Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	by by ded any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch he organization follow a written policy repenses described above? If "No," com	g these items. personal use nal residence on fees auffeur, chef) egarding payment			
					1b		
2	Did the orga directors, trus	anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all			
3	Indicate which organization's related organ X Comper X Indepen	n, if any, of the following the organizations CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation	ods used by a art III.	-		
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X X
С	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5	For persons compensation	listed on Form 990, Part VII, Sectin contingent on the revenues of:	rganizations must complete lines 5-9. Ion A, line 1a, did the organization pa				37
-	-				5a		X X
b	-	rganization? e 5a or 5b, describe in Part III.			5b		
6	For persons compensation	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa				
a					6a		X
b	-	rganization?			6b		X
7			n A, line 1a, did the organization provescribe in Part III		7		x
8	Were any am to the initial	ounts reported on Form 990, Part VII, I contract exception described in I	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject <sup>-</sup> "Yes," describe			
					8		X
9			low the rebuttable presumption proced		9		

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

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVE CRAWFORD	(i)	236,783.	1,210.	0.	23,178.	19,186.	280,357.	
1 <sup>CEO</sup>	(ii)	0.	0.	0.				
SANDRA MILLER	(i)	156,832.	1,062.	0.	835.	1,691.	160,420.	
2 <sup>CFO</sup>	(ii)	0.	0.	0.				
MARK BROWN	(i)	184,010.	9,010.	0.	5,053.	21,747.	219,820.	
3COO	(ii)	0.	0.	0.				
CARMEN HOLMES	(i)	157,149.	1,210.	0.	15,753.	2,080.	176,192.	
4VP OF DEVELOPMENT	(ii)	0.	0.	0.				
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

### Part III Supplemental Information

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

#### SCHEDULE M (Form 990)

Part I

# **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Name of the organization

#### DALLAS AREA HABITAT FOR HUMANITY INC

**Types of Property** 

Employer identification number 75-2097161

75-2097

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other $\blacktriangleright(\underline{\text{STORE INVENTORY}})$			2,952,837.	COST			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29		V	
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-			-	20-		х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement i		and the second	a that makes the				
31	Does the organization have a	•				24		v
••	contributions?					31		X
32a	Does the organization hire or use	•	•			20		v
	contributions?					32a		X
	If "Yes," describe in Part II.			and the second state of th				
33	If the organization didn't report an	amount in c	column (c) for a type of prop	perty for which column (a)	) is checked,			
Eor D	describe in Part II.	ructions for For	rm 000		0-1			
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M								

Page 2

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

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION RECEIVES NUMEROUS DONATIONS OF STORE INVENTORY AND

BUILDING PRODUCTS, WHICH ARE TOO NUMEROUS TO COUNT.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

DALLAS AREA HABITAT FOR HUMANITY INC

75-2097161

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION LOW-INCOME FAMILIES UTILIZING NON-INTEREST BEARING NOTES.

FORM 990, PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE, MADE UP OF MEMBERS OF THE GOVERNING BODY, SHALL ACT ON BEHALF OF THE BOARD BETWEEN BOARD MEETINGS ON ANY MATTER THAT CANNOT REASONABLY BE DEFERRED UNTIL THE NEXT REGULAR MEETING OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B MANAGEMENT REVIEWS THE RETURN PRIOR TO THE BOARD RECEIVING A COPY. THEN A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER FOR REVIEW AT A BOARD MEETING PRIOR TO THE FILING WITH THE IRS.

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

DALLAS AREA HABITAT REGULARLY MONITORS THE CONFLICT OF INTEREST POLICY THROUGH SENIOR DIRECTOR MEETINGS, PERIODIC DEPARTMENT MEETINGS, ALL STAFF MEETINGS, PERFORMANCE REVIEWS, COMMITTEE MEETINGS AND BOARD MEETINGS. IF A CONFLICT ARISES THE BOARD MEMBER WILL ABSTAIN FROM VOTING ON THE ISSUE IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15 THE ORGANIZATION USED AN INDEPENDENT COMPENSATION CONSULTANT, WHICH INCLUDED A WRITTEN EMPLOYEMENT CONTRACT AND APPROVAL BY THE BOARD OF

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
DALLAS AREA HABITAT FOR HUMANITY INC	75-2097161

DIRECTORS FOR THE CEO, CFO, AND DIRECTOR OF DEVELOPMENT ONLY.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE FINANCIAL REPORTING OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

FORM 990, PART XI, LINE 9

(377,179) CLOSE OUT NET ASSETS OF DBH AND DFC TO DAH

(15,616) ADJUSTMENT IN NET ASSETS AT BEGINNING OF YEAR

\_\_\_\_\_

\$ (392,795) CURRENT YEAR OTHER CHANGES IN NET ASSETS

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LGA WORKS LLC 1546 RUSTIC TRAIL ALLEN, TX 75002	ROOFING SERVICES	341,071.
PROFICIENT CONCRETE LLC 10702 C F HAWN FREEWAY DALLAS, TX 75217	CONCRETE SERVICES	399,517.
DAVIS-HAWN LUMBER CO. 1941 S BECKLEY AVENUE DALLAS, TX 75224	LUMBER SERVICES	387,686.
CRITERION CONTRACTORS INC. 201 W MAIN STREET, SUITE C ALLEN, TX 75013	CONTRACTOR	323,429.
2ND SATURDAY CDC	HOME REPAIRS	245,802.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
DALLAS AREA HABITAT FOR HUMANITY INC	75-2097161
	ATTACHMENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTO	DRS
NAME AND ADDRESS DESCRIPTION OF SI	ERVICES COMPENSATION
2428 PINE STREET	
DALLAS, TX 75215	
	ATTACHMENT 2
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DESCRIPTION	BOOK VALUE
DEFERRED GAIN ON SALE	4,882,286.
	1,002,200.
DEFERRED RENT	668,808.
TOTALS	5,551,094.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

75-2097161

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

Part I

DALLAS AREA HABITAT FOR HUMANITY INC

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

(a Name, address, and EIN (if a	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	
(1) TEXAS HABITAT MORTGAGE SER	VICES, LLC					
2800 N. HAMPTON ROAD	DALLAS, TX 75212	MORTGAGE SERV	TX			DALLAS AREA
(2) DAHFH FUNDING COMPANY I, L	LC					
2800 N. HAMPTON ROAD	DALLAS, TX 75212	FUNDING FOR H	TX			DALLAS AREA
(3)						
(4)						
(5)						
(6)						

Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	512(b)(13) rolled
						Yes	No
(1) DALLAS NEIGHBORHOOD ALLIANCE FOR HABITAT 75-2908888							
2800 N. HAMPTON ROAD DALLAS, TX 75212	SUPPORT DHFH	TX	501(C)(3)	LINE 7	DALLAS AREA	Х	
(2) DALLAS HABITAT BUILDING HEADQUARTERS INC 20-3382233							
2800 N. HAMPTON ROAD DALLAS, TX 75212	HOLDING COMPA	TX	501(C)(3)	LINE 12B,II	DALLAS AREA	Х	
(3) DALLAS NEIGHBORHOOD HOMES 26-3029805							
2800 N. HAMPTON ROAD DALLAS, TX 75212	CONSTRUCTION	TX	501(C)(3)	LINE 7	DALLAS AREA	Х	
(4)	-						
(5)	-						
(6)	-						
(7)	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page **2** 

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

		inere related erg	ameador		aranoromp aaning ar	o lan youn							
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

JSA

DALLAS AREA HABITAT FOR HUMANITY INC

75-2097161

Page 3

Schedule R (Form 990) 2020

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.						
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a					
b	Gift, grant, or capital contribution to related organization(s)			1b					
	Gift, grant, or capital contribution from related organization(s)				-	<u> </u>			
	Loans or loan guarantees to or for related organization(s)				X				
е	Loans or loan guarantees by related organization(s)			1e					
f	s (/								
	Sale of assets to related organization(s)								
	Purchase of assets from related organization(s)				-				
	Exchange of assets with related organization(s).				-	<u> </u>			
j	Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>					
				4					
	k Lease of facilities, equipment, or other assets from related organization(s)								
	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s).								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)			10	X				
				1 n					
-	Reimbursement paid to related organization(s) for expenses.								
q	Reimbursement paid by related organization(s) for expenses			1q					
				1r					
r	Other transfer of cash or property to related organization(s)	• • • • • • • • • • • • • •	• • • • • • • • • • • • • • •						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line including cover	ed relationships and trans	action threshold					
-	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of de		ng			
		type (a-s)		amount in	volved				
(4)			4 670 420	CASH					
(1)	DALLAS NEIGHBORHOOD ALLIANCE FOR HABITAT, INC	D	4,672,432.	САБЛ					
(2)	DALLAS NEIGHBORHOOD ALLIANCE FOR HABITAT, INC	0		FMV					
(2)	DALLAS METGHBORHOOD ALLTANCE FOR HADITAT, INC	0		1.1.1.0					
(3)	DALLAS NEIGHBORHOOD HOMES	D	3,251,543.	CASH					
(0)			0,202,010.						
(4)	DALLAS NEIGHBORHOOD HOMES	0		FMV					
(5)									
_					_	_			
(6)									
JSA			Sci	hedule R (Form	990)	2020			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ed, section total income uded 501(c)(3) fer organizations?		total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionat allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1 0 0 0 )	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													+

Schedule R (Form 990) 2020

JSA

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Schedule R (Form 990) 2020

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

# **RENT AND ROYALTY INCOME**

payer's Name DALLAS AREA HABITAT FOR HUMANITY INC	Identifying Number 75-2097161
SCRIPTION OF PROPERTY UNRELATED TRADE OR BUSINESS	
Yes         No         Did you actively participate in the operation of the activity during the tax year?	

# UNRELATED TRADE OR BUSINESS Yes No Did you actively participate in the operation TYPE OF PROPERTY: REAL RENTAL INCOME . . . . . . . . . . . . . . . . . . . . OTHER INCOME: TOTAL GROSS INCOME OTHER EXPENSES: 37,938. DEPRECIATION (SHOWN BELOW) LESS: Beneficiary's Portion AMORTIZATION LESS: Beneficiary's Portio

Taxpayer's Name

DESCRIPTION OF PROPERTY

LESS: Beneficiary's Portion					•				
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES								📃	37,938.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)								-37,938.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others								•	
Net Rent or Royalty Income (Loss)								•	-37,938.
Deductible Rental Loss (if Applicable	e)	<u></u>				<u></u>			
SCHEDULE FOR DEPRECIAT	ION CLAIMED								1
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals					• • • • • • • • • • • •				

# RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
UNRELATED TRADE OR B		37,938.		-37,938.
TOTALS		37,938.		-37,938.

Form <b>990-T</b> Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-0047
For calendar year 2020 or other tax year beginning $07/01$ , 2020, and ending $06/30$ , 20 $21$ $202$	n
Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.	U
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	ection for
A Check box if Name of organization (Check box if name changed and see instructions.) D Employer identification	
address changed. DALLAS AREA HABITAT FOR HUMANITY INC 75-2097161	
B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instructions. E Group exemption numb (see instructions)	er
X 501(C)(3) Or Type C/O SANDRA MILLER 2800 N HAMPTON ROAD (see instructions)	
408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code	
408A 530(a) DALLAS, TX 75212 F Check box if an amended return	1.
529(a) 529A C Book value of all assets at end of year. ► 26,464,241	
G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsu	ance entity
H Check if filing only to     Claim credit from Form 8941     Claim a refund shown on Form 2439	
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	• •
J Enter the number of attached Schedules A (Form 990-T)	37
	X No
If "Yes," enter the name and identifying number of the parent corporation         L The books are in care of ► SANDRA MILLER         Telephone number ► 214-678-2300	
L The books are in care of ► SANDRA MILLER Telephone number ► 214-678-2300	
2800 N HAMPTON ROAD	
DALLAS TX 75212	
Part I Total Unrelated Business Taxable Income	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	8,573.
2 Reserved	
3 Add lines 1 and 2.	8,573.
4 Charitable contributions (see instructions for limitation rules)	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 -88	8,573.
6 Deduction for net operating loss. See instructions 6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.	
Subtract line 6 from line 5	8,573.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	
9 Trusts. Section 199A deduction. See instructions 9	
10         Total deductions. Add lines 8 and 9         10         10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
enter zero	0.
Part II Tax Computation	
1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)         1       1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on	
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	
3 Proxy tax. See instructions	
4 Other tax amounts. See instructions 4	
5 Alternative minimum tax (trusts only) 5	
6 Tax on noncompliant facility income. See instructions	
7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7         For Paperwork Reduction Act Notice, see instructions.       7	<b>D-T</b> (2020)

Form	990-T	(2020)
FUIII	330-1	(2020)

Par	rt III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d		
2	Subtract line 1e from Part II, line 7		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)		
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		
6 a	Payments: A 2019 overpayment credited to 2020		
b	2020 estimated tax payments. Check if section 643(g) election applies ► 6b		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g			
	Form 4136 Other Total ▶ 6g		
7	Total payments. Add lines 6a through 6g		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax  Refunded 11		
Par	<b>Statements Regarding Certain Activities and Other Information</b> (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		37
_			Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		x
	foreign trust?		^
-	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
	Did the organization change its method of accounting? (see instructions)		
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
Der	explain in Part V		ļ
- 61			

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

		Inder penalties of perjury, I declare that I have examined th rue, correct, and complete. Declaration of preparer (other than tax				o the best of my kr	nowledge and belief, it is		
Sign Here		SANDRA MILLER	05/09/2022			with the pre	discuss this return parer shown below		
	5	Signature of officer	Date	Title		(see instructions)	?XYes No		
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
Paid		JAMIE EVERSOLE			05/09/2022	self-employed	P00839244		
Prepar Use O		Firm's name > BDO USA, LLP					Firm's EIN ► 13-5381590		
Use U	шу	Firm's address ▶ 301 COMMERCE STREET,	SUITE 2000, F	ORT WORT	H, TX 76102	Phone no. 817-	-738-2400		
JSA	000						Form <b>990-T</b> (2020)		

0X2741 1.000

SCHE	DULE A
(Form	990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

20

► Go to www.irs.gov/Form990T for instructions and the latest information. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3). Organizations Only

20

Internal Revenue Service A Name of the organization

Department of the Treasury

		3			
DALLAS A	REA	HABITAT	FOR	HUMANITY	INC

**C** Unrelated business activity code (see instructions)  $\blacktriangleright$  453000

**D** Sequence: 1

of 1

B Employer identification number

75-2097161

E Describe the unrelated trade or business RETAIL STORE THAT SELLS DONATED GOODS

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales 5,020,438.					
b	Less returns and allowances c Balance ►	1c	5,020,438			
2	Cost of goods sold (Part III, line 8).	2	3,687,209			
3	Gross profit. Subtract line 2 from line 1c	3	1,333,229	•		1,333,229.
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI).	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	1 222 000			1 222 222
13	Total. Combine lines 3 through 12		1,333,229			1,333,229.
Par	t I Deductions Not Taken Elsewhere (See instructions	s for I	imitations on dec	ductions) Dedu	ctions	must be directly
4	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X) Salaries and wages					179,504.
2	Repairs and maintenance				2	14,662.
3 4	Bad debts.				4	11,002.
4 5					4 5	
6	Interest (attach statement) (see instructions)					79,410.
7	Depreciation (attach Form 4562) (see instructions)			37,938.	0	
8	Less depreciation claimed in Part III and elsewhere on return .				8b	37,938.
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)					1,910,288.
15	Total deductions. Add lines 1 through 14					2,221,802.
16	Unrelated business income before net operating loss deduction					
-	column (C)				16	-888,573.
17	Deduction for net operating loss (see instructions).					
18	Unrelated business taxable income. Subtract line 17 from line 1					-888,573.
	perwork Reduction Act Notice, see instructions.					A (Form 990-T) 2020

Sched	ule A (Form 990-T) 2020	DALLAS AREA	HABITAT FOR	HUMANITY INC		75-209	7161	Page <b>2</b>
Par	t III Cost of Goods Sold	En	ter method of inve	ntory valuation 🕨				
1	Inventory at beginning of year					1		
2	Purchases					2	3,687	,209.
3	Cost of labor					3		
4	Additional section 263A costs (a					4		
5	Other costs (attach statement)					5		
6	Total. Add lines 1 through 5					6	3,687	,209.
7	Inventory at end of year					7		
8	Cost of goods sold. Subtract line					8	3,687	,209.
9	Do the rules of section 263A (w						Yes	No
Par	IV Rent Income (From F							
1	Description of property (property							
	Α			,	,			
	в							
	c							
	D							
			Α	В	С		D	
2	Rent received or accrued							
a	From personal property (if the	percentage of						
u	rent for personal property is m							
	but not more than 50%)							
b	From real and personal pro							
b	percentage of rent for pers							
	exceeds 50% or if the rent is bas							
_	income)							
С	Total rents received or accrue							
•	Add lines 2a and 2b, columns A			hans and an Darit Line C. a	-1			
3	Total rents received or accrued.	Add line 2c column	is a through D. Enter	nere and on Part I, line 6, c		▶		
	Deductione disectly compacted of							
4	Deductions directly connected w							
_	in lines 2(a) and 2(b) (attach stat							
5	Total deductions. Add line 4 colo	umns A through D.	Inter here and on Pa	rt I, line 6, column (B)		▶		
Par	t V Unrelated Debt-Fina	nced Income (s	o instructions)					
			· · · · ·		······			
1	Description of debt-financed pro	operty (street addres	s, city, state, ZIP code	e). Check if a dual-use (see	instructions)			
	A							
	B							
	c							
	D		Α	В	с		D	
•			~	Б	U		U	
2	Gross income from or allocable t							
-	property							
3	Deductions directly connected w	with or allocable						
	to debt-financed property							
а	Straight line depreciation (attach	/• • •						
b	Other deductions (attach stateme							
С	Total deductions (add lines							
	columns A through D)							
4	Amount of average acquisition debt	t on or allocable						
	to debt-financed property (attach state	ement)						
5	Average adjusted basis of or all	ocable to debt-						
	financed property (attach statem	ent)						
6	Divide line 4 by line 5		%	%		%		%
7	Gross income reportable. Multiply I	line 2 by line 6						
8	Total gross income (add line 7,	columns A through	D). Enter here and or	n Part I, line 7, column (A)		▶		
				I		I		
9	Allocable deductions. Multiply lin	-						
10	Total allocable deductions. Add	line 9, columns A t	hrough D. Enter here	and on Part I, line 7, colum	n (B)	• ▶		
11	Total dividends-received deduct	ions included in line	e 10 <b></b> .	<u> </u>		· •		
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#### DALLAS AREA HABITAT FOR HUMANITY INC

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Schedule A (Form 990-T) 2020								Page 3
Part VI Interest, An	nuities,	, Royalt	ies, and Rents	s fror		zations (see instructions)		
					Exempt Con	trolled Organizations		
1. Name of controlled organization	ident	mployer tification Imber	3. Net unrelated income (loss) (see instructions)		<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
· · ·			Nonexe	empt (	Controlled Organization	is		
7. Taxable income		ine	Net unrelated come (loss) e instructions)		9. Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		1. Deductions directly connected with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals					•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
	Income	e of a S	ection 501(c)	)(7). (	9), or (17) Organizat	t <b>ion</b> (see instructions)		
1. Description of income			ount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	(	5. Total deductions and set-asides add columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Totals		Enter he	ounts in column 2. ere and on Part I, 9, column (A)					d amounts in column 5. nter here and on Part I, line 9, column (B)
Part VIII Exploited E		Activity	/ Income Oth	or Th	an Advertising Incon	ne (see instructions)		
1 Description of exploited a		Activity	y meome, our		an Auvertising meen			
		me from	trade or busin	ness	Enter here and on Pa	rt I, line 10, column (A)	2	
							<u> </u>	
line 10, column (B)	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
	m unrel	lated tra	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete		
lines 5 through 7						· · · · · · · · · · · · · · · · · ·	4	
5 Gross income from activ							5	
6 Expenses attributable to							6	
						than the amount on line	_	
4. Enter here and on Part	II, line 12	2	<u></u>	. <u>. </u>	<u></u>	<u></u>	7	

Schedule A (Form 990-T) 2020

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### DALLAS AREA HABITAT FOR HUMANITY INC

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hedule A (Form 990-T) 2020				Pag
Part IX Advertising Income				
Name(s) of periodical(s). Check box if	reporting two or more periodicals or	n a consolidated basis.		
A				
в				
с				
D				
er amounts for each periodical listed above	e in the corresponding column.			
	Α	В	С	D
Gross advertising income				
a Add columns A through D. Enter here	· · · · · · · · · · · · · · · · · · ·			•
Direct advertising costs by periodical				
a Add columns A through D. Enter here a				•
Advertising gain (loss). Subtract line 3 f	irom line			
2. For any column in line 4 showing				
complete lines 5 through 8. For any co	-			
line 4 showing a loss or zero, do not o				
lines 5 through 7, and enter zero on line				
Readership costs				
Circulation income				
Excess readership costs. If line 6 is le				
line 5, subtract line 6 from line 5. If				
less than line 6, enter zero				
Excess readership costs allowed				
deduction. For each column showing a				
line 4, enter the lesser of line 4 or line 7	-			
a Add line 8, columns A through D.	· · · · · · · · · · · · · · · · · · ·	8a columns total or	zero here and o	
Part II, line 13				
art X Compensation of Officers	s, Directors, and Trustees (s	see instructions)		
		:	3. Percentage	<ol> <li>Compensation</li> </ol>
1. Name	2. Title	C	of time devoted	attributable to
			to business	unrelated business
			%	
			%	
			%	
			%	
tal. Enter here and on Part II, line 1			▶	
art XI Supplemental Information				

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ATTACHMENT 1

# SCHEDULE A: RETAIL STORE

## PART II LINE 14 - OTHER DEDUCTIONS DETAIL

BANK FEES		87,473.
COMP SERVICE/SOFTWARE		14,121.
CONSULTING		226,223.
COURIER/FREIGHT		181,529.
GARLAND HFH FEES		27,307.
GENERAL O/H		132,000.
INSUR PROP/GL		63,654.
LEASE		961,692.
MISCELLANEOUS		29,902.
OFFICE SUPPLIES		14,269.
PHONE/INTERNET		45,018.
SECURITY		6,614.
UTILITIES		69,807.
VEHICLE-LEASE		29,599.
WASTE		21,080.
TOTAL	OTHER DEDUCTIONS	1,910,288.