*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

ОМВ	No.	1545-0047

For calendar year 2021, or tax year beginning 01/01/2021 and ending 12/31/2021

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8453TE for the latest information. Name of filer EIN or SSN HABITAT FOR HUMANITY OF OMAHA INC 36-3283625 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b. 7b. 8b. 9b. or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . ▶ 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 19,457,975 2a Form 990-EZ check here . ▶ □ 2b b Total revenue, if any (Form 990-EZ, line 9) За Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here . ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here . . > 5b 6a Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here . . ▶ □ 7b b Total tax (Form 4720, Part III, line 1) 7a Form 5227 check here . . ▶ 🗌 b FMV of assets at end of tax year (Form 5227, Item D) 8b **b** Tax due (Form 5330, Part II, line 19) Form 5330 check here . . ▶ 9b 9a 10a Form 8038-CP check here ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration of Officer or Person Subject to Tax** 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. b 🔲 If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund and (c) the date of any refund. Sign LOUIS OLIVERA, CHIEF FINANCIAL OFFICER Here Signature of officer or person subject to tax Title, if applicable Date Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge, If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN Check if also Check if self-ERO's ERO's signature paid preparer employed Use Firm's name (or yours if EIN self-employed), address, and ZIP code Only Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has

Firm's name ▶ Use Only Firm's address ▶

Preparer's signature

PTIN

Check if self-

employed

Firm's EIN ▶

Phone no.

Print/Type preparer's name

any knowledge.

Preparer

Paid



Department of the Treasury Internal Revenue Service Ogden, UT 84201
 Notice
 CP211A

 Tax period
 December 31, 2021

 Notice date
 May 30, 2022

 Employer ID number
 36-3283625

 To contact us
 Phone 877-829-5500

Page 1 of 1

045834.231789.395981.16374 1 AB 0.461 371

HABITAT FOR HUMANITY INTERNATIONAL OMAHA HFH 1701 N 24TH ST OMAHA NE 68110-2326



045834

Important information about your December 31, 2021, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2021, Form 990.

Your new due date is November 15, 2022.

What you need to do

File your December 31, 2021, Form 990 by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	For the	2021 calend	dar year, or tax year beginning 01/01/2021 and ending 12/31/20	J21								
В	Check if	applicable:	C Name of organization HABITAT FOR HUMANITY OF OMAHA INC	3 Employ	er identification number							
	Address	change	Doing business as		36-3283625							
	Name cf	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	E Telephor	ne number							
	Initial ret	turn	1701 N 24 STREET 402-457-5657									
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	d return	OMAHA, NE 68110	Gross re	aceipts \$ 22,196,401							
	Applicat	ion pending	F Name and address of principal officer: S LOUIS OLIVERA H(a) is this a group	p return for s	subordinates? 🗌 Yes 🗹 No							
			1701 N 24 ST, OMAHA, NE 68110 H(b) Are all sub	ordinates	included? Yes No							
ı	Тах-ехе	mpt status:		a list. See	instructions.							
1	Website	: ► HABITA	ATOMAHA.ORG H(c) Group exer	mption nu	umber ▶							
<u>K</u>	Form of a	organization: 🔽	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1984 N	VI State of	legal domicile: NE							
Р	art I	Summai	ry									
	1	Briefly desc	cribe the organization's mission or most significant activities: WORKING TOGETHER	TO INCF	REASE							
*	ľ	-	BLE HOMEOWNERSHIP OPPORTUNITIES FOR LOW INCOME FAMILIES.									
Governance												
Ę	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	5% of it	s net assets.							
ò	3		voting members of the governing body (Part VI, line 1a)	3	25							
*	4		independent voting members of the governing body (Part VI, line 1b)	4	25							
98	5		per of individuals employed in calendar year 2021 (Part V, line 2a)	5	174							
ž	6		per of volunteers (estimate if necessary)	6	869							
Activities &	7a		ated business revenue from Part VIII, column (C), line 12	7a	0							
•	b		ed business taxable income from Form 990-T, Part I, line 11	7b	0							
		TTOL GITTOIGL	Prior Year	 -	Current Year							
	8	Contributio		1,998	11,948,781							
Revenue	9			3,614	6,452,329							
₹	10	-		1,792	294,653							
æ	11			6,374	762,212							
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,457,975							
_	13											
	14		44.	4,133 0	160,030							
	15				5 902 002							
Expenses	16a			0,192	5,802,092							
ĕ	1		- · · · · · · · · · · · · · · · · · · ·	4,640	10,944							
Ä			aising expenses (Part IX, column (D), line 25) 1,004,059		40.040.400							
	17		nses (Part IX, column (A), lines 11a–11d, 11f–24e)		12,263,633							
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 19,605		18,236,699							
- 46	19	Revenue le		8,409	1,221,276							
Net Assets or Fund Balances	00	Takelet :	Beginning of Current		End of Year							
85	20		s (Part X, line 16)		36,900,454							
¥ ¥	21		ties (Part X, line 26)		11,891,626							
24	22		or fund balances. Subtract line 21 from line 20	1,876	25,008,828							
	art II	Signatu										
			I declare that I have examined this return, including accompanying schedules and statements, and to the b b. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		knowledge and belief, it is							
		T &		<u> </u>								
Sig	T.C.	Signatu	re of officer Date									
He	i e		S OLIVERA, CHIEF FINANCIAL OFFICER									
		17	print name and title		DTIM							
Рa	id	Print/Type		heck 🔲	II.							
	epare	r		elf-employ	yeu							
	e Only	y Firm's nam	· · · · · · · · · · · · · · · · · · ·									
	<u> </u>	Firm's add	 	o	<u> </u>							
May	y the IR	is discuss ti	his return with the preparer shown above? See instructions		. Yes No							

	0 (2021) Page
Part	Check if Cahantida Canada a susan and a tangent to sure the tangent at the sure of the sur
1	Briefly describe the organization's mission:
	WE BUILD STRENGTH, STABILITY, AND SELF-RELIANCE THROUGH SHELTER.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured leads to the organization of the services accomplishments for each of the services are services.
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
····	
4a	(Code:) (Expenses \$ 13,346,175 including grants of \$ 0) (Revenue \$ 5,660,077)
	HABITAT OMAHA'S CONSTRUCTION PROGRAM BUILDS AND RENOVATES AFFORDABLE HOMES IN PARTNERSHIP WITH
	PEOPLE WHO NEED A QUALITY AND SAFE PLACE TO LIVE. HABITAT OMAHA BUILDS OPPORTUNITY THROUGHOUT BURT, DOUGLAS, AND WASHINGTON COUNTIES. IN 2021, 43 HOMES WERE PURCHASED BY NEW HOMEOWNERS IN
	PARTNERSHIP WITH HABITAT OMAHA.

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4b	(Code:) (Expenses \$ 106,913 including grants of \$ 0 ) (Revenue \$ 382,467 )
4b	(Code:) (Expenses \$106,913 including grants of \$0 ) (Revenue \$382,467 ) DISCOUNTS ON MORTGAGE ORIGINATIONS
4b	
	DISCOUNTS ON MORTGAGE ORIGINATIONS
	DISCOUNTS ON MORTGAGE ORIGINATIONS  (Code:) (Expenses \$ 2,467,410 including grants of \$ 0 ) (Revenue \$ 409,785 )
	Code: (Code: (Co
	Code:) (Expenses \$ 2,467,410 including grants of \$ 0 ) (Revenue \$ 409,785 )   THROUGH HABITAT OMAHA'S HOME IMPROVEMENT LOAN PROGRAM, QUALIFIED FAMILIES RECEIVE A NO-INTEREST   LOAN TO HELP PAY FOR NECESSARY HOME REPAIRS, INCLUDING INTERIOR AND EXTERIOR HOME WEATHERIZATION
	Code: (Code: (Co

C	(Code: )	(Expenses \$	2,467,410 including	grants of \$	0 ) (Revenue \$	409,785 )
	THROUGH HABITA	T OMAHA'S HOME	IMPROVEMENT LOAN	PROGRAM, QUALIFIE	D FAMILIES RECEIVE A NO	-INTEREST
	LOAN TO HELP PAY	Y FOR NECESSAF	RY HOME REPAIRS, INC	LUDING INTERIOR AN	D EXTERIOR HOME WEATH	IERIZATION
	PROJECTS. HABITA	AT OMAHA OFFER	RS THIS PROGRAM TO	QUALIFIED HOMEOWN	IERS IN BURT, DOUGLAS, /	AND
	WASHINGTON COU	NTIES. IN 2021, H	ABITAT OMAHA COMP	LETED 225 HOME IMPI	ROVEMENT PROJECTS.	
	****			######################################		
			******			
			*************************		***********	
					****	
	*				******	
				****	**********	
	***************************************					
	Others	: /Dit	- 0-1 1-1-0\			
1	Other program serv	-			******	
	(Expenses \$	0 includi	ng grants of \$	0 ) (Revenue \$	0)	
•	Total program servi	ce expenses >	15,920,498	3		

Part	IV Checklist of Required Schedules			. ugo i
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	~	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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	,	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	1	
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		v
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	~	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	V	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	V	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
	If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		\ \
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	<del>                                     </del>
c	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	<del>                                     </del>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
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		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	<b></b>	۱Ť
	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		v
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	07		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	27		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
	·	28a	<u> </u>	<u>'</u>
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c	•	·
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	ř
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	v	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	V	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	ļ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	·	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	v	
Part				<u></u>
	Check if Schedule O contains a response or note to any line in this Part V		. Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   57	55000000	162	NO
b	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	- 0000000		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10		PREFERENCE

Part			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ι	103	110
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 174			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>1</b>	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			ļ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		·
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶	<u> </u>		<del></del>
_	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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		V
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	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ĺ	V
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		~
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	İ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10~	against amounts due or received from them.)	12a		
12a		128		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ıva		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	
	the organization is licensed to issue qualified health plans	1	ľ	
С	Enter the amount of reserves on hand , ,			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		<del>-</del>
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 76	-	
	excess parachute payment(s) during the year?	15		V
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		<del>-</del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			·
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Fairt	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sched	below, lule O. S	and See ir	for a struc	"No tions
	Check if Schedule O contains a response or note to any line in this Part VI				. 🗹
Sect	on A. Governing Body and Management	***************************************			
		r		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	25			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ŀ			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	with	2		\ \
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, trustees, or key employees to a management company or other person		3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?.	5		~
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap one or more members of the governing body?		7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or persons other than the governing body?	- 1	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken d the year by the following:				
а	The governing body?	Į:	8a	•	
b	Each committee with authority to act on behalf of the governing body?	: F	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at	-		<b></b>
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Co	······································	
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	oters,			
11a			10b	~	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Describe on Schedule O the process, if any, used by the organization to review this Form 990.	orm?	11a	<b>/</b>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~	100000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf		12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "describe on Schedule O how this was done	· 1	12c	·	
13	Did the organization have a written whistleblower policy?	. [	13	~	
14	Did the organization have a written document retention and destruction policy?	. [	14	V	
15	Did the process for determining compensation of the following persons include a review and approve independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis				
а	The organization's CEO, Executive Director, or top management official		15a	V	
b	Other officers or key employees of the organization	. [	15b	~	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	with a taxable entity during the year?	.  -	16a	V	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	e its			
****	organization's exempt status with respect to such arrangements?	1.5	16b	~	ewenikete
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ None  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	I 990-T	(sect	tion 5	i01(c)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor and financial statements available to the public during the tax year.			•	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books a S LOUIS OLIVERA, (402)884-7199	and reco	ords l	<b>&gt;</b>	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

**BOARD MEMBER** 

☐ Check this box if neither the organization	n nor any relate	d org	aniz			ompe	nsa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				e than o	ı an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
AMANDA BREWER	37.00									
EXECUTIVE DIRECTOR	3.00			~				261,311	0	10,691
T J ISAACS DIRECTOR OF DEVELOPMENT	37.00 3.00				~			197,900	0	31,642
DREW LIER	39.00									
DIRECTOR OF CONSTRUCTION	1.00					•		120,057	0	48,660
S LOUIS OLIVERA	33.00							!		
CHIEF FINANCIAL OFFICER	7.00				~			156,951	0	2,143
KEN MAR	5.00									
AREA DIRECTOR	35.00					~		104,783	0	21,454
TRACIE MCPHERSON	38.00									
DIR PUBLIC AFFAIRS AND ADVOCACY	2.00	<u> </u>	<u> </u>			~		114,988	0	3,450
LACEY STUDNICKA	34.00									
PROGRAM DIRECTOR	6.00		<u> </u>			•		114,934	0	3,448
MARK KENNEDY	18.00									
CHIEF OPERATING OFFICER	22.00		ļ		ļ	-		106,741	0	3,202
JON COSTELLO	1.00									
BOARD MEMBER	0.00	~	L_					0	0	0
BOB DALRYMPLE	1.00									
BOARD MEMBER	0.00	~						0	0	0
JAVIER FERNANDEZ	1.00									
BOARD MEMBER	0.00							0	0	0
JULIE FRITZ	1.00									
BOARD MEMBER	0.00	~						0	0	0
DR CYNTHIA GOOCH-GRAYSON	1.00									
BOARD MEMBER	0.00	~						0	0	<u> </u>
JEFF GORDMAN	1.00									
			4			: [				_

0.00

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

	1	Τ			C)			T		
455					ری ition					
(A)	(B)	(do r	ot c			e than o	one	( <u>D)</u>	<b>E</b>	(F)
Name and title	Average hours					is boti		Reportable compensation	Reportable compensation	Estimated amount of other
	per week				Ţ	or/trus		from the	from related	compensation
	(list any hours for	y de	RSt	Officer	ê	riging Tight	Former		organizations (W-2/	
	related	g ti	튱	9	릙	Highest co	호	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	목류	12		Key employee	° è				J
	below dotted line)	Individual trustee or director	Institutional trustee		ď	pen				
		"	8			Highest compensated employee				
BUCK HEIM	1.00		<b></b>				$\vdash$			
BOARD MEMBER	0.00	~						0	o	0
MARCOS HERNANDEZ	1.00									
BOARD MEMBER	0.00	V			<u> </u>			0	. 0	0
DAN HOUGHTON	1.00									
BOARD MEMBER	0.00	1						0	0	0
RYAN IWANSKY	1.00									
BOARD MEMBER	0.00	V	<u>.                                    </u>					0	0	0
KEITH JANKUSKI	1.00									
BOARD MEMBER	0.00							0	0	0
TERI MERCER	1.00									
BOARD MEMBER	0.00	~					<u> </u>	0	0	0
BRIAN MILES	1.00									, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BOARD MEMBER	0.00	~						0	0	0
LAURA NELSON	1.00							:		
BOARD MEMBER	0.00	1			<u> </u>			0	0	0
GUSTAVO OBERTO	1.00									
BOARD MEMBER	0.00	~						0	0	0
DAN PATTERSON	1.00									
BOARD MEMBER	0.00	~						0	0	0
MARK RODGERS	1.00									
BOARD MEMBER	0.00	~						0	0	0
JAISON SAMUEL	1.00							·		
BOARD MEMBER	0.00	~						0	0	0
ANGEL STARKS	1.00									,
BOARD MEMBER	0.00	•						0	0	0
LUCAS WEATHERLY	1.00									
BOARD MEMBER	0.00	V						o	0	0

Part VII Section A. Officers, Directors,	Frustees,	Key	Em	plo	yee	s, an	ld F	lighest Compe	nsated E	mplo	yees (	contil	nued)
		(C)											
(A)	(B)	Position (do not check more that				e than	one	(D)	(E)			(F)	
Name and title	Average					is both		Reportable				ated an	ount
	hours per week		T		T	or/trus	<del>,</del>	compensation from the	compensa from rela			of other pensat	ion
	(list any	Individual trustee or director	Institutional	Officer	Key employee	emp emp	Former	organization (W-2/	organization		fı	om the	
	hours for related	vidu	Ĕ	ě	em_	ioye	) Der	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		orgar related	iization organiz	
	organizations	or al	ma		ş	ë com				,	, , , , , , , , , , , , , , , , , , , ,	3	
	dotted line)	uste	trustee		8	pen							
	dotted line)	Œ.	66			Highest compensated employee							
DREW COLLIER	1.00		<del> </del>				<del> </del>						
BOARD MEMBER	0.00	~						o		o			0
GEORGE ACHOLA	1.00												
BOARD CHAIR	0.00	1		~				0		0			0
LEVI SCHEPPERS	1.00										***************************************		***************************************
VICE-CHAIR	0.00	]		~				0		0			0
ROLLIE JOHNS	1.00												
TREASURER	0.00			~				0		0			0
CAREN WOODRUFF	1.00												
SECRETARY	0.00			~				0		0			0
				<u> </u>									
***********					1								
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				ļ									
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		<u> </u>					_						
								7					
	<u> </u>				-								
1b Subtotal	<u> </u>	<u> </u>	L	L	L		<u> </u>	1,177,665		0		12	4,690
c Total from continuation sheets to Part	VII Sectio	n Δ	•	•		•		1,177,005				12	4,070
			•	•			•	1 177 665				12	4,690
d Total (add lines 1b and 1c)	not limited	to th	ose	list	ed a	above	e) w	ho received more	e than \$10	0,000	of		1,070
reportable compensation from the organi							′	8		,			
												Yes	No
3 Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	ey e	mpl	oyee, or highes	t compen	sated			
employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidι	ıal					3		~
4 For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comper	sation fro	m the			
organization and related organizations	greater the	an \$1	50,	000	? #	"Ye	s, "	complete Sched	lule J for	such			
individual			٠	•		•				•	4	~	
5 Did any person listed on line 1a receive o									ion or indi	vidual			
for services rendered to the organization?	If "Yes," c	ompl	ete -	Sch	edu	ile J f	or s	uch person .			5		~
Section B. Independent Contractors	<u>-</u>					· ·							
Complete this table for your five high compensation from the organization. Report													
Compensation from the organization. Repo	or compen	Salioi	1 101	uic	Cai	Ciluai	ye	ar ending with or	widini die	organ		SIAN	year.
(A) Name and business add	race							(B) Description of serv	ices		(C) Compens	ation	
		112									. J1pei 13		7 200
LAWNSMITH & CO INC, 3731 STATE STREET, OMA								NCRETE WORK MODELING AND I	IMISH D				7,300 7,350
DAVIS CONTRACTING, 8203 N 37 STREET, OMAHA TITANIUM HVAC, 8026 S 165 STREET, OMAHA, NE								AC: NEW CONSTI	······································				6,830
HOME MATTERS CONSTRUCTION LLC, 3513 LEAV		E, BF	LLF	VUI	Ξ, ΝΙ	E 681			<del></del>	····			9,033

DMS LANDSCAPING, 26020 W CENTER RD, PO BOX 27, WATERLOO, NE 68069

received more than \$100,000 of compensation from the organization ▶

2 Total number of independent contractors (including but not limited to those listed above) who

182,588

HAULING AND YARD CLEAN

12

Part VIII Statement of Revenue

Par	t VIII	Statement of Rev		-l			lima in Abia Da	1.011		
		Check if Schedule	O conta	ains a re	spor	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ် တ	1a	Federated campaigr	ns	• •	1a	14,301				
Contributions, Gifts, Grants, and Other Similar Amounts	Ь	Membership dues			1b	0				
ع ق	С	Fundraising events			1c	0:				
ξĒĀ	d	Related organization			1d	0				
<u> </u>	e	Government grants			1e	3,593,147				
Si T	f	All other contribution								
e iti		and similar amounts no	ot include	d above	1f	8,341,333				
흌돭	g	Noncash contributio								
ž ž	İ	lines 1a-1f			1g	\$ 1,372,266				
<u> </u>	h	Total. Add lines 1a-	1f				11,948,781			
						Business Code				
<u>0</u>	2a	HOUSE SALES TO H	OMEOW	/NERS		230000	5,660,077	5,660,077	0	0
<u>6</u> 5	b	HOME REPAIR PROJ	JECT SA	LES		230000	409,785	409,785	0	0
Program Service Revenue	С	MORTGAGE LOAN D	ISCOUN	IT AMOR	TIZA	230000	382,467	382,467	0	0
e all	d	***********************		~						
50 때	е	*****								
Ç	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-	2f			►	6,452,329			
	3	Investment income								
		other similar amounts)				1	182,955	7,942	0	175,013
	4	Income from investm					0	0	0	0
	5	Royalties	<del></del>			3	0	0	0	0
		j		(i) Real		(ii) Personal				
	6a	J	6a	40	0,810	0				
	b	· ;-	6b	***************************************	5,339	0				
	C	Rental income or (loss)	6c		5,471	0				
	d	Net rental income or	· (loss)				5,471	5,471	0	0
	7a	Gross amount from	ļ	(i) Securit	es	(ii) Other				
		sales of assets	_	504	1,656	2,243,698				
		other than inventory	7a		-,	=/= 10/0/0				
Ë	b	Less: cost or other basis								
Revenue		<u> </u>	7b	504	1,656	2,132,000				
ne Be	C	` ' '	7c		0	111,698				
20	d	Net gain or (loss)			•	<u> </u>	111,698	111,698	0	0
Oth	8a	Gross income from		raising		·				
٠		events (not including \$		0						
		of contributions rep 1c). See Part IV, line			0-					
	۱ .			1	8a	393,488				
	b	Less: direct expense Net income or (loss)		1	8b	66,431			-	
	c 9a	Gross income fr			3 eve	nts , ▶	327,057	-	0	327,057
	Ja	activities. See Part IV			0-	ا				
	, n	Less: direct expense			9a 9b	0				
		Net income or (loss)				0 s ▶				
		Gross sales of inv			TIAILIC	, , , , _, ,	0	0	0	0
	100	returns and allowance	-		10a	ام				
	ь	Less: cost of goods :			10b	0				
	l .	Net income or (loss)					0			
						Business Code	U	0	0	
ou.	11a	INCOME EDOM TOTAL	TVENT	IDE		900099	40.004	40.004	_	
ž ž	b	INCOME FROM JOINT OTHER REVENUE					49,894	49,894	0	0
scellaneo Revenue	C					230000	379,790	379,790	0	0
Miscellaneous Revenue	d	A 11 AP								
Ž	e	Total. Add lines 11a-			-		420 494	0	0	0
	12	Total revenue. See i					429,684	7 007 124		E00 070
<del></del>		. July 1 Storidg, Ode 1			<u> </u>		19,457,975	7,007,124	0	502,070

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 160,030 160,030 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 0 Benefits paid to or for members . . . . 0 0 Compensation of current officers, directors, 616,162 235,262 130,738 250,162 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 3,990,592 2,921,186 579,164 490,242 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 94,548 64,784 9,127 20,637 9 Other employee benefits . . . . . . 728,055 532,117 138,485 57,453 10 Payroll taxes . . . . . . . 93,406 372,735 223,863 55,466 11 Fees for services (nonemployees): Management , , . . . . . . а 0 0 b 19,814 19,550 264 0 C Accounting . . . . . . . . 87,427 63,428 2,838 21,161 d 1,227 1,227 0 0 Professional fundraising services, See Part IV, line 17 10,944 10,944 f investment management fees . . . . . 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 111,694 270.074 158,380 0 Advertising and promotion . . . . . 12 38,174 34,949 0 3,225 13 Office expenses . . . . . 141,145 104,567 6,062 30,516 Information technology . . . . . 70,497 14 258,488 142,165 45,826 15 0 0 0 0 16 Occupancy . . . . . . . . . . . 44,426 31,606 6,084 6,736 17 4,958 2,270 2,150 538 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 66,728 36,531 21,856 8,341 20 77,739 77,739 0 0 21 Payments to affiliates . . . . . . . . 0 0 0 22 Depreciation, depletion, and amortization . 122,885 87,257 35,463 165 23 78,364 66,005 12,359 0 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.) CONSTRUCTION COSTS а 8,580,812 8,580,812 0 0 b MORTGAGE DISCOUNTS 106,913 106,913 0 0 973,885 BUILDING COSTS AND CALLBACKS 973,885 0 0 d 799,306 0 PROJECT COSTS REIMBURSED BY GRANTS 799,306 0 All other expenses 591,268 538,933 31,365 20,970 Total functional expenses. Add lines 1 through 24e 18,236,699 15,920,498 1,312,142 1,004,059 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

Pari X Ralance Sheet

يج	allA	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8,194,296	1	5,820,791
	2	Savings and temporary cash investments	1,045,510	2	3,085,808
	3	Pledges and grants receivable, net	517,119	3	2,118,269
	4	Accounts receivable, net	841,820	4	1,022,039
	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	0
	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	0
s	7	Notes and loans receivable, net	4,881,469	<del> </del>	4,577,575
Assets	8	Inventories for sale or use	102,438		144,212
As	9	Prepaid expenses and deferred charges	8,590	<del> </del>	13,749
	10a	Land, buildings, and equipment: cost or other	3,370		13,747
		basis. Complete Part VI of Schedule D 10a 1,379,434			
	b	Less: accumulated depreciation 10b 858,456	<b>-1</b>	10c	520,978
	11	Investments—publicly traded securities	3,374,768	<del> </del>	3,868,775
	12	Investments—other securities. See Part IV, line 11	0,074,700	12	0,000,779
	13	Investments—program-related. See Part IV, line 11	8,692,458	1 1 2 2	10,574,793
	14	Intangible assets	0,072,438	14	1,485
	15	Other assets. See Part IV, line 11		<del></del>	5,151,980
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,073,776		36,900,454
	17	Accounts payable and accrued expenses	1,594,060		1,701,255
	18	Grants payable	0	_	0
	19	Deferred revenue	160,545		147,086
	20	Tax-exempt bond liabilities	0	<del> </del>	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	17,010	<del> </del>	13,341
ģ	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	6,890,371	23	9,813,371
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,641,914	25	216,573
	26	Total liabilities. Add lines 17 through 25	10,303,900	26	11,891,626
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶   and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	22,433,868	27	20,256,399
Ba	28	Net assets with donor restrictions	1,336,008		4,752,429
P		Organizations that do not follow FASB ASC 958, check here ▶ □			
교		and complete lines 29 through 33.			
ò	29	Capital stock or trust principal, or current funds	production of the transfer of CV 100 white extended the	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
7	32	Total net assets or fund balances	23,769,876		25,008,828
ž	33	Total liabilities and net assets/fund balances	34,073,776		36,900,454
					C QQQ (0004)

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0000	00 (2021)			r	age i.
Par	XI Reconciliation of Net Assets				***************************************
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			19,45	7,975
2	Total expenses (must equal Part IX, column (A), line 25)			18,23	6,699
3	Revenue less expenses. Subtract line 2 from line 1	1		1,22	1,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			23,76	9,876
5	Net unrealized gains (losses) on investments			1	7,676
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	)		25,00	8,828
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in on			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	ed or			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	.	2b	v	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assumes responsibility for oversignment of the committee that assume the committee that assume the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that as the committee that a committee that as the committee that as the committee that ar	aht of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, explain		20		
	Schedule O,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	in the			
	Single Audit Act and OMB Circular A-133?	.	За	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	$\neg$		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b	~	
			Fore	990	(2021)

Form **990** (2021)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service Name of the organization

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

0MB №. 1545-0047

Open to Public Inspection

Employer identification number

HABITAT FOR HUMANITY OF OMAHA INC. 36-3283625 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☑ An organization that normally receives (1) more than 331,8% 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 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)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having ь control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (IB EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D) (E) Total

Part							
	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support			· ·	.,		
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not		na versus				
_	include any "unusual grants.")						
2	Tax revenues levied for the			***************************************			
	organization's benefit and either paid to or expended on its behalf						
•	·					<del> </del>	
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		***************************************				***************************************
4	Total. Add lines 1 through 3						
	-	_ <del></del>					
5	The portion of total contributions by each person (other than a	:					
	governmental unit or publicly		THE STREET				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40							
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				777		
11	Total support, Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	organization	s first, second	, third, fourth,	or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2021 (line 6	3, column (f), o	divided by line	11, column (f))		14	%
15	Public support percentage from 2020 Sch					15	%
16a	331/3% support test—2021. If the organi						
	box and stop here. The organization qual	-		-			
b	331/3% support test—2020. If the organization this box and stop here. The organization						
47-	10%-facts-and-circumstances test—20	•		-			_
17a	10%-racts-and-circumstances test—20 10% or more, and if the organization m	-					
	Part VI how the organization meets the			•		•	•
	organization						
b	10%-facts-and-circumstances test—20						
U	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization			_	•		
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this b	ox and see

Section A. Public Support

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total

1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants,")	8,537,425	6,207,849	8,448,302	8,153,001	10,576,515	41,923,092
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	7,601,694	7,221,043	6,492,055	10,022,288	6,957,517	38,294,597
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	16,139,119	13,428,892	14,940,357	18,175,289	17,534,032	80,217,689
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						
8 8	Add lines 7a and 7b						80,217,689
Secti	on B. Total Support	<u> </u>				<u> </u>	7-1-1-1
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	16,139,119	13,428,892	14,940,357	18,175,289	17,534,032	80,217,689
10a	Gross income from interest, dividends, payments received on securities loans, rents,			,	75/115/207	77,007,002	33/211/007
_	royalties, and income from similar sources .	129,749	203,508	126,933	103,836	182,954	746,980
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		:				
C	Add lines 10a and 10b	129,749	203,508	126,933	103,836	182,954	746,980
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,067	82,780	110,363	217,933	379,789	845,932
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	16,323,935	13,715,180	15,177,653	18,497,058	18,096,775	81,810,601
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's e	first, second,	third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8					15	98.05 %
16	Public support percentage from 2020 Sch				<u> </u>	16	98.48 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (l	ine 10c, colum	n (f), divided b	y line 13, colun	nn (f))	17	0.91 %
18	Investment income percentage from 2020					18	0.84 %
19a	331/s% support tests - 2021. If the organi	zation did not	check the box	on line 14, and	d line 15 is mo	re than 331/3%	
•	17 is not more than 331/3%, check this box a						
b	331/2% support tests – 2020. If the organizatine 18 is not more than 331/2%, check this be	юх алd <b>stop he</b>	re. The organiz	zation qualif <del>ies</del> a	as a publicly su	pported organiz	zation 🕨 🔲
20	Private foundation. If the organization did	l not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	ınd see instruc	tions 🕨 🗌

#### 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

	on A. An oupporting Organizations			,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		-
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		***************************************
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
0a	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.	10a		
h	Did the organization have any expect business haldings in the tay year? (I lee Schedule C. Form 4720 to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	- · · · · · · · · · · · · · · · · · · ·	11a	ļ	
	A family member of a person described on line 11a above?	11b		12 (12 (2)
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .			
Coati	on B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
Jecu	on b. Type i Supporting Organizations		V	NI.
		50.00.555	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	39.8		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	37.00 AVA		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1000000	ASSESSED
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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).	Pagasaga I		
Saati	on D. All Type III Supporting Organizations	1		<u> </u>
Secu	on D. All Type III Supporting Organizations			T
1	Did the executation regulate to each of the executed association, but the last devertible EQL and the EQL	T 1555	Yes	No
'	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	1.374.3	100000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	37.23		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
a	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.	6 t.		h
С 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity Activities Test. <b>Answer lines 2a and 2b below.</b>	(see in		
		100900000	Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		[0:35750)
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b	urauri a indi	e se especialist
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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	,500,600,000 (0.000,000,000)		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	1 2h	i	

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	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):			
а	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		,
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
7	emergency temporary reduction (see instructions).	div :	ntograted Type III august	ding organization
′	Check here if the current year is the organization's first as a non-functional (see instructions).	ану н	megrated Type III Suppoi	ning organization

Part	V Type III Non-Functionally Integrated 509(a)	<ol><li>Supporting Organ</li></ol>	izations (continue	d)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	—provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	······································		10	
Section E—Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2021					(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
<u>b</u>	From 2017			il ey	
C	From 2018				
d	From 2019				
e	From 2020				
<u>f</u>	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
· · · · · · ·	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.			11	
_	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018			01-076 9-18-20	
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021 Page **8** 

**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

Part VI

B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
Schedule A, Part III, Line 12 - YEARS 2017 THROUGH 2022 INCLUDE INCOME FROM INVESTMENT IN JOINT VENTURE, LATE FEES PAID BY HOMEOWNERS TO HABITAT, RECYCLING INCOME, AND VARIOUS OTHER SOURCES. YEAR 2022 ALSO INCLUDES OVER \$202K OF TAX INCREMENT FINANCING (TIF) RETURNS.							

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

Tax) (S	See separate instructions), t	then			
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
HABI	TAT FOR HUMANITY OF ON				36-3283625
Part	-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1	definition of "political car				t IV. See instructions for
2		ty expenditures. See Instructions			***************************************
3	Volunteer hours for politi	cal campaign activities. See instru	ctions		
Part		e organization is exempt und			
1		excise tax incurred by the organization			
2		excise tax incurred by organization			6
3		ed a section 4955 tax, did it file Fo			. Yes No
4a					🗌 Yes 🔛 No
b	If "Yes," describe in Part				
Part	-C Complete if th	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	activities	ty expended by the filing organizes			
2	527 exempt function acti	filing organization's funds contribitions		<i>.</i> <b>▶</b> \$	) 
3	line 17b	expenditures. Add lines 1 and 2		📂 \$	
4		n file <b>Form 1120-POL</b> for this year			
5	organization made paymenthe amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount pald from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)			, , , , , , ,		
(4)					
(5)					
(6)					

f Grassroots lobbying expenditures

	20010 0 (1 0	. 000 01 000 110, 2021					. 490 =
Pa	rt II-A	Complete if the organiza section 501(h)).					
A	Check ►	if the filing organization be				liated group memb	oer's name,
D	Chook 🕨	address, EIN, expenses, a if the filing organization ch		, , ,	,		
<u></u>	Check -		obbying Expendit		Ovisions apply.	(a) Eilina	Sal Assistand
		(The term "expenditures"			)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total le	obbying expenditures to influer				0	
		obbying expenditures to influer	•			1,227	
		obbying expenditures (add line	_			1,227	
		exempt purpose expenditures	=			18,235,472	
	e Total e	exempt purpose expenditures (	add lines 1c and 1	d)		18,236,699	
	f Lobby	ing nontaxable amount. Ente	er the amount fr	om the following	table in both		
	columi	ns.				1,000,000	
	If the a	mount on line 1e, column (a) or (b	) is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	ount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	·.	
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		•
		7,000,000	\$1,000,000.				
	-	oots nontaxable amount (enter	,			250,000	
		ct line 1g from line 1a. If zero o				0	
		ct line 1f from line 1c. If zero or	•	# 1		[ 0]	
		e is an amount other than ze ng section 4911 tax for this ye					Yes No
	rehorn						
	(Som	e organizations that made a	Year Averaging I section 501(h) ele he separate instr	ection do not hav	e to complete all	of the five colum	ns below.
_		Lobby	ing Expenditures	During 4-Year Av	eraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2	<b>a</b> Lobbyi	ng nontaxable amount	0	984,047	1,000,000	1,000,000	2,984,047
	<b>b</b> Lobbyi	ng ceiling amount					
	(150%	of line 2a, column (e))					4,476,071
	c Total lo	obbying expenditures	0	6,251	2,511	1,227	9,989
	d Grassr	oots nontaxable amount	0	246,012	250,000	250,000	746,012
		oots ceiling amount of line 2d, column (e))					1,119,018

Schedule C (Form 990 or 990-EZ) 2021

0

0

Part	(election under section 501(h)).	iled	Forn	n <b>576</b> 8
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e f	Publications, or published or broadcast statements?			<u> </u>
	Grants to other organizations for lobbying purposes?			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
i	Total. Add lines 1c through 1i	i de julija	Colodo No	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	73000	PPV VPVE	
b	If "Yes," enter the amount of any tax incurred under section 4912	386.280	3889.8	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	TOTAL STATE	-0000-0-0	
Part		<b>(5)</b> , c	or se	ction
	501(c)(6).			The Inc
1	Were substantially all (90% or more) dues received nondeductible by members?			Yes No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior	vear?	3
Part				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(J), ( } (b)	Part	III-A, line 3, is
	answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	Í
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing		
5	Taxable amount of lobbying and political expenditures. See instructions		4	ļ
Part		•	5	
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp list	); Paı	t II-A, lines 1 and
	***************************************			***************************************
				*****
				# * * * * * * * * * * * * * * * * * * *
				***************************************

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

HABITAT FOR HUMANITY OF OMAHA INC 36-3283625 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . . . . . . . b 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X . . . . . . . . . . . . .

Series   Continued	Schedu	le D (Form 990) 2021							Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a	Par	III Organizations Maintaining	Collections of	Art, Historical 1	reasures,	or Othe	er Similar As	sets (co	ntinued)
a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.   XIII.	3	Using the organization's acquisition,	accession, and ot						
b Scholarly research c Other C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.  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	or exchange	e prograr	m		
c	_								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par 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 funds rather than to be maintained as part of the organization's collection?	C	<del>-</del>	3		*************				~~~~
Part IV Secrow 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?  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	4	Provide a description of the organiza		and explain how t	hey further	the orgai	nization's exen	npt purpo	se in Par
Part IV	5								s 🗆 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pari				<del></del>				
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	·			" on Form 990, F	Part IV, line	9, or re	ported an an	nount on	Form
Included on Form 990, Part X?		990, Part X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance . 1c	1a							ot	
C Beginning balance .						• • •		☐ Ye	s 🗹 No
C   Beginning balance     1c   1d	b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:	<del></del>	·		
d Additions during the year  Ending balance  Distributions during the year  Ending balance  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.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance ○ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							A	mount	
Ending balance	_						***************************************		
Ending balance   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						<del></del>			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
Part V								<u> </u>	
Part V	_								
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			art XIII. Check here	e if the explanation	n has been i	provided	on Part XIII .		
1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years	Pair		anaurana (Wasi	' am Eaum 000 E	South N.C. Bloom	. 10			
Beginning of year balance		Complete it the organization	1	***************************************		· · · · · · · · · · · · · · · · · · ·		1	· · · · · · · · · · · · · · · · · · ·
b Contributions		Designation of the bullions			(c) I wo years		~~~~~	<del> </del>	
C Net investment earnings, gains, and losses							···	+	
losses   118			545,000	0		0	(	)	0
d Grants or scholarships	C		110	0			,		0
Cother expenditures for facilities and programs	d				·	· · · · · · · · · · · · · · · · · · ·	***************************************	<del> </del>	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   Permanent endowment   100 %		<u>-</u>			• . •			<del>' </del>	
f Administrative expenses	•		0	٥				,	0
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   Board designated or quasi-endowment ▶ 0 %	f							<del></del>	<del> </del>
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ 0 %  Permanent endowment ▶ 100 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations		<u>-</u>	<del></del>						
a Board designated or quasi-endowment ▶ 0 %  b Permanent endowment ▶ 100 %  c Term endowment ▶ 0 %  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:  (i) Unrelated organizations	_	-			column (a)	<del> </del>		<u>′1</u>	
b Permanent endowment  100 %  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:  (i) Unrelated organizations		Board designated or quasi-endowme	nt. <b>►</b> 0		, 001011111 (0)	, 1101a ao	•		
c Term endowment ▶ 0 % 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:  (i) Unrelated organizations	b	Permanent endowment ▶	100 %						
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:  (i) Unrelated organizations (ii) Related organizations (iii) Relat	c								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	•	The percentages on lines 2a 2b and	2c should equal 10	n%					
Vest   No	3a				at are held a	and admi	inistered for th	e	
(ii) Unrelated organizations         (iii) Related organizations       3a(ii)       ✓         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       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)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       0       73,301       73,301       73,301         b Buildings       0       171,791       74,478       97,313         c Leasehold improvements       0       13,970       10,693       3,277         d Equipment       0       739,484       516,197       223,287         e Other       0       380,888       257,088       123,800				<b>g</b>				-	es No
(ii) Related organizations         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)       V         4 Describe in Part XIII the intended uses of the organization's endowment funds.         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)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       0       73,301       73,301         b Buildings       0       171,791       74,478       97,313         c Leasehold improvements       0       13,970       10,693       3,277         d Equipment       0       739,484       516,197       223,287         e Other       0       380,888       257,088       123,800		(i) Unrelated organizations							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
Describe in Part XIII the intended uses of the organization's endowment funds.           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 (nivestment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         0         73,301         73,301         73,301           b Buildings         0         171,791         74,478         97,313           c Leasehold improvements         0         13,970         10,693         3,277           d Equipment         0         739,484         516,197         223,287           e Other         0         380,888         257,088         123,800	b	• • • • • • • • • • • • • • • • • • • •							
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 (novestment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         0         73,301         73,301         73,301           b Buildings         0         171,791         74,478         97,313           c Leasehold improvements         0         13,970         10,693         3,277           d Equipment         0         739,484         516,197         223,287           e Other         0         380,888         257,088         123,800									
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         0         73,301         73,301         73,301           b Buildings         0         171,791         74,478         97,313           c Leasehold improvements         0         13,970         10,693         3,277           d Equipment         0         739,484         516,197         223,287           e Other         0         380,888         257,088         123,800	Pari							·····	
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land				on Form 990. F	Part IV. line	11a. Se	ee Form 990.	Part X. li	ne 10
(investment)         (other)         depreciation           1a Land         0         73,301         73,301           b Buildings         0         171,791         74,478         97,313           c Leasehold improvements         0         13,970         10,693         3,277           d Equipment         0         739,484         516,197         223,287           e Other         0         380,888         257,088         123,800					·····			<del></del>	
b         Buildings         0         171,791         74,478         97,313           c         Leasehold improvements         0         13,970         10,693         3,277           d         Equipment         0         739,484         516,197         223,287           e         Other         0         380,888         257,088         123,800		* v - v - z - k - z - k - z - X	1	1,,,				,, Doon	
b         Buildings         0         171,791         74,478         97,313           c         Leasehold improvements         0         13,970         10,693         3,277           d         Equipment         0         739,484         516,197         223,287           e         Other         0         380,888         257,088         123,800	1a	Land		<u> </u>	73.301				73.301
c       Leasehold improvements       0       13,970       10,693       3,277         d       Equipment       0       739,484       516,197       223,287         e       Other       0       380,888       257,088       123,800							74,478		
d     Equipment     0     739,484     516,197     223,287       e     Other     0     380,888     257,088     123,800									
e Other	_	•		<del></del>			······················		
		- ·		····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Total.			0, Part X, column		c.)			520,978

123,800 520,978

Part VII	Investments—Other Securities.	n / 15 4 / 15	000 D1 V. P 40
	Complete if the organization answered "Yes" on Form 990, Part	1	
	(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 h	eld equity interests , , ,		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	***************************************		
(F)	***************************************		
(G)			,
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.	<u> </u>	1
a care value	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fr	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) book value	Cost or end-of-year market value
(1) INVESTI	MENT IN JOINT VENTURE	6,549,651	Cost
	MENT IN SARPY COUNTY HFH AFFILIATE	865,226	<del></del>
	OM REH, A SUPPORTING ORGANIZATION	3,159,916	
(4)		7,,	
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	10,574,793	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
	ERM PROMISES TO GIVE		877,54
	CUCTION IN PROGRESS		4,274,44
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		5,151,98
Part X	Other Liabilities.		3,131,70
T GIT X	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11e or 11f.	See Form 990. Part X.
	line 25.	.,,	, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		(
<del></del>	HFH SARPY COUNTY, SUPPORTING ORGANIZATION		483,82
	OM HOAMS, A SUPPORTING ORGANIZATION		-267,25
(4)			
(5)			
(6)			
(7)			***************************************
(8)			
(9)			
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>▶</b> 216.573

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

Schedule D (Form 990) 2021 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: а b 2b C 2c Other (Describe in Part XIII.) . . . . . . . . . . d 2d Add lines 2a through 2d . . . . . . . . . . . . . 2e Subtract line 2e from line 1 . . . . . . . . . . . 3 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 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a h 2b C 2c d 2d Add lines 2a through 2d . . . . . 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: а Investment expenses not included on Form 990, Part VIII, line 7b 4a b C 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part IV, Line 2b - HABITAT OMAHA (HFHO) MAINTAINS AN ESCROW LIABILITY ARRANGEMENT FOR CERTAIN MORTGAGES. HFHO MAINTAINS PROPERTY AND INSURANCE ESCROW FUNDS ON BEHALF OF THE MORTGAGEES. HFHO PAYS THE REAL ESTATE TAX AND HOMEOWNER'S INSURANCE PREMIUM FROM THESE FUNDS ON BEHALF OF THE MORTGAGEE. Schedule D, Part V, Line 4 - THE HABITAT ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE CAPITAL FOR LONG-TERM SUSTAINABILITY OF HABITAT TO FURTHER ITS MISSION. THE FUND CONSISTS OF INDIVIDUAL GIFTS ESTABLISHED BY DONORS TO SUPPORT ANNUAL FUNDING FOR PROGRAM SERVICES. Schedule D, Part X, Line 2 - HABITAT OMAHA, HABITAT SARPY, AND HFHO REH HAVE RECEIVED EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS. A REQUEST FOR SIMILAR TAX EXEMPTION STATUS FOR HOAMS IS CURRENTLY BEING PREPARED AND EXPECTED TO BE FILED DURING 2022. HABITAT BELIEVES THE APPROVAL OF SUCH EXEMPTION IS HIGHLY LIKELY BASED ON HOAMS' MISSION TO PROVIDE BELOW COST MORTGAGE LOANS TO LOW- AND MODERATE- INCOME BORROWERS, AND THE EXEMPTION WILL BE EFFECTIVE FROM THE INCEPTION OF HOAMS IN 2021. AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. 1701, LLC IS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES, SO IT IS CONSIDERED PART OF HABITAT OMAHA'S TAX EXEMPTION. HABITAT IS REQUIRED TO FILE SEPARATE FORM 990'S, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR EACH OF THE THREE TAX-EXEMPT ENTITIES NOTED ABOVE. HABITAT'S RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. AS OF DECEMBER 31, 2021, HABITAT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2018 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS. HABITAT HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE AND THAT THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundralsing or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

0MB No. 1545-0047 2021

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матте	от тне отделидация					Ensployer Identifi	cation number
HAB	ITAT FOR HUMANITY OF OMAHA I	VC .				36	3283625
Pai	Fundraising Activities Form 990-EZ filers are					orm 990, Part IV,	line 17.
1	Indicate whether the organizati	on raised funds	through any	of the foll	owing activities. C	heck all that apply.	······································
а	— · · · · · · · · · · · · · · · · · · ·				ion of non-govern	, , ,	
b	☐ Internet and email solicitation	วกร	f [		ion of government		
C					fundraising events	_	
d			9 -	□ obcoun	randraioning overtic	•	
_	-				d 1		
2a	Did the organization have a wri or key employees listed in Forn						
b		d individuals or e	entities (fun		•	_	
	(i) Name and address of Individual or entity (fundralser)	(II) Activity	custody o	ndraiser have or control of outlions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6	···	-					
7							
8							
9							
10							
Total		, , , ,		<b>&gt;</b>			
3	List all states in which the organ registration or licensing.				olicit contributions	s or has been notifie	ed it is exempt from
•••••	•••••						
							***********
	***************************************						
	***************************************						
	••••••						***************************************
					•••••••		
						•••••	

		(Form 990 or 990-EZ) 2021				Page 2
Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, I Form 990-EZ, lines 1	ine 18, or reported more and 6b. List events with
		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	(a) Event #1 BREW HAHA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
45			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	393,488			393,488
ш.	2	Less: Contributions	0			0
	3	Gross income (line 1 minus				
	ļ	line 2)	393,488			393,488
	4	Cash prizes	0	***************************************		0
	5	Noncash prizes	0			0
sesu	6	Rent/facility costs	20,437			20,437
Direct Expenses	7	Food and beverages	16,762		0	16,762
Direct	8	Entertainment	0		О	0
	9	Other direct expenses .	29,232			29,232
	10 11	Direct expense summary. Ac Net income summary. Subtr				66,431 327,057
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E.	e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
۵	5	Other direct expenses .				
-	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		

9	Enter the state(s) in which the organization conducts garning activities:		
	Is the organization licensed to conduct gaming activities in each of these states?	☐ Yes	☐ No
þ	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .	☐ Yes	□No
þ	If "Yes," explain:		

cneuc	ule G (FOITH 990 of 990-F2) 2021		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
	Name ►		
	Address►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal inforr	v); and nation.
		**************************************	~~~~~
	•••••••••••••••••••••••••••••••••••••••		
	***************************************		

## SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

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

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**Employer identification number** 

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) 2021 ºN □ (h) Purpose of grant or assistance ☑ Yes 36-3283625 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. • ٠ . (f) Method of valuation (book, FMV, appraisal, other) . Cat. No. 50055F . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. HABITAT FOR HUMANITY OF OMAHA INC 1 (a) Name and address of organization or government Sch I, Stmt 1 ------Part Part II Ξ ন্ত € 9 N <u></u> <u>©</u> **®** 5 9

Schedule I (Form 990) 2021

Part III

Page 2

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) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Schedule   Part   Line 2 - HaRITAT OMAHA TITHES OF MAKES CO	the information r	equired in Part I, lin	e 2; Part III, column	nation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
INTERNATIONAL HABITAT AFFILIATES' FUNDING NEEDS. HFHI HAS PRIMARY RESPONSIBILITY FOR MONITORING SUCH GRANTS. HABITAT OMAHA ALSO REV	S. HFHI HAS PRIM	ARY RESPONSIBILITY	FOR MONITORING SU	SPRIMARY RESPONSIBILITY FOR MONITORING SUCH GRANTS. HABITAT OMAHA ALSO REVIEWS THE	GH-PRIORITY A ALSO REVIEWS THE
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					Schedule I (Form 990) 2021

### HABITAT FOR HUMANITY OF OMAHA INC

Form: Schedule I (2021)

Page: 1 Part II, Line 1

# Description of Grants and Other Assistance to Governments and Organizations in the United States

Recipient EIN Amt. of cash Amt. of nongrant cash asst. Name and address HABITAT FOR HUMANITY INTERNATIONAL 91-1914868 160,030 0 285 PEACHTREE CENTER AVE NE **SUITE 2700** ATLANTA, GA 30303 IRC code section 501 (C) 3 Method of valuation Desc. of Non-Cash Asst. Purpose of grant HABITAT OMAHA TITHES OR MAKES GRANTS TO HABITAT INTERNTIONAL (HFHI) BASED ON HFHI'S ANNUAL LIST OF HIGH-PRIORITY INTERNATIONAL HABITAT AFFILIATES' FUNDING NEEDS

FOR SIMPLE, DECENT HOUSING WORLD-WIDE.

# **SCHEDULE J** (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF OMAHA INC

Employer identification number

36-3283625

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

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

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	or eac	n listed individual mu	ist equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable columr	D) and (E) amounts (E) amounts	for that individual.
	-	(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Betirement and	(C)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nonaxable	(E) rotal or columns (B)(I)–(D)	in column (B) reported as deferred on prior Form 990
AMANDA BREWER, EXECUTIVE	<u> </u>	212,518	48,793	0	7,240	5,975	274,526	0
1 June 21 OR	€	0		0	0	0	0	0
T J ISAACS, DIRECTOR OF	8	165,339	32,562	0	5,945	25,697	229,543	0
2 DEVELOTIVE N	<b>E</b>	0		0	0	0		0
S LOUIS OLIVERA, CHIEF	8	155,000	1,951	0	2,143	634	159,728	0
3 HANKONE OF TOEK	€	0		0	0	0	0	0
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15	€ 5							
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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

Page 3

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
Schedule J. Part I. Line 3 - THE EXECUTIVE COMMITTEE (A SUB-COMMITTEE OF THE HFHO BOARD OF DIRECTORS) REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S
(ED) COMPENSATION AND PROVIDES AN OVERVIEW OF THE PROCESS AND APPROVED COMPENSATION TO THE FULL HFHO BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE PROCESS INCLUDES REVIEWING AND ASSESSING THE ED'S ANNUAL PERFORMANCE, EVALUATING SUCH PERFORMANCE, AND OBTAINING AND REVIEWING
COMPARABLE MARKET DATA OBTAINED FROM MULTIPLE SOURCES. IN EARLY 2021, THE ED SETS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES WITH THE EXECUTIVE COMMITTEE SERVING IN AN OVERSIGHT AND ADVISORY ROLE. THE FXFCLITIVE COMMITTEE REVENUS ROTH THE PEPEODMANCE AND COMPANDED IN
MARKET DATA FOR EACH OFFICER AND KEY EMPLOYEE, AND THEN CONDUCTS DETAILED DISCUSSIONS WITH THE ED REGARDING COMPENSATION OF EACH OFFICER
AND KEY EMPLOYEE. AN OVERVIEW OF THE EXECUTIVE COMMITTEE MEETING RELATED TO THE COMPENSATION REVIEW OF THE ED AND OFFICERS AND KEY EMPLOYEES IS PREPARED FOLLOWING THE MEETING AND PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW.

Schedule J (Form 990) 2021

# SCHEDULE L (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

НАВП	AT FOR HUMANITY	OF OMAHA INC				•				36-	32836	25		
Part		fit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV,	and se line 2	ection 501(c)(29) 5a or 25b, or Fo	orga rm 99	nizatio 0-EZ,	ons or Part	nly). V, line	40b	
1	(a) Name of disqualified	Derech	(b) Relationship b	etween	disqualified	person and		(c) Description	n nf tun		_		(d) Cor	rected?
	(a) reame or disqualitied	person		organiz	ation		Ì	(c) Description	mi Oi tra	Hasacuo	o o		Yes	No
(1)														
(2)														
(3)							1							
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		by the orga		n manag	-	•	ied persons du	iring t	he ye	ar ► ş	<b>.</b>	•	
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	n			▶ \$	<u> </u>		
Part	Complete if the	l/or From Inter ne organization reported an amo	answered "Ye	es" on	Form 99	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 9	90, Pε	art IV,	line 2	:6; or	f the	
(a) Na	me of Interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origi principal an		(f) Balance due	(g) in (	default?	by bo	proved pard or nittee?		ritten ment?
				То	From	1			Yes	No	Yes	No	Yes	No
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(2)							,.	i		· · · · · ·		Ì		
(3)									†					····
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(10)				<u> </u>					<u> </u>	-				
Total				<del></del>			.▶	\$	14925			3,05,73	140,540	
Part	Grants or As:	sistance Benet e organization	fiting Interest	ed Pe	rsons.		ine 27	7.		···				
1 (a)	Name of Interested person		ship between inter and the organization		(c) Amount	of assistance	(	(d) Type of assistance	<b>;</b> е	(•)	Ригро	se of a	ssisten	ce
(1)				1				*****						
(2)									·,···					
(3)						· · · · · · · · · · · · · · · · · · ·								
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schedule L (Fo	om 990 or 990-E2) 2021	Page 🗷
Part IV	Business Transactions Involving Interested Persons.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	

(a)	Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
(1) ELAINE	HEATH	AUNT OF EXEC DIRECTO	26 550	COMPENSATION	- 100	<i>'</i>
(2)	neam	AUNT OF EXEC DIRECTO	20,557	COMPENSATION		
(3)						
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Part V S	Supplemental Information. Provide additional information fo	r ropposoos to augostions.	on Cahadula I. /aaa	instructions)		
	Tovide additional information to	responses to questions	On Schedule E (See	mstructions).		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

HABITAT FOR HUMANITY OF OMAHA INC

Employer identification number 36-3283625

Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
1	Art Works of art					
2	Art - Historical treasures					
3	Art-Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods	İ				
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities-Publicly traded	~	7	506,127	COST	
10	Securities - Closely held stock .	****				
11	Securities - Partnership, LLC,				`	
	or trust interests				ĺ	
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures				ŀ	
14	Qualified conservation contribution – Other					· · · · · · · · · · · · · · · · · · ·
15	Real estate—Residential		32	227 000	COUNTY A	SSESSOR'S VALU
16	Real estate—Commercial	-	32	237,700	COUNTYA	SSESSOR S VALU
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies	<u> </u>				
21	Taxidemy					
22	Historical artifacts					·
23	Scientific specimens					
24	Archeological artifacts					
25	Other (BUILDING MATERIALS)		314	/20.330	AVEDACE	SELLING DRIGE
26			314	028,239	AVERAGE	SELLING PRICE
27	Other ► ()					
28	Other ► () Other ► ()					
29	Number of Forms 8283 received	by the ord	anization during the tax v	ear for contributions for	<u>I</u>	
	which the organization completed	Form 8283	Part V Donee Acknowled	dement	29	_
			, ,	goo	28	Yes No
30a	During the year, did the organizat	ion monivo	by contribution only propo	ets concerned in David I finan	. 4 41	res No
ova	28, that it must hold for at least the	nree years i	from the date of the initial	contribution, and which isr	't required	
	to be used for exempt purposes f		e holding period?			30a 🗸
b	If "Yes," describe the arrangement					
31	Does the organization have a					
						31 2
32a	Does the organization hire or use	third part	ies or related organizations	s to solicit, process, or se	ll noncash	
	contributions?					32a 🗸
b	If "Yes," describe in Part II.					
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of prop	perty for which column (a) i	s checked,	

Schedule M (Form 990) 2021 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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 () (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 Form 990-FZ

 0MB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF OMAHA INC

Employer Identification number

36-3283625

Form 990, Part III, Line 2 - DURING 2021, HABITAT OMAHA EXPANDED ITS HOME OWNERSHIP PROGRAM TO PROVIDE

ADDITIONAL EDUCATIONAL AND COUNSELING SERVICES. PREVIOUSLY, EDUCATIONAL AND COUNSELING SERVICES WERE
PRIMARILY PROVIDED ONLY TO FAMILIES THAT WERE ACCEPTED INTO HABITAT OMAHA'S HOMEOWNERSHIP PROGRAM.
BEGINNING IN 2021, FAMILIES ARE NOW ADMITTED INTO HABITAT OMAHA'S NEW PROGRAM CALLED ALMOST HOME, WHICH
ALLOWS FAMILIES TO RECEIVE EDUCATIONAL TRAINING AND COUNSELING WITHOUT PARTICIPATING IN HABITAT OMAHA'S
HOME OWNERSHIP PROGRAM. THIS IS INTENDED TO GET MORE FAMILIES "MORTGAGE READY." THAN UNDER HABITAT
OMAHA'S PREVIOUS APPROACH. UNDER THIS REVISED PROGRAM STRUCTURE, ONCE MORTGAGE READY, A FAMILY CAN
THEN APPLY FOR THE PURCHASE OF A HOME UNDER HABITAT OMAHA'S HOME OWNERSHIP PROGRAM, OR SEEK A HOME
PURCHASE IN THE OPEN MARKET.

Form 990, Part III, Line 3 - BEGINNING AUGUST 1, 2021, HABITAT FOR HUMANITY OF OMAHA MADE A SIGNIFICANT CHANGE IN MORTGAGE ORIGINATIONS. AS THE CONSOLIDATED FINANCIAL STATEMENTS FOOTNOTE A READS: HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS, INC. (HOAMS), A NEBRASKA NON-PROFIT CORPORATION, WAS INCORPORATED IN 2021. HOAMS IS A WHOLLY-OWNED SUBSIDIARY OF HABITAT AND IS INCLUDED WITHIN THE CONSOLIDATED FINANCIALS STATEMENTS. HOAMS WAS ORGANIZED TO PROVIDE AFFORDABLE HOME MORTGAGES TO LOW- AND MODERATE-INCOME FAMILIES WHO LACK ACCESS TO CAPITAL, WITH THE PURPOSE OF PROVIDING SERVICES THAT EXPAND HOMEOWNERSHIP OPPORTUNITIES TO UNDERSERVED INDIVIDUALS AND FAMILIES. HOAMS WAS FORMED AS A "SPIN OFF" OF HABITAT OMAHA'S PREVIOUS MORTGAGE LENDING ACTIVITIES. THE SPIN OFF INCLUDED THE LEGAL ASSIGNMENT AND TRANSFER OF HABITAT OMAHA'S MORTGAGE ASSETS, DEBT OBLIGATIONS AND CERTAIN OPERATING CONTRACTS TRANSACTED DURING 2021 FROM HABITAT OMAHA TO HOAMS EFFECTIVE AUGUST 1, 2021. EFFECTIVE AUGUST 1 2021, HOAMS BEGAN ITS MORTGAGE LENDING PRACTICES AS A SEPARATE LEGAL ENTITY. HABITAT FOR HUMANITY OF OMAHA WILL NOT HAVE NEW MORTGAGES FOR HOMES ADDED TO ITS BALANCE SHEET IN THE FUTURE. NEW MORTGAGES FOR HOMES WILL INCREASE ON THE HOAMS BALANCE SHEET.

Form 990, Part VI, Section B, Line 11b - HABITAT FOR HUMANITY OF OMAHA INC (HFHO) PREPARES THE FORM 990 AND THEN IT IS
REVIEWED BY A PUBLIC ACCOUNTING FIRM. UPON COMPLETION OF THE REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO
A FINANCE COMMITTEE MEMBER AND ALL BOARD MEMBERS OF HFHO PRIOR TO SUBMISSION TO THE IRS.

Form 990, Part VI, Section B, Line 12c - AT THE TIME OF ONBOARDING, NEW EMPLOYEES, OFFICERS, DIRECTORS, AND TRUSTEES READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR EXISTING EMPLOYEES, OFFICERS, DIRECTORS, OR TRUSTEES IS MANAGED AS POTENTIAL CONFLICTS ARE IDENTIFIED AND ENCOUNTERED (WHICH IS VERY RARE). BEGINNING IN 2022, THE ORGANIZATION IS EVALUATING A MORE FORMAL ANNUAL ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE PROCESS FOR ITS CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Section B, Line 15 - THE EXECUTIVE COMMITTEE (A SUB-COMMITTEE OF THE HFHO BOARD OF DIRECTORS)

REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION AND PROVIDES AN OVERVIEW OF THE PROCESS

AND APPROVED COMPENSATION TO THE FULL HFHO BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE PROCESS

INCLUDES REVIEWING AND ASSESSING THE ED'S ANNUAL PERFORMANCE, EVALUATING SUCH PERFORMANCE, AND

OBTAINING AND REVIEWING COMPARABLE MARKET DATA OBTAINED FROM MULTIPLE SOURCES. IN EARLY 2020, THE ED SETS

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES WITH THE EXECUTIVE COMMITTEE SERVING IN AN OVERSIGHT AND

ADVISORY ROLE. THE EXECUTIVE COMMITTEE REVIEWS BOTH THE PERFORMANCE AND COMPARABLE MARKET DATA FOR

EACH OFFICER AND KEY EMPLOYEE, AND THEN CONDUCTS DETAILED DISCUSSIONS WITH THE ED REGARDING

COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE. AN OVERVIEW OF THE EXECUTIVE COMMITTEE MEETING RELATED

TO THE COMPENSATION REVIEW OF THE ED AND OFFICERS AND KEY EMPLOYEES IS PREPARED FOLLOWING THE MEETING

AND PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW.

Form 990, Part VI, Section C, Line 19 - WHEN REQUESTED IN GRANT APPLICATIONS, THE GRANT MANAGERS INCLUDE BY-LAWS,
ARTICLES OF INCORPORATION, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS. WHEN REQUESTED BY THE PUBLIC
(OTHER THAN IN GRANT APPLICATIONS), THE FORM 990 AND CONFLICT OF INTEREST POLICY ARE PROVIDED. IN ADDITION,
THE FORM 990 CAN BE SEEN ON THE FOLLOWING WEBSITES: HABITATOMAHA.ORG, GUIDESTAR.ORG, AND
CHARITYNAVIGATOR.ORG.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization HABITAT FOR HUMANITY OF OMAHA INC

Part

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.

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

Open to Public Inspection 2021

OMB No. 1545-0047

Employer identification number

36-3283625

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

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2021 ŝ (f) Direct controlling HABITAT FOR HUMANITY OF 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. Yes 7 (f)
Direct controlling
entity **HUMANITY, OF** HABITAT FOR HUMANITY OF HUMANITY, OF HABITAT FOR HABITAT FOR (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 0 (d) Total income 12, TYPE 1 12, TYPE 1 12, TYPE 1 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (C) 3 501 (C) 3 509(a)(3) Cat, No. 50135Y 볼 (c)
Legal domicile (state
or foreign country) BUILDING OWNERSHIP FOR TIF AGREEMENT (b) Primary activity ŊĘ Z 岁 HOMEOWNERSHIP IN (b) Primary activity HABITAT OMAHA ORIGINATING MORTGAGES SUPPORTING HABITAT For Paperwork Reduction Act Notice, see the Instructions for Form 990. (2) HABITAT FOR HUMANITY OF SARPY COUNTY INC (47-0788757) (1) HFHO REAL ESTATE HOLDINGS INC (46-3778478) (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization 1701 N 24 STREET, OMAHA, NE 68110 1701 N 24 ST, OMAHA, NE 68110 1701 N 24 ST, OMAHA, NE 68110 1701 N 24 ST, OMAHA, NE 68110 (1) 1701 LLC (36-3283625) (3) HOAMS (87-1464065) Part II 8 ල ₹ 9 0 9 E €

Page 2

Schedule R (Form 990) 2021

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.

(k) Percentage ownership									art IV,	(i) Section 512(b)(13) controlled entity?	Yes No								Schedule R (Form 990) 2021
(i) General or managing partner?	٥N								0, Pa		χ̈́			<u> </u>		ļ			For
Gene mans part	sək								m 99	(h) Percentage ownership									dule R
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									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.	(g) Share of Perend-of-year assets ow									Sche
(h) Disproportionate allocations?	No								were						-				
Disprografices	Yes								n ans ear.	(f) Share of total income									
(g) (h) Share of end-of- Disproportionate year assets allocations?									ganizatio the tax y	ty Shar r trust) in									
									he or uring	(e) e of entii S corp, o									
(f) Share of total income									te if t ust di	(e) Type of entity (C corp. S corp, or trust)									
Share									or tr	guille									
(e) Predominant income (related, unrelated, excluded from tax under	sections 512—514)								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ar line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(d) Direct controlling entity									
Pred income unr exclus	ections								s a co	ile ountry)									
<u>pi</u>	v								oratic ted a	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									Corp s trea	Lega state or i									
Direct									as a										
(c) Legal domicile (state or foreign	country)								Taxable d organiz	(b) Primary activity									
			• • •						tions relate	g.									
otivity									nore										
(b) Primary activity									Org i	tion									
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						: : :		1	of Re ie it h	elated o		**********			*		***************************************		
Z E									ation ecaus	(a) Name, address, and EIN of related organization		****	1						
s, and E panizatio			! ! ! !			-		# # # #	ntific 34, b	ss, and					8 9 1 E 8				
(a) Name, address, and EIN of related organization								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ide line	e, addre				£				5 5 6 7	
Name, rel≵		***							2	Name		1 2 2 1							
	-	Ξ	(2)	(6)	4	9	9	8	Part IV			E	(2)	(6)	3	<u>(6)</u>	(9)	0	

Schedule R (Form 990) 2021

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	The state of the s			Ľ	Yes No	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	one or more related orga	nizations listed in Par	ts II–IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	,	
Giff, grant, or capital contribution to related organization(s)				1 P	7	\
Gift, grant, or capital contribution from related organization(s)				ဍ	7	
Loans or loan guarantees to or for related organization(s)				1d	>	
Loans or loan guarantees by related organization(s)				1e	,	
Dividends from related organization(s)				÷	-	١,
Sale of assets to related organization(s)	·			= {	1	
Purchase of assets from related organization(s)				5 4	1	J
Exchange of assets with related organization(s)	•			= ;	1	
Lease of facilities, equipment, or other assets to related organization(s)				= =	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Lease of facilities, equipment, or other assets from related organization(s)		•	•	¥		_
Performance of services or membership or fundraising solicitations for related organization(s)	(s)uo			=	,	
Performance of services or membership or fundraising solicitations by related organization(s)	on(s) (s)			E	_	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				ا	>	
Sharing of paid employees with related organization(s)				9	7	
Reimbursement paid to related organization(s) for expenses				ا ل	7	
Reimbursement paid by related organization(s) for expenses				٦ ۲	7	
Other transfer of cash or property to related organization(s)				-	>	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ust complete this line, incl	uding covered relation	nships and transaction	TS V	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	1
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	amount ir	involved	. _
See Schedule R, Part VII, Statement 1	(S - S) 20(5					1
		THE PERSON NAMED AND PASSED AS A SECOND PASSED AS A	T T T T T T T T T T T T T T T T T T T			
			Schedule R (Form 990) 2021	(Form 9	990) 20	22

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

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.

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(a) Name, address, and EIN of entity	(b) Primary activity	# <u>6</u>	(d) Predominant /	(e) Are all partners section	(f) Share of total income	.	(h) Disproportionate allocations?	(i) nate Code V—UBI	General or managing		(k) Percentage ownership
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1065)			
			sections 512-514)	Yes No	•		Yes	£	Υes	°Z	
(1)											***************************************
(2)											
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schedule H (F	orm 990) 2021	Page
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	


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Schedule R, Part VII, Statement 1

HABITAT FOR HUMANITY OF OMAHA INC

Form: Schedule R (2021)

EIN: 36-3283625

Page: 3

Part V, Line 2
Description of Covered Relationships and Transaction Thresholds

	Description of Covered Relationships and Transaction Thresholds	
		Amt. involved
Name	HFHO REAL ESTATE HOLDINGS INC	1,090,895
Transaction type	0	
Method of determining amt. involved	ACTUAL COST OF WAGES AND BENEFITS FOR RESTORES IN 2021	
Name	HFHO REAL ESTATE HOLDINGS INC	1,348,903
Transaction type	q	
Method of determining amt. involved	ACTUAL EXPENSES INCURRED IN 2021.	
Name	HFHO REAL ESTATE HOLDINGS INC	2,447,749
Transaction type	s	
Method of determining amt, involved	ALL CASH AND REVENUE FOR THE RESTORES FOR 2021.	
Name	HABITAT FOR HUMANITY OF SARPY COUNTY INC	135,712
Transaction type	0	
Method of determining amt. involved	ACTUAL COST OF WAGES AND BENEFITS FOR THE SARPY CORPORATION IN	
	2021.	
Name	HABITAT FOR HUMANITY OF SARPY COUNTY INC	1,392,712
Transaction type	q	, ,
Method of determining amt. Involved	ACTUAL EXPENSES INCURRED IN 2021.	
Name	HABITAT FOR HUMANITY OF SARPY COUNTY INC	2,081,566
Transaction type	s	
Method of determining amt. involved	ALL CASH AND REVENUE INCOME FROM HABITAT SARPY IN 2021.	
Name	HOAMS	343,476
Transaction type	m	
Method of determining amt. involved	AVERAGE MORTGAGE ORIGINATION SERVICES	
Name	HOAMS	280,211
Transaction type	0	
Method of determining amt. involved	ACTUAL COSTS OF WAGES AND BENEFITS FOR MORTGAGE SERVICERS IN	
	2021	
Name	HOAMS	130,580
Transaction type	q	
Method of determining amt. involved	ALL OTHER COSTS OF MORTGAGE ORIGINATORS	
Name	HOAMS	67,315
Transaction type	s	
Method of determining amt. involved	ALL CASH INCOME AND MORTGAGE INTEREST INCOME	
Name	HOAMS	5,346,656
Transaction type	1	-,- :- ;
Method of determining amt. involved	ORIGINAL MORTGAGE BALANCE ON HOMES OWNED BY HABITAT OMAHA AND	
	SOLD TO FAMILIES BY HOAMS	

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury

For calendar year 2021, or tax year beginning 08/01/2021 and ending For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

➤ Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service Name of filer EIN or SSN HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC 87-1464065 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . ▶ 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 410,791 Form 990-EZ check here . ▶ Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 1120-POL check here ▶ 3b 3а 4b Form 990-PF check here . > b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 8868 check here . . ▶ □ **b** Balance due (Form 8868, line 3c) 5b 5a 6b Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . . . 6a 7b Form 4720 check here . Total tax (Form 4720, Part III, line 1) 7a b FMV of assets at end of tax year (Form 5227, Item D) 8h Form 5227 check here . . ▶ □ Rа 9h Form 5330 check here . . ▶ □ **b** Tax due (Form 5330, Part II, line 19) 10b Form 8038-CP check here ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration of Officer or Person Subject to Tax Part II I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds 11a withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. b [7] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 💹 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to regeive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund and to the date of any refund Sign S LOUIS SANTOS, CHIEF FINANCIAL OFFICER Here Title, if applicable Signature of officer or person subject to tax Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN Check if self-Check if also ERO's ERO's paid preparer employed ... signature Use Firm's name (or yours if self-employed) Only address, and ZIP code Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature PTIN Check if self-Paid employed Preparer Firm's EIN ▶ Firm's name ▶ **Use Only** Firm's address ▶ Phone no.

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Department of the Treasury Internal Revenue Service Ogden, UT 84201
 Notice
 CP211A

 Tax period
 December 31, 2021

 Notice date
 July 25, 2022

 Employer ID number
 87-1464065

 To contact us
 Phone 877-829-5500

Page 1 of 1



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HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC 1701 N 24TH ST OMAHA NE 68110-2326



016548

Important information about your December 31, 2021, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2021, Form 990, Return of Organization Exempt From Income Tax.

Your new due date is November 15, 2022.

What you need to do

File your December 31, 2021, Form 990 by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 08/01/2021 and ending 12/31/2021 C Name of organization HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC Check if applicable: D Employer identification number Address change Doing business as 87-1464065 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 402-457-5657 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return **OMAHA, NE 68110** G Gross receipts \$ 410,791 F Name and address of principal officer: S LOUIS OLIVERA H(a) is this a group return for subordinates? Yes No Application pending 1701 N 24 ST, OMAHA, NE 68110 H(b) Are all subordinates included? Wes Wes Tax-exempt status: 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. Website: ▶ H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ➤ L Year of formation: M State of legal domicile: NE Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE AFFORDABLE HOME MORTGAGES TO LOW- AND MODERATE-INCOME FAMILIES WHO LACK ACCESS TO CAPITAL, WITH THE Activities & Governance (Continued on Schedule O, Statement 1) Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 0 11,000 Revenue Program service revenue (Part VIII, line 2g) 9 0 343,476 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 0 56,315 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 410,791 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 280,211 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 130,580 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 410,791 19 Revenue less expenses. Subtract line 18 from line 12 0 0 **ъ** ₹ Beginning of Current Year 20 Total assets (Part X, line 16) 0 5,032,359 21 Total liabilities (Part X, line 26) . . . 0 5,032,359 Net assets or fund balances. Subtract line 21 from line 20 0 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here S LOUIS OLIVERA, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check if Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶

Phone no.

orm 99	90 (2021)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	· L
•	TO DEVELOP COMMUNITIES WITH PEOPLE IN NEED BY BREAKING DOWN BARRIERS TO HOMEOWNERSHIP AND ORIGINATING AFFORDABLE MORTGAGES IN THE OMAHA METRO AREA.	

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	ired by others
4a	(Code:) (Expenses \$ 385,791 including grants of \$ 0) (Revenue \$ 343,476 TO DEVELOP COMMUNITIES WITH PEOPLE IN NEED BY BREAKING DOWN BARRIERS TO HOMEOWNERSHIP IN THE OMAHA METRO AREA. WE UNDERWRITE, ORIGINATE AND CLOSE MORTGAGES AT AN AFFORDABLE INTEREST RATE BY PROVIDING OUR SERVICES SUBSTANTIALLY BELOW OUR COST.	

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	<u> </u>
•	(testes) (te	

4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 385,791	

Form 990 (2021)		
Part IV Chec	klist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		V
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		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<i>'</i>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		v
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		v
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		V
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	\ \ \ \ \ \	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	V	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		V
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		~
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		~
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		~
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		~
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		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part	IV Checklist of Required Schedules (continued)		······································	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
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	·	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		٠
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		,
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		,
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		v
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		v
33	complete Schedule N, Part II	32		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	·	
Part				
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	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		~
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		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		V
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	l	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			• • • • • • • • • • • • • • • • • • • •
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Ī	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	l		
	Gross income from other sources. (Do not net amounts due or paid to other sources	Į		
	against amounts due or received from them.)	1	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	ļ		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	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		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	if "Yes," complete Form 4720, Schedule O.	- [1	
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	l		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O, See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None

- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply,
 - Own website Another's website ✓ Upon request ☐ Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 S LOUIS OLIVERA, (402)884-7199

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee,"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box it neither the organization no	r any relate	a org	anız	catic	on c	ompe	ensa	ited any current	officer, director,	or trustee.
				(C)				- THE STATE OF THE	
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from the organization and related organizations
AMANDA BREWER	1.00									
EXECUTIVE DIRECTOR	39.00	~		~		ļ	<u> </u>	0	261,311	10,691
T J ISAACS DIRECTOR OF DEVELOPMENT	0.00 40.00				,			0	197,900	31,642
DREW LIER	0.00									
DIRECTOR OF CONSTRUCTION	40.00					~		0	120,057	48,660
S LOUIS OLIVERA	1.00									
VICE-PRESIDENT AND TREASURER	39.00	~		~				0	156,951	2,143
KEN MAR	0.00									
AREA DIRECTOR	40.00	~						0	104,783	21,454
TRACIE MCPHERSON	0.00									
DIR PUBLIC AFFAIRS & ADVOCACY	40.00	~		<u> </u>		<u> </u>		0	114,988	3,450
LACEY STUDNICKA	5.00									
SECRETARY	35.00	~		~				0	114,934	3,448
MARK KENNEDY	0.00									
CHIEF OPERATING OFFICER	40.00					~		0	106,741	3,202

Par	VII Section A. Officers, Directors,	Trustees,	Key	Em			s, an	ıd l	lighest Compe	ensated Emp	oloyees (continued,
	(A) Name and title	(B) Average hours per week	Average box, unless person is be officer and a director/tru						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W 1099-MISC/ 1099-NEC)	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					<u> </u>					
<del></del> .											
			<b></b>				ļ	<u> </u>			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
	77777844										

1b	Subtotal		• •	-	-	• •	•	<u> </u>	0	1,177,6	55 124,690
d 2	Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi	not limited		ose	list	ed :	above	▶		1,177,60 e than \$100,0	65 124,690 00 of
					·				0		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3	officer, dire S <i>chedule J</i>	ector, for su	tru <i>ich</i>	stee indi	e, k vidu	ey ei <i>ial</i>	mpl 	oyee, or highes	t compensat	ed 3 v
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Ye	s, "	complete Sched		
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper omple	nsat ete	ion Sch	fror edu	n any ile J f	uni or s	related organizat	ion or individu	ual
	on B. Independent Contractors				-	*********					
1	Complete this table for your five high compensation from the organization. Report	est compe ort compen	ensate sation	ea i i for	the	per cal	ident lendai	co r yea	ntractors that re ar ending with or	eceived more within the org	e than \$100,000 of anization's tax year.
	(A) Name and business add	ress		••••		• • • • • • • • • • • • • • • • • • • •			(B) Description of serv	rices	(C) Compensation
None			•••••								
											
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed above	e) who	

Form 990 (2021		Page 9
Part VIII	Statement of Revenue	
	Objects if Objects to Object the American appropriate to appropriate in this Doub VIII	11

		Check if Schedule	0 00	manis a re	shoi	ise of flote to at	ly inte in this re	ITLVIII		<u>,</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν, α	1a	Federated campaig	ıns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				*
	С	Fundraising events			1c	0				
fts, FA	d	Related organizatio	ns .		1d	0				
<u>@</u>	е	Government grants			1e	0				
tions, er Sin	f	All other contribution and similar amounts no			1f	11,000				
office of the stat	g	Noncash contribution			1g			÷.		
ž č	h	Total. Add lines 1a-				_	11,000			
	- "	rotal. Add lines 1a	-11 .	• • •	• •	Business Code	11,000			
φ	2a	MORTGAGE UNDER	NA/DIT	ING SEDVI	`EC	561110	343,476	343,476	0	0
ž "	b					301110	343,410	545,470		Ů
gram Ser Revenue	c									
E S	d									······································
P &	e								~~~~~	
Program Service Revenue	f	All other program se			• •		0	0	0	0
_	g	Total. Add lines 2a-				>	343,476			
	3	Investment income	(inc	luding divi	dend	s, interest, and	·			
		other similar amoun	its) .			🕨	56,315	56,315	0	0
	4	Income from investr	nent (of tax-exem	ipt bo	ond proceeds 🕨	0	0	0	0
	5	Royalties	<u></u>			<i>.</i> ▶	0	0	0	0
				(i) Rea	<u> </u>	(ii) Personal				
	6a	Gross rents	6a	<u> </u>					:	
	b	Less: rental expenses								
	С	Rental income or (loss)		_	0	·				
	d	Net rental income o	r (los	, `						
	7a			(ii) Other						
		sales of assets	l _					:		
		other than inventory Less; cost or other basis	7a							
ĭe	b	and sales expenses .						:		
Ver			7b							
æ	C	Gain or (loss)	7c	<u> </u>	0	0				
ther Revenue	d	Net gain or (loss)			·					
ŧ	ва	Gross income from events (not including		-						
		of contributions re		0 on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	C	Net income or (loss)				nts ▶				
		Gross income f			, ,,,			·		: :
		activities. See Part I			9a					
	b	Less: direct expens	es .		9b					, i
		Net income or (loss)				s >				
		Gross sales of in								:
		returns and allowan	eturns and allowances 10a							
	b	Less: cost of goods	sold		10b					
		Net income or (loss)			vento	ory ▶				
S.						Business Code				
ခွဲ့ ရ	11a	***********								
scellaneo Revenue	b									
[<u>6</u> 8	C									***************************************
Miscellaneous Revenue	ď	All other revenue					0	0	0	0
2	е	Total. Add lines 11a				🕨	0			
	12	Total revenue. See	instru	uctions .		▶	410,791	399,791	0	0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	<u> </u>	0		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	235,742 5,444	235,742 5,444	0	0
9	Other employee benefits	21,367	21,367	0	0
10	Payroll taxes [17,658	17,658	0	0
11	Fees for services (nonemployees):	· ·			
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	7,000	7,000	0	0
d	Lobbying	0	la El del Lutera, y televia e tra el el el el el el este del		0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0			0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)		0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology	48,945	48,945	0	0
15	Royalties	0	70,743	0	0
16	Occupancy	0		0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0
19	Conferences, conventions, and meetings .	539	539	0	0
20	Interest	37,319	37,319	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If	0	0	0	0
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MORTGAGE AND INFRASTRUCTURE SUPPORT F	25,000	0	25,000	0
b	MORTGAGE RECORDING FEES	2,016	2,016	0	0
c d	BACKGROUND CHECKS	2,509	2,509	0	0
е	All other expenses	7,252	7,252	0	0
25	Total functional expenses. Add lines 1 through 24e	410,791	385,791	25,000	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	- L			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X	, , ,	<u>U</u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	1,423
	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	0
	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	0
S	7	Notes and loans receivable, net	0	7	5,030,936
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	_	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0		5,032,359
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	4,370,435
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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			
			0	25	661,924
_	26	Total liabilities. Add lines 17 through 25	0	26	5,032,359
Secu		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
ag	27	Net assets without donor restrictions	o	27	0
8	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		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	
ğ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
e	32	Total net assets or fund balances	0	32	0
Z	33	Total liabilities and net assets/fund balances	0	33	5,032,359
					- 000

Parl	XI Reconciliation of Net Assets				***************************************
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,791
2	Total expenses (must equal Part IX, column (A), line 25)	2		410,791	
3	Revenue less expenses. Subtract line 2 from line 1	3		0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0
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			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 📮
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on		
	Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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?		. 2) V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na 🦳		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		, , , , ,	;	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on	9 466	1800
	Schedule O.				
3a	the second secon	th in	the		
	Single Audit Act and OMB Circular A-133?		. За	a	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	- 3t)	
			F	orm 99 0	(2021)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Huine	or the organization					Employer recitations	ii ridiisbur
HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC 87-1464065							
Pa							ons.
The (organization is not a private founda A church, convention of churce A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state	hes, or associat 170(b)(1)(A)(ii). spital service or on operated in c	ion of churches desci (Attach Schedule E (f ganization described	ribed in s Form 990 in sectio	ection 17).) n 170(b)(70(b)(1)(A)(i). 1)(A)(iii).	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operati	ed by a government	tal unit described in
6 7	☐ A federal, state, or local goven ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organior university or a non-land-grauniversity:	nt college of agi	riculture (see instructi	ons). Ente	er the nar	ne, city, and state of	f the college or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fut income and un	inctions, subject to ce irelated business taxa	ertain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	1 331/3% of its
11	An organization organized and	•	•	-			
12	An organization organized and one or more publicly supported the box on lines 12a through 12	l organizations c	described in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	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. You must complete Part IV, Sections A and B.						
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
C	Type III functionally integ its supported organization(ally integrated with,
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
ө	Check this box if the organ functionally integrated, or T						e II, Type III
f 9	Enter the number of supported or Provide the following information						1
(i) Name of supported organization (ii) EIN			(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docu	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vf) Amount of other support (see instructions)
				Yes	No		
(A) C	IABITAT FOR HUMANITY OF DMAHA INC	36-3283625	10			0	0
(B)							
(C)							
(D)							
(E)							
						_	-

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % Public support percentage from 2020 Schedule A, Part II, line 14 15 15 % 331/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/a% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check 17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	andor the te	oto notog por	ow, piodoo o	ompioto i aic	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		1	<u> </u>			
	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	İ					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and 3	l					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	I					
	received from other than disqualified persons that exceed the greater of \$5,000	l					
	or 1% of the amount on line 13 for the year		The state of the s				
^	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		<u> </u>	<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6			7 7			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		п				
	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 on line 10b, whether or not the business is regularly carried on						
40	<u> </u>						
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 the						
	organization, check this box and stop her						· · > 🗀
	on C. Computation of Public Suppor					T T	
15	Public support percentage for 2021 (line 8					15	%
16	Public support percentage from 2020 Sch					16	<u>%</u>
17	on D. Computation of Investment Inc Investment income percentage for 2021 (li			v line 12 colu	mn (fl)	17	%
18	Investment income percentage for 2021 (in Investment income percentage from 2020)						% %
19a	33 ¹ /3% support tests—2021. If the organic						
ıJa	17 is not more than 331/3%, check this box a						*
b	33½% support tests—2020. If the organiza		-	•		-	beauted.
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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d e	3b		
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		٠.	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		ļ	
_	11c below, the governing body of a supported organization?	11a		V
	A family member of a person described on line 11a above?	11b		~
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cti	provide detail in Part VI.	11c		V
Secu	on B. Type I Supporting Organizations		V	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	V	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		V
Secti	on 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		
Secti	on D. All Type III Supporting Organizations	·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	tions).
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (·····
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	.		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		i	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
i.	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		l	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	-	1	
	have engaged in these activities but for the organization's involvement.	2b	1	
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		I	
	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 Part VI the role played by the organization in this regard	26	- 1	

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aan	izations	. 490
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru	st on Nov. 20, 1970 (expla	in in Part VI). See ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	uju Vid		
	instructions for short tax year or assets held for part of year):	. S.A.		
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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	* †	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	*.* 	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III support	ing organization

Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continue	d)	, age ,
Sect	tion D—Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity		orted	1	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	· •••
4	Amounts paid to acquire exempt-use assets	_		4	
5	Qualified set-aside amounts (prior IRS approval required	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.	•			
3	Excess distributions carryover, if any, to 2021				**************************************
а	From 2016		· · · · · · · · · · · · · · · · · · ·		
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				***************************************
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount Remainder, Subtract lines 4a and 4b from line 4.				
С					······································
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018			\prod	
С	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

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.)
	, Part IV, Section A, Line 6 - HOAMS SUPPORTED AN ORGANIZATION OTHER THAN ITS SUPPORTED ORGANIZATIONS
	WRITING AND ORIGINATING MORTGAGE LOANS FOR THE HABITAT FOR HUMANITY AFFILIATE IN LINCOLN,
NEBRASKA	

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SCHEDULE 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, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 20**21**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer Identification number** HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certifled historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certifled historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the regulrements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

Par	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply)		ther record	ls, check any	of the follo	wing that make s	ignificant	use of its
а	☐ Public exhibition		d [Loan or exc	hange prog	ram		
b	☐ Scholarly research							
C	☐ Preservation for future generations	5						
4	Provide a description of the organiza XIII.	tion's collections	and explai	n how they fu	rther the or	ganization's exer	npt purpos	e in Parl
5	During the year, did the organization	solicit or receive	donations	of art, histor	ical treasure	es, or other simila	ar	
	assets to be sold to raise funds rathe	r than to be mainta	ained as pa	art of the orga	nization's c	ollection?	☐ Yes	☐ No
Pari	Complete if the organization 990, Part X, line 21.		" on Forn	n 990, Part IV	/, line 9, or	reported an an	nount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							□ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the foll	owing table:				
						A	mount	
C	Beginning balance				1	С		
d	Additions during the year				1	d		
e	Distributions during the year				1	В		
f	Ending balance				1	f		
2a	Did the organization include an amou					al account liability	? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the exp	olanation has	been provid	led on Part XIII .		
Par	V Endowment Funds.							
	Complete if the organization	n answered "Yes	on Form	n 990, Part I\	/, line 10.			
		(a) Current year	(b) Prior	year (c) Tv	vo years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships		•	· · · · · · · · · · · · · · · · · · ·				
e	Other expenditures for facilities and						 	
	programs							
f	Administrative expenses				• • • • • • • • • • • • • • • • • • • •		+	
g	End of year balance	·.·	<u> </u>					
2	Provide the estimated percentage of the	the current year er	nd balance	fline 1g colu	mn (a)\ held	ae.	<u> </u>	
a	Board designated or quasi-endowme	_	%	(into 19, oota	mir (a)) nota	us.		
b	Permanent endowment							
C	Term endowment ► %							
•	The percentages on lines 2a, 2b, and		00%					
3a	Are there endowment funds not in the			ation that are	heid and ac	iministered for th	6	
	organization by:	o possoco or a	.o organiza	anon mar aro	noid and ac	arminotorou for an		es No
	(i) Unrelated organizations							CS 140
							3a(i) 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o						3b	
4	Describe in Part XIII the intended uses	-	-		en:		SD	
Part			DIT S CHUOY	villerit fulfus.			***************************************	
, GIV	Complete if the organization		" on Form	000 Dart il	/ line 11e	Soo Form 000	Dort V lin	o 10
	Description of property							
	Description of property	(a) Cost or of		b) Cost or other ((other)	1	Accumulated lepreciation	(d) Book	/alue
10	Land		···	,	48.000			
1a h	Buildings	•			100000000000000000000000000000000000000			
b	•	•					· · · · · · · · · · · · · · · · · · ·	
٠ د	Leasehold improvements	•						
d	Equipment	•	·······					
Total	Other	· Common Form C	00 Doub V	column (D)	no 10c \			
ı vial.	raa mies ta ilituugit tei (Coluitiii (a) !!	nust equal FUIIII 9	ου, Γαιίλ,	cojunija (D), Ili	ne ruc., .			

	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category	(b) Book value		of valuation:
	(including name of security)		Cost or end-of-	year market value
	I derivatives			
	held equity interests			
(3) Other			 	
(B) (C)		-		
/D)	***************************************		 	
(F)		1		
(E)	***************************************			***************************************
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part		orm 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value		of valuation: year market value
(4)			003t bi eng-bi-	year market value
(1)				
(3)				
(4)	***************************************			***************************************
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . >		<u> </u>	·····
Part IX	Other Assets.	N/ Una 44 d Oa a E	000 D	4 V . Port 4 F
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11a. See F		·
/4)	(a) Description			b) Book value
(1)				
(3)			*	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X	Other Liabilities.	81/ 85 44 44.	0 5 00	0 D-4 V
	Complete if the organization answered "Yes" on Form 990, Part	iv, line He or Hit.	See Form 99	υ, Paπ X,
1.	line 25. (a) Description of liability	 		b) Book value
(1) Federal in				oj Book Vajue
``	HABITAT SARPY			201 672
	HABITAT OMAHA			394,672 267,252
(4)	THEIR SWALL			201,232
(5)				•
(6)				
(7)		······································		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		•	661,924
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial sta	tements that rep	orts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . 🗹

	e D (Form 990) 2021	Page 4
Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T
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:	
a	Net unrealized gains (losses) on investments	
þ	Donated services and use of facilities	
C	Recoveries of prior year grants	
đ	Other (Describe in Part XIII.)	
e	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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	46
5 Dord	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		r Keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 (386/38)
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b		
C	Other losses	
d	Other (Describe in Part XIII.)	0-
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.)	
С 5	Add lines 4a and 4b	40
	Supplemental Information.	5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	· Dort V. line 4: Dart V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
*****	LIE D, Part X - THE DUE TO HABITAT SARPY AND DUE TO HABITAT OMAHA LIABILITIES RELATE TO MOR	
	AMS DURING DECEMBER 2021, HOAMS PAYS THE RESPECTIVE ORGANIZATIONS FOR THESE CLOSED	
	HIN ARREARS AFTER THE CLOSING THROUGH A FUNDING DEBT ARRANGEMENT WITH A CONSORTIUM	
PAKII	IERS. THESE AMOUNTS WERE BOTH PAID IN FULL BY HOAMS IN JANUARY 2022 WITH SUCH DEBT PRO	UEEDS.
	J. D. Davi V. Ling G. HADITAT OMARS HADITAT CARRY ASD UTIO DELIVATE RECEIVED STRAIGHTONIA	
	JIE D, PART X, LINE 2 - HABITAT OMAHA, HABITAT SARPY, AND HEHO REH HAVE RECEIVED EXEMPTION I	
	UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND ARE NOT CLASSIFIED AS PRIVATE F	
	EST FOR SIMILAR TAX EXEMPTION STATUS FOR HOAMS IS CURRENTLY BEING PREPARED AND EXPEC G 2022. HABITAT BELIEVES THE APPROVAL OF SUCH EXEMPTION IS HIGHLY LIKELY BASED ON HOAM	
	DE BELOW COST MORTGAGE LOANS TO LOW- AND MODERATE- INCOME BORROWERS, AND THE EXEM	
	TIVE FROM THE INCEPTION OF HOAMS IN 2021. AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLI	
	DLIDATED FINANCIAL STATEMENTS. 1701, LLC IS A DISREGARDED ENTITY FOR INCOME TAX PURPOSE	
	DERED PART OF HABITAT OMAHA'S TAX EXEMPTION. HABITAT IS REQUIRED TO FILE SEPARATE FORM	
	GANIZATION EXEMPT FROM INCOME TAX, FOR EACH OF THE THREE TAX-EXEMPT ENTITIES NOTED AB INS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. AS OF DECEMBER 31, 20	

	WARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD QUALIFY FOR EITHER RECOGNITION OR DISC	
	DLIDATED FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2018 REMAIN SUBJECT TO EXAMINA	
	JRISDICTIONS, HABITAT HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS.	JNS REQUIRING
DISCL	DSURE AND THAT THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS.	

		~~~~

#### **SCHEDULE J** (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

87-1464065

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC

Employer Identification number

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

Page 2

Schedule J (Form 990) 2021

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

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 VIII.

Note: The Sum of columns (B/II)—(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.	or eac	h listed individual mu	ist equal the total amo	ount of Form 990, Pa	t VII, Section A, line 1	a, applicable colum	ר (D) and (E) amount:	s for that individual.
		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	(T) Nootactus	(E) Total of political	(F) Compensation
(A) Name and Title		(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
AMANDA BREWER, EXECUTIVE	-	0		0	0	0	0	0
1 DIRECTOR	(3)	212,518	48,793	0	7,240	5,975	274,526	0
S LOUIS OLIVERA, CHIEF	(0)	0	0	0	0	0	0	0
2 FINANCIAL OFFICER	€	155,000	1,951	0	2,143	634	159,728	0
T J ISAACS, DIRECTOR OF	8	0	0	0	0	0	0	0
3 25 4 55 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>(E)</b>	165,339	32,562	0	5,945	25,697	229,543	0
	€ €							
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9	<b>(E)</b>			***	***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*********************	
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Schedule J (Form 990) 2021

Page 3 Schedule J (Form 990) 2021

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 J (Form 990) 2021

#### 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.

20**21** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC 87-1464065 Form 990, Part VI, Section A, Line 6 - PER THE ARTICLES OF INCORPORATION FOR HOAMS, HOAMS HAS NO STOCK, HOAMS HAS ONE MEMBER WHICH IS HABITAT FOR HUMANITY OF OMAHA INC, A NEBRASKA NONPROFIT CORPORATION. Form 990, Part VI, Section A, Line 7a - PER THE BY-LAWS OF HOAMS, EXECUTIVE OFFICERS OR EQUIVALENT POSITIONS OF THE MEMBER, HABITAT OMAHA, COMPRISE THE GOVERNING BODY OF HOAMS. Form 990, Part VI, Section A, Line 7b - GOVERNANCE DECISIONS ARE MADE BY THE HOAMS BOARD OF DIRECTORS. THE HOAMS BOARD OF DIRECTORS ARE EMPLOYEES OF THE SOLE MEMBER OF THE HOAMS CORPORATION WHICH IS HABITAT FOR HUMANITY OF OMAHA, INC. NO OTHER ENTITY OR PERSON MAKES ANY DECISIONS FOR HOAMS. Form 990, Part VI, Section A, Line 8b - THE HOAMS CORPORATION DOES NOT HAVE COMMITTEES AND THEREFORE DOES NOT HAVE ANY MEETINGS TO DOCUMENT. Form 990, Part VI, Section B, Line 11b - HABITAT FOR HUMANITY OF OMAHA INC (HFHO) PREPARES THE FORM 990 AND THEN IT IS REVIEWED BY A PUBLIC ACCOUNTING FIRM. UPON COMPLETION OF THE REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO A FINANCE COMMITTEE MEMBER AND ALL BOARD MEMBERS OF HFHO PRIOR TO SUBMISSION TO THE IRS. Form 990, Part VI, Section B, Line 12c - AT THE TIME OF ONBOARDING, NEW EMPLOYEES, OFFICERS, DIRECTORS, AND TRUSTEES READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR EXISTING EMPLOYEES, OFFICERS, DIRECTORS, OR TRUSTEES IS MANAGED AS POTENTIAL CONFLICTS ARE IDENTIFIED AND ENCOUNTERED (WHICH IS VERY RARE). BEGINNING IN 2022, THE ORGANIZATION IS EVALUATING A MORE FORMAL ANNUAL ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE PROCESS FOR ITS CONFLICT OF INTEREST POLICY. Form 990, Part VI, Section B, Line 15 - THE EXECUTIVE COMMITTEE (A SUB-COMMITTEE OF THE HFHO BOARD OF DIRECTORS) REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION AND PROVIDES AN OVERVIEW OF THE PROCESS AND APPROVED COMPENSATION TO THE FULL HFHO BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE PROCESS INCLUDES REVIEWING AND ASSESSING THE ED'S ANNUAL PERFORMANCE, EVALUATING SUCH PERFORMANCE, AND OBTAINING AND REVIEWING COMPARABLE MARKET DATA OBTAINED FROM MULTIPLE SOURCES. IN EARLY 2021, THE ED SETS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES WITH THE EXECUTIVE COMMITTEE SERVING IN AN OVERSIGHT AND ADVISORY ROLE. THE EXECUTIVE COMMITTEE REVEIWS BOTH THE PERFORMANCE AND COMPARABLE MARKET DATA FOR EACH OFFICER AND KEY EMPLOYEE, AND THEN CONDUCTS DETAILED DISCUSSIONS WITH THE ED REGARDING COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE. AN OVERVIEW OF THE EXECUTIVE COMMITTEE MEETING RELATED TO THE COMPENSATION REVIEW OF THE ED AND OFFICERS AND KEY EMPLOYEES IS PREPARED FOLLOWING THE MEETING AND PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. Form 990, Part VI, Section C, Line 19 - WHEN REQUESTED IN GRANT APPLICATIONS, THE GRANT MANAGERS INCLUDE BY-LAWS, ARTICLES OF INCORPORATION, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS. WHEN REQUESTED BY THE PUBLIC (OTHER THAN IN GRANT APPLICATIONS), THE FORM 990 AND CONFLICT OF INTEREST POLICY ARE PROVIDED. IN ADDITION, THE FORM 990 CAN BE SEEN ON THE FOLLOWING WEBSITES: HABITATOMAHA.ORG, GUIDESTAR.ORG, AND CHARITYNAVIGATOR.ORG. Form 990, Part VII, Section A, Line 1b - PER HOAMS BY-LAWS, DIRECTORS AND OFFICERS OF HOAMS ARE EMPLOYEES OF THE SOLE MEMBER OF HOAMS CORPORATION, HABITAT FOR HUMANITY OF OMAHA INC (HABITAT OMAHA). AS SUCH, THE WAGES PAID TO THE HOAMS DIRECTORS AND OFFICERS ARE PAID BY HABITAT OMAHA AND NOT BY HOAMS. THE WAGES PAID BY HOAMS ARE TO MORTGAGE SERVICES PERSONNEL AND NOT LEADERSHIP.

Schedule O, Statement 1

#### HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC

Form: Form 990 (2021) EIN: 87-1464065

Page: 1

Part I, Line 1

#### **Activity Or Mission Description**

#### Description

PURPOSE OF PROVIDING SERVICES THAT EXPAND HOMEOWNERSHIP OPPORTUNITIES TO UNDERSERVED INDIVIDUALS AND FAMILIES. OUR APPLICATION TO BECOME A CERTIFIED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION IS PENDING.

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

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irs.gov.	
irs.g	

Open to Public Inspection 2021

OMB No. 1545-0047

Employer identification number

(f)
Direct controlling
entity 87-1464065 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC Name of the organization Partl

(9) Section 512(b)(13) controlled entity? £ 7 > Yes (f)
Direct controlling
entity ΝX Ž (e)
Public charity status
(if section 501(c)(3)) 12, TYPE 1 0 (d) Exempt Code section 501 (C) 3 501 (C) 3 (c)
Legal domicile (state
or foreign country) K ŊE HABITAT HOMEOWNERSHIP IN AFFORDABLE HOMEOWNERSHIP one or more related tax-exempt organizations during the tax year. (b) Primary activity (2) HABITAT FOR HUMANITY SARPY COUNTY INC (47-0788757) 1701 N 24 ST, OMAHA, NE 68110 (1) HABITAT FOR HUMANITY OF OMAHA INC (36-3283625) (a) Name, address, and EiN of related organization 1701 N 24 ST, OMAHA, NE 68110 E ପ £ S 9

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

Part

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Schedule R (Form 990) 2021

Cat. No. 50135Y

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

Schedule R (Form 990) 2021

because it had o	because it had one or more related organizations treated as a partnership during the tax year.	organizations	treated as a p	artnership	during the	tax year.		}			, } !	ĵ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity			(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate altocations?	(f) nate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	(k) Percentage ownership
(4)	7700	country)	***************************************	sections 512—514)	12-514}			Yes	No.	Yes	ş	
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(a) Name, address, and EIN of related organization	sted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	) omicile ign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	ntity Shai	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section	Section 512(b)(13) controlled entity?
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Schedule R (Form 990) 2021

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

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	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)		Dividends from related organization(s)	Sale of assets to related organization(s) .	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraísing solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	, D	Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Outer naister of cast of property norm refared organization(s)	e ans		hedu						:	
3	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following tr	Rec	<u>6</u>	Ü	Loa	Loa	i	Ξ	Sak	Pur	Ж	Lea		Lea	Per		Sha	Sha		Rei	Rei	į		5	튀		See Schedule R, Part VII, Statement 1		***************************************					
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Page 4

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

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.

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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#### Schedule R, Part VII, Statement 1

#### HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC

Form: Schedule R (2021)

EIN: 87-1464065

Page: 3

Part V, Line 2

#### Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	HABITAT FOR HUMANITY OF OMAHA INC	343,476
Transaction type	1	ŕ
Method of determining amt. involved	AVERAGE COST OF UNDERWRITING AND MORTGAGE ORIGINATION SERVICES	
Name	HABITAT FOR HUMANITY OF OMAHA INC	280,211
Transaction type	0	
Method of determining amt, involved	ACTUAL COST OF WAGES AND BENEFITS FOR MORTGAGE ORIGINATORS IN 2021	
Name	HABITAT FOR HUMANITY OF OMAHA INC	130,580
Transaction type	p	·
Method of determining amt. involved	ACTUAL COSTS OF EXPENSES FOR MORTGAGE SERVICERS	
Name	HABITAT FOR HUMANITY OF OMAHA INC	67,315
Transaction type	r	
Method of determining amt. involved	ALL CASH INCOME AND MORTGAGE INTEREST INCOME	
Name	HABITAT FOR HUMANITY SARPY COUNTY INC	1,021,990
Transaction type	I	
Method of determining amt. involved	ORIGINAL MORTGAGE BALANCE ON HOMES OWNED BY HFH SARPY AND	
	SOLD TO FAMILIES BY HOAMS	
Name	HABITAT FOR HUMANITY OF OMAHA INC	5,346,656
Transaction type	1	
Method of determining amt, involved	ORIGINAL MORTGAGE BALANCE OF HOMES OWNED BY HABITAT OMAHA AND SOLD TO FAMILIES BY HOAMS	

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form 8453-TE

#### **Tax Exempt Entity Declaration and Signature** for Electronic Filing

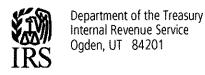
For calendar year 2021, or tax year beginning 01/01/2021 and ending 12/31/2021 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

Department of the Treasury ➤ Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service Name of filer HFHO REAL ESTATE HOLDINGS INC 46-3778478 Type of Return and Return Information Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . ▶ 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2,447,749 2a Form 990-EZ check here . > b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b Form 1120-POL check here ▶ □ **b Total tax** (Form 1120-POL, line 22) . . . . . . 3b **4**a Form 990-PF check here . ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here . . ▶ b Balance due (Form 8868, line 3c) . . . . . . . . . 5b 6a Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . . . . 6b Form 4720 check here . . > 7a **b Total tax** (Form 4720, Part III, line 1) . . . . . . . 7b b FMV of assets at end of tax year (Form 5227, Item D) . Form 5227 check here . . ▶ 8b Form 5330 check here . . ▶ □ 9a 9b 10a Form 8038-CP check here ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration of Officer or Person Subject to Tax ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 🗹 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the neturn or refund, and (c) the date of any refund. Sign LOUIS OLIVERA. CHIEF FINANCIAL OFFICER Here Signature of officer or person subject to tax Title, if applicable Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN Check if also Check if self-ERO's ERO's paid preparer employed signature Use Firm's name (or yours if EIN self-employed), address, and ZIP code Only Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of

my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Ose Only	Firm's address ▶			Phone no.		
Use Only	Firm's name ▶			Firm's EIN ▶		
Preparer				employed		
Paid	Print Type preparer's name	Preparer's signature	Date	Check if self- PTIN		





Notice	CP211A
Tax period	December 31, 2021
Notice date	May 30, 2022
Employer ID number	46-3778478
To contact us	Phone 877-829-5500
Page 1 of 1	

HFHO REAL ESTATE HOLDINGS INC % ALAN SIEMEK 1701 N 24TH ST OMAHA NE 68110-2326



045832

Important information about your December 31, 2021, Form 990

# We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2021, Form 990.

Your new due date is November 15, 2022.

#### What you need to do

File your December 31, 2021, Form 990 by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

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

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2021 calen	dar year, or tax year beginnin	g 01/01/2021	and ending		12/31/	2021		
В	Check if a	applicable:	C Name of organization HFHO F	REAL ESTATE HOLD	INGS INC			D Empk	yer Identification number	
	Address of	change	Doing business as						46-3778478	
	Name che	ange	Number and street (or P.O. box	if mail is not delivered to	street address)	Room	/suite	E Teleph	one number	
	Initial retu	ım	1701 N 24 STREET		·			·	402-457-5657	
	Final return	n/terminated	City or town, state or province,	country, and ZIP or forei	gn postal code					
$\overline{\Box}$	Amended		OMAHA, NE 68110	••	• • • • • • • • • • • • • • • • • • • •			G Gross	recelpts \$ 2,447,749	
ñ		1	F Name and address of principal o	fficer: S LOUIS OLIV	ERA		H(a) is this a or		r subordinates? Yes Vo	
_			1701 N 24 ST, OMAHA, NE 6			- 1		-	as included? Yes No	
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∢			ated business revenue from	•	• *			7a	0	
	d d	Net unrelat	ed business taxable income	from Form 990-T,	Part I, line 11			7b	0	
							Prior Year	•	Current Year	
2	1		ns and grants (Part VIII, line				2	17,117	278,765	
Ę		_	ervice revenue (Part VIII, line				1,8	46,664	2,168,984	
Revenue	10 I	nvestment	income (Part VIII, column (/	A), lines 3, 4, and 7	d)			0	0	
<u>a</u>	11 (	Other rever	nue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10	oc, and 11e)			0	0	
	12 T	Total revenu	ue-add lines 8 through 11 (i	must equal Part VIII	, column (A), line 12)		2,0	63,781	2,447,749	
	13 (	Grants and	similar amounts paid (Part	IX, column (A), line:	s 1–3)			0	0	
	14 E	Benefits pa	id to or for members (Part I	X, column (A), line	4)			0	0	
92			ner compensation, employee			1,2		1,090,895		
Expenses				sing fees (Part IX, column (A), line 11e)				0	0	
<u>ā</u>			aising expenses (Part IX, co		*					
Ä			nses (Part IX, column (A), lir	, , ,			1.0	29,367	1,348,903	
		•	ises. Add lines 13–17 (must	•			46,460	2,439,798		
			ss expenses, Subtract line 1	•				82,679	7,951	
× 8		10101100 10	oo oxponioos, Gabildot iino	TO HOTTIMO TE :		Regin	ning of Curre		End of Year	
ets or fances	20 T	otal assets	s (Part X, line 16)			ar arguin		28,611	4,308,408	
\$8	21 T		tal (Dad V. Balloo)							
Net Asse Fund Bal	22 N		or fund balances. Subtract I				******	68,154	3,240,000	
	rt II	Signatur		mie z i nom mie zo	· · · · · · ·		1,04	60,457	1,068,408	
			I declare that I have examined this	roturn Including secon	nanulna ashadulas and st			h 4 - 4	or los acolesias and ballot is in	
			. Declaration of preparer (other than						ly knowledge and belief, it is	
	1	<u> </u>	······································							
Sig	ın l	Signatus	re of officer				I Date			
He		,		OFFICES			Date			
	.		SOLIVERA, CHIEF FINANCIAL print name and title	LOFFICER						
		<u> </u>	··· · · · · · · · · · · · · · · · · ·	Preparer's signature	·	Det-			n DTIN	
Pai		I I HIV I YPE	preparer's name	Treparer s signature		Date		Check _ self-empk	<b>-</b> 1	
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way	me IKS	discuss th	nis return with the preparer	snown above? See	instructions				Yes No	

Form 99	00 (2021) Page	2
Part		
1	Briefly describe the organization's mission:	_
	THE HABITAT OMAHA RESTORES SUPPORT THE MISSION OF HABITAT OMAHA. THE RESTORES ACCEPT DONATIONS	
	AND SELL A CONSTANTLY CHANGING INVENTORY OF DIVERSE, HIGH-QUALITY MERCHANDISE TO THE PUBLIC AT A DISCOUNT WHILE DIVERTING REUSABLE HOUSEHOLD ITEMS AND BUILDING MATERIALS FROM AREA LANDFILLS.	
	DISSOSTIT WHILE DIVERTING REGORDED HEMS AND BOLDING MATERIALS FROM AREA EARDI LES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	,
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	Ŋ S,
4a	(Code: ) (Expenses \$ 2,415,099 including grants of \$ 0 ) (Revenue \$ 2,447,749 ) THE HABITAT OMAHA RESTORES ACCEPT DONATIONS AND SELL A CONSTANTLY CHANGING INVENTORY OF DIVERSE, HIGH-QUALITY MERCHANDISE TO THE PUBLIC AT A DISCOUNT WHILE DIVERTING REUSABLE HOUSEHOLD ITEMS AND BUILDING MATERIALS FROM AREA LANDFILLS. SALES OF DONATED ITEMS HELP HABITAT FOR HUMANITY OF OMAHA PARTNER WITH PEOPLE TO REPAIR, REHABILITATE AND BUILD SAFE AND AFFORDABLE HOMES. IN 2021, 130 DECONSTRUCTION PROJECTS WERE COMPLETED BY HABITAT OMAHA RESTORES AND MORE THAN 290,000 ITEMS WERE DIVERTED FROM NEBRASKA LANDFILLS. RESTORES OFFER VOLUNTEER OPPORTUNITIES TO THE COMMUNITY. IN 2021, 615 VOLUNTEERS SERVED AT HABITAT OMAHA'S TWO RESTORES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	  
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	 
	Other program services (Describe on Schedule O.)  (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0.)	

2,415,099

4e Total program service expenses ▶

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	<u> </u>	·
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		, ·
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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		v
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		V
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	V	
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		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		١
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		٧
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f	ν ν	
12a		12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		•
	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		,
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		,
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		v
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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/

Form 99	90 (2021)			Page
Part	IV Checklist of Required Schedules (continued)			
			Yes	N
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		v
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	V	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
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		,
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		,
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		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	2252	v
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		<i>v</i>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		<i>V</i>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	,	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	_	_
Part	V Statements Regarding Other IRS Filings and Tax Compliance	- 55		<del></del>
	Check if Schedule O contains a response or note to any line in this Part V	• •		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . .

c Did the organization comply with backup withholding rules for reportable payments to vendors and 

1c

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	• • • • • • • • • • • • • • • • • • • •	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		*********
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶		1 1 1	2.1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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		<b>✓</b>
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		~
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		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>~</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
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	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	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		1	
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	I		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	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		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.		-	* :
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.	- 1	1	
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			. 7
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	15:750.0		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	31000		
	any other officer, director, trustee, or key employee?	2	155708855	<b>"</b>
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	L	~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<u> </u>
7a	Did the organization have members or stockholders?	6	<u> </u>	~
	one or more members of the governing body?	7a	<b>"</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-/-	_	<u> </u>
	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	•	ļ
ь 9	Each committee with authority to act on behalf of the governing body?	8b	•	ļ
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ode.)	
		I	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44.		10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	<b>V</b>	114341563
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	~	Life in New
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a		15a	~	
b	Other officers or key employees of the organization	15b	V	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
h	with a taxable entity during the year?	16a	etenstersiä	<b>'</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's everytheteless with various to such assessment of	16b	30.9887.68	149441
Section	on C. Disclosure	. 520		
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sect	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	imba	ant -	olies
	and financial statements available to the public during the tax year.	mer	est po	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords l	<b>-</b>	
	LOUIS OLIVERA, (402)457-5657			

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romi 990 (2	Z1)	Page /

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organizatio	n nor any relate	d org	aniz		·····	ompe	nsa	ited any current	officer, director,	or trustee.
					C) sition					
(A) Name and title	(B) Average			neck	mor	e than o		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and title	hours					is both or/trust		compensation	compensation	of other
	per week (list any		т					from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ctor t	iona		D O	t cor		1099-NEC)	1099-NEC)	related organizations
	below	rust	l tru		ě	nper				
	dotted line)	e e	stee			Highest compensated employee		A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		
AMANDA BREWER	1.00									
PRESIDENT	39.00		_	~				0	261,311	10,691
T J ISAACS	1.00									
DIRECTOR OF DEVELOPMENT	39.00			<u> </u>	~			0	197,900	31,642
DREW LIER	0.00									
DIRECTOR OF CONSTRUCTION	40.00		_		_	~		0	120,057	48,660
S LOUIS OLIVERA	5.00									
VICE PRESIDENT	35.00		_	"	L			0	156,951	2,143
KEN MAR	0.00			ŀ						
AREA DIRECTOR	40.00					~		0	104,783	21,454
TRACIE MCPHERSON	1.00									
DIR PUBLIC AFFAIRS AND ADVOCACY	39.00			ļ		V	<u> </u>	0	114,988	3,450
LACEY STUDNICKA	0.00							_		
PROGRAM DIRECTOR	40.00				_	~		0	114,934	3,448
MARK KENNEDY	22.00			,						
SECRETARY	18.00	······································		~	<u> </u>			0	106,741	3,202
AL SIEMEK	1.00			ار.						00.054
TREASURER	24.00		<u> </u>	~				0	55,466	28,954
					ŀ					
								·		
· · · · · · · · · · · · · · · · · · ·					$\vdash$				<u> </u>	
			Н	$\vdash$						
								l i		

Par	(A)  Name and title	(B) Average hours per week	(do n box, office	not ch unles er an	Pos neck as pe d a d	C) ition mor irson lirect	e than is bott or/trus	one han tee)	(D) Reportable compensation from the	(E) Reporta compensa from rela	bie ation ited	yees (continued  (F)  Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-MI 1099-NE	SĆ/	from the organization and related organizations
									, , , , , , , , , , , , , , , , , , , ,			
						<u> </u>						
				ļ								
											·,·,	
1b c	Subtotal	MI Coelle	 - A	•	•		•		0	1,23	3,131	153,644
d	Total (add lines 1b and 1c)					· ·		<u> </u>	0	1,23	3,131	153,644
	reportable compensation from the organi	zation ►	i to ui	USU	nse	<del>u</del> u i	above	*) WI	no received mon 0	e usan o to	0,000	Of
3	Did the organization list any former of	officer, dire	ctor,	tru	stee	, k	еу е	mpl	oyee, or highes	t compen	sated	Yes No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations individual.	sum of rep	oortab	ole d	com	per	rsatio					3 4
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co	· · mper	nsat	ion Sob	fror	n any	้นกเ	related organizat	ion or indiv	vidual	Properties in transcript Charles (1923)
Secti	on B. Independent Contractors	11 163, 0	Orripio	,		out	1001	Ur S	acri person .			5 /
1	Complete this table for your five high compensation from the organization. Repo	est compe	ensate	d i	nde the	per	ident endar	co	ntractors that r	eceived m	ore t	han \$100,000 of
	(A) Name and business addi							-	(B) Description of serv		· · · · · · · · · · · · · · · · · · ·	(C)
JOHN	ISON DECONSTRUCTION COMPANY, 1144 N	11 STREET,	ОМА	HA,	NE	681	02	SA	LVAGE REUSABL	.ES		195,688
BLAIF	R-FREEMAN LLC, 4616 DODGE ST, OMAHA, N	NE 68132						SAI	LVAGE REUSABL	ES		109,776
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed above	e) who		

	- (	7		
Part	VIII	Statement of Revenue		

		Check if Schedule O contains a response or n	ote to an	y line in this Pa	ırt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0				F + 41 (1 F + 1
عَ ق	С	Fundraising events 1c	0	V 1			
fts FA	d	Related organizations 1d	0				
ଅ ଞ୍ଚ	е	Government grants (contributions) 1e	278,765				
Sin	f	All other contributions, gifts, grants,		12.5			14:33:00
ig ig		and similar amounts not included above 1f	o				
혈	g	Noncash contributions included in					
בן ק		lines 1a-1f 1g \$	0				
<u>ة ت</u>	h	Total. Add lines 1a-1f	. ▶	278,765			
4.		Busine	ss Code			5	
ice	2a	RESTORE SALES 230	0000	2,168,984	2,168,984	0	0
e P	b						
n S	C				,		
gram Ser Revenue	d	***************************************					
Program Service Revenue	e	All					
<u>a.</u>	f	All other program service revenue		0	0	0	0
		Total. Add lines 2a–2f	. ►	2,168,984			
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	•	other similar amounts)					
	4	Income from investment of tax-exempt bond proc	L				
	5	Royalties	b l				<del></del>
	•		rsonal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
-	c	Rental income or (loss) 6c 0				·	
	ď	Net rental income or (loss)	. 🔰				
	7a		Other				······································
· · · · · · · · · · · · · · · · · · ·		sales of assets					
		other than inventory 7a				1	
e	b	Less: cost or other basis					:
E		and sales expenses . 7b					
ě	C	Gain or (loss) 7c 0	0				
er Revenue	đ	Net gain or (loss)	. ▶				
Othe	8a	Gross income from fundraising					
9		events (not including \$0			2 1 2		•
		of contributions reported on line					
		1c). See Part IV, line 18 8a			· .	*	
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events .  Gross income from gaming	. •				
	Ja	activities. See Part IV, line 19 . 9a					
	<b>.</b>						
-		Less: direct expenses 9b Net income or (loss) from gaming activities					
		Gross sales of inventory, less	•				
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	, 🕨				
<u>s</u>			s Code				
힣힐	11a						
Scellaneo	b						
<u> </u>	С						
Miscellaneous Revenue		All other revenue					· · · · · · · · · · · · · · · · · · ·
		Total. Add lines 11a-11d	, ▶	0			
	12	Total revenue. See instructions	. ▶ □	2.447.749	2.168.984	ol	n

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				<del></del>
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	<u> </u>	
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations	- · · · · · · · · · · · · · · · · · · ·	,		
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			5.5	
	foreign individuals. See Part IV, lines 15 and 16	0	0	-	
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
		0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_	_		_
7		0	0	0	0
7 8	Other salaries and wages	821,854	821,854	0	0
•	section 401(k) and 403(b) employer contributions)	14,302	14,302		0
9	Other employee benefits	198,218	198,218	0	0
10	Payroll taxes	56,521	56,521	0	0
11	Fees for services (nonemployees):	50,321	30,321		
	Management	o	0	0.	0
b	Legal	0	0	0	0
C	Accounting	5,142	5,142	0	0
d	Lobbylng	0		<del>-</del>	0
е	Professional fundraising services, See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	·			
	(A), amount, list line 11g expenses on Schedule O.) .	98,035	98,035	o	0
12	Advertising and promotion	100,557	100,557	0	0
13	Office expenses	11,387	11,387	0	0
14	Information technology	42,395	42,395	0	0
15	Royalties	0	0	0	0
16	Occupancy	90,937	90,937	0	0
17 18	Travel	0	0	0	0
10	Payments of travel or entertainment expenses for any federal, state, or local public officials		_	_	
40	- · ·	0	0	0	0
19 20	Conferences, conventions, and meetings . Interest	5,944	5,944	0	0
21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	270,190	0	0 24,699	0
23	Insurance	270,140	245,491 28,441	24,699	0
24	Other expenses Itemize expenses not covered	20,441	20,141	V	
_ `	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.)				
а	DECONSTRUCTION ACCOMPLISHED	307,921	307,921	0	0
b	DELIVERY TRUCK EXPENSES	26,452	26,452	0	0
c	MERCHANDISE	221,400	221,400	0	0
d	SUPPLIES	77,562	77,562	0	0
e	All other expenses	62,540	62,540	0	0
25	Total functional expenses. Add lines 1 through 24e	2,439,798	2,415,099	24,699	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F 🔲 if			•	
	following ŠOP 98-2 (ASC 958-720)				i.

## Part X Balance Sheet

Pledges and grants receivable, net  Pledges and grants receivable, net  Accounts receivable, net  Accounts 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  Chans and other receivables from on ther disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Notes and loans receivable, net  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(3)(B)  Interview of the section 4958(c)(B)(B)			Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
2   Savings and temporary cash investments   0   2   3		1	Cash—non-interest-bearing	28.073	1	31,343
3   Pledges and grants receivable, net   0   3   4		2			2	0.75.5
4 Accounts receivable, net 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 6 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		3			<del></del>	
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		4		0	4	3,000
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) . 0 6 7 Notes and Ioans receivable, net 8 1 vivial persons described in section 4958(c)(3)(B) . 0 7 7 Notes and Ioans receivable, net 8 1 vivial persons described in section 4958(c)(3)(B) . 0 7 7 Notes and Ioans receivable, net 8 1 vivial persons described in section 4958(c)(3)(B) . 0 7 8 Inventories for sale or use 9 23,258 8 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5	Loans and other receivables from any current or former officer, director,			
Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Capital source   Cap						
under section 4958(h(1)), and persons described in section 4958(c)(3)(8).  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6.366,328 10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program—related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities, Add lines 17 through 25 27 Total liabilities, Add lines 17 through 25 28 Net assets with donor restrictions 29 Corpanizations that do not follow FASB ASC 958, check here P and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 1,060,457 32 1,068				0	5	0
7 Notes and loans receivable, net		6				
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 3,000 9 3 9 Prepaid expenses and deferred charges 3,000 9 3 10a Land, bulldings, and equipment: cost or other basis. Complete Part VI of Schedule D 6,366,328 b Less: accumulated depreciation 10b 2,139,311 4,474,280 10c 4,22; 11 Investments—bulbicly traded securities 0 0 11 12 Investments—other securities. See Part IV, line 11 0 12 13 Investments—orpogram-related. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 0 15 16 Total assets. See Part IV, line 11 0 15 17 Accounts payable and accrued expenses 48,500 17 55 18 Grants payable 0 18 19 Deferred revenue 0 18 19 Deferred revenue 0 18 20 Tax-exempt bond liabilities 2 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% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 23 25 Other liabilities incliculing federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 3,419,654 25 3,184 26 Total liabilities. Add lines 17 through 25 3,468,154 26 3,240 27 Net assets with donor restrictions 1,060,457 27 1,068 28 Net assets with donor restrictions 0 28 29 Capital stock or trust principal, or current funds 0 29 20 Capital stock or trust principal, or current funds 0 29 20 Total net assets or fund balances 1,060,457 32 1,068 31 Retained earnings, endowment, accumulated income, or other funds 1 20 32 Total net assets or fund balances 1,060,457 32 1,068			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
10a	Ş	7	Notes and loans receivable, net	0	7	0
10a	Se	8	Inventories for sale or use	23,258	8	43,975
basis. Complete Part VI of Schedule D . 10a 6,366,328 b Less: accumulated depreciation . 10b 2,139,311 4,474,280 10c 4,221 11 Investments—publicly traded securities . 0 11 1 12 Investments—other securities. See Part IV, line 11 . 0 12 13 Investments—orpogram-related. See Part IV, line 11 . 0 13 14 Intangible assets . 0 14 15 Other assets. See Part IV, line 11 . 0 15 15 16 Total assets. See Part IV, line 11 . 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 4,528,611 16 4,300 17 55 18 Grants payable and accrued expenses . 48,500 17 55 18 Grants payable and accrued expenses . 48,500 17 55 18 Grants payable and accrued expenses . 0 18 19 Deferred revenue . 0 19 20 12 Escrow or custodial account 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% controlled entity or family member of any of these persons . 0 22 23 Secured mortgages and notes payable to unrelated third parties . 0 24 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 . 3,419,654 25 3,184 26 3,240 27 Net assets without donor restrictions . 1,060,457 27 1,068 27 1,068 27 27 1,068 28 29 20 Capital stock or trust principal, or current funds . 29 20 Capital stock or trust principal, or current funds . 29 20 Capital stock or trust principal, or current funds . 29 21 21 22 Capital stock or fund balances . 1,060,457 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1,068 25 32 1	Ä	9	Prepaid expenses and deferred charges	3,000	9	3,073
b Less: accumulated depreciation . 10b 2,139,311 4,474,280 10c 4,221 1 Investments—publicly traded securities		10a	Land, buildings, and equipment: cost or other			· · · · · · · · · · · · · · · · · · ·
11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 10 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 32 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances 36 Total net assets or fund balances 37 Total net assets or fund balances 38 Total net assets or fund balances			basis. Complete Part VI of Schedule D 10a 6,366,328			
12   Investments—other securities. See Part IV, line 11   0   13   Investments—program-related. See Part IV, line 11   0   13   Intangible assets   0   14   14   Intangible assets   0   14   15   Other assets. See Part IV, line 11   0   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   4,528,611   16   4,306   17   55   18   Grants payable and accrued expenses   48,500   17   55   18   Grants payable and accrued expenses   0   18   19   Deferred revenue   0   19   20   Tax-exempt bond liabilities   0   20   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   0   22   23   24   Unsecured notes and loans payable to unrelated third parties   0   23   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   3,419,654   25   3,184   26   3,240   27   3,419,654   26   3,240   28   27   3,409,457   27   1,068   28   27   28   3,240   3,409,457   27   1,068   3,240   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,457   3,409,45		b		4,474,280	10c	4,227,017
13   Investments—program-related. See Part IV, line 11   0   13   14   14   14   14   14   14   14		11		0	11	
14		l .		0	12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33)						
16 Total assets. Add lines 1 through 15 (must equal line 33)				0	14	
17 Accounts payable and accrued expenses			Other assets. See Part IV, line 11	0	15	
18 Grants payable				4,528,611	16	4,308,408
Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Office liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  Organizations that follow FASB ASC 958, check here  And complete lines 27, 28, 32, and 33.  Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here  Defended  Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  1,060,457 32 1,068				48,500		55,775
Tax-exempt bond liabilities			Grants payable			0
Escrow or custodial account liability. Complete Part IV of Schedule D		-				0
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			·			0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22  3 Secured mortgages and notes payable to unrelated third parties 0 23  4 Unsecured notes and loans payable to unrelated third parties 0 24  5 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	ĺ			0	21	0
Unsecured notes and loans payable to unrelated third parties	es	22				
Unsecured notes and loans payable to unrelated third parties	Ħ					
Unsecured notes and loans payable to unrelated third parties	喜					0
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					-	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				0	24	0
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25			· · · · · · · · · · · · · · · · · · ·		0.5	
Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	l	26			_	3,184,225
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	<b>6</b>			3,468,154	20	3,240,000
27 Net assets without donor restrictions	ë					
28 Net assets with donor restrictions 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 29 43 29 43 29 43 29 43 29 43 29 43 29 43 29 43 29 43 29 43 29 43 29 44 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 33 44 29 29 45 28 611 30 41 28 611 41 28 611 41 41 41 41 41 41 41 41 41 41 41 41 4	틸	27		1 040 457	27	1 040 400
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  Total liabilities and net assets/fund balances.	Ba					1,000,400
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	2			<u> </u>		<u> </u>
Capital stock or trust principal, or current funds	ፈ					
30 Paid-in or capital surplus, or land, building, or equipment fund	6	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds	ets				<del></del>	· · · · · · · · · · · · · · · · · · ·
32 Total net assets or fund balances	28	31				
Ž 33 Total liabilities and net assets/fund balances 4 528 611 33 4 209	<del>;</del>	32		1.060.457		1,068,408
4,300	ž	33	Total fiabilities and net assets/fund balances	4,528,611	33	4,308,408

_	4	^
Page	1	Z

			, ,	AGC 1 M
Pari	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,44	7,749
2	Total expenses (must equal Part IX, column (A), line 25)		2,43	9,798
3	Revenue less expenses. Subtract line 2 from line 1			7,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		1,06	0,457
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O) 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		1,06	8,408
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.	2/33/8	422 B	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:	0.000		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	~	J-56-679 J-59 3 5
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	74.787.8		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	PHOTON N	P #7-070-5	TERM TORK
-	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	J	
	If the organization changed either its oversight process or selection process during the tax year, explain on	44450	:22g2111	6,25,54F
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	1555555	1388413	307133
- Ou	Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
				L
		Forr	n <b>990</b>	(2021)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	n number		
HFH	O REAL ESTATE HOLDINGS INC						78478		
Pai	rt I Reason for Public Cha	rity Status. (A	III organizations mu	st comp	ete this	part.) See instruct	ons.		
The	organization is not a private found	ation because it	is: (For lines 1 throug	h 12, che	ck only o	ne box.)			
1	A church, convention of church					70(b)(1)(A)(i).			
2	A school described in <b>section</b>		•						
3	A hospital or a cooperative ho								
4	A medical research organizati hospital's name, city, and stat	te:							
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 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1	receives a sub-	stantial part of its sup				n the general p	oublic	
8	☐ A community trust described	in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organ or university or a non-land-gra university:	ant college of ag	riculture (see instructi	ons). Ent	er the nar	me, city, and state o	f the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	ifter June 30, 19	175. See <b>section 509</b> (	<b>a)(2).</b> (Co	mplete P	art III.)	o fees, and gros 331/3% of its businesses	SS	
11	An organization organized and								
12	An organization organized and								
	one or more publicly supported the box on lines 12a through 12							Check	
а	Type I. A supporting organization supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of			/ing	
b	☐ Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same					
С	Type III functionally integ	rated. A suppor	rting organization ope	rated in c			ally integrated v	with,	
đ	_	integrated. A sugrated. The orga	upporting organization anization generally mu	operate st satisfy	d in conn a distribi	ection with its suppo ition requirement an			
е	Check this box if the organ functionally integrated, or ?	Гуре III non-fund	ctionally integrated su	pporting	organizat	ion.	il, Type ill		
f	Enter the number of supported of	organizations .						1	
9	Provide the following information	n about the supp	ported organization(s)						
	(i) Name of supported organization	(#) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount o other support (s instructions)		
				Yes	No				
, H	ABITAT FOR HUMANITY OF			<u> </u>	<u> </u>			······································	
(A) O	MAHA INC	36-3283625	10	\ \r		7,951		0	
(B)						77.3			
(C)									
(D)									
(E)							· · · · · · · · · · · · · · · · · · ·	<del></del>	
Total						7,951		0	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 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) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . Total support. Add lines 7 through 10 11 12 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . 14 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 % 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/a% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

Schedule A (FO	1111 990 OF 990-EZ) 2021
Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Once let unit if the first the letter in the force of most letter and the first first in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter in the letter

(Complete	e only if you checked the box or	n line 10 of Part I or if the organization failed to qualif	y under Part I
If the oraz	anization fails to qualify under th	e tests listed below, please complete Part II.)	

Secti	ion A. Public Support	ander the te	Joes Hotela Del	ow, picase co	ompicio i art	11.)	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	(4) = 0 10		(-/		1
	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 fax-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						
J	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 8	Add lines 7a and 7b					,	
U	line 6.)						
Secti	on B. Total Support	1	<u> </u>	<u> </u>	L		
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	.,,	, ,	.,,		. ,	,,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	: !	-				
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					·	
	loss from the sale of capital assets						
	(Explain in Part VI.)					".··	***************************************
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	:					
14	First 5 years. If the Form 990 is for the	~			_		1 / 1
	organization, check this box and stop her						> 🗆
	on C. Computation of Public Suppor		<del></del>			T 1	
15	Public support percentage for 2021 (line 8					15	%
16 Section	Public support percentage from 2020 Sch on D. Computation of Investment Inc					16	<u>%</u>
17	Investment income percentage for 2021 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage for 2021 (investment income percentage from 2020)		. , .	•		18	
19a	331/3% support tests—2021. If the organi					1 1	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2020. If the organization						***************************************
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

### **Supporting Organizations** Part IV

(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.)

S	ection	A. A	l Supp	ortina (	Organiza	itions

	ion A. All Supporting Organizations	······	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	V	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		v
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		,
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		V
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		V
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  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.	5c		v
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).	7		~
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		_
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 <b>Part VI</b> .	9a		v
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		,
¢	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		~
I0a	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.	10a		v
b	Did the organization have any excess business holdings in the tax year? (Lise Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			1
		11a		~
b	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		~
С	provide detail in Part VI.	11c		~
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.	2		V
Secti	on C. Type II Supporting Organizations			
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on 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	- 1	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	ctions	·).
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity			<del></del>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	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	26		

(see instructions).

Dari	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	nor	izatione	, ugo t
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru	st on Nov. 20, 1970 (expla	in in <b>Part VI</b> ). <b>See</b> ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	22	
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	<del>.</del>	
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Pari	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organi	zations (continued	<u>d)</u>	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	orted			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	· · · · ·
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		<u>}</u>	10	##**
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required—explain in Part VI). See			ŀ	1.3 4.4
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017			_	
	From 2018 ,				
	From 2019				
	From 2020		·		
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u> i	Applied to 2021 distributable amount  Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				·
	Distributions for 2021 from				
4	Section D, line 7:			ł	
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
•	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			ı	
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:			7	
а	Excess from 2017			7	
b	Excess from 2018				
С	Excess from 2019				·
d	Excess from 2020			$\top$	
е	Excess from 2021				***************************************

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.)
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SCHEDULE 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, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name	of the organization		Employer identification number
HFHC	REAL ESTATE HOLDINGS INC		46-3778478
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "		is or Accounts.
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	·	
5	Did the organization inform all donors and donor		ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		· · · · · Yes 🔲 No
Par	t II Conservation Easements.	-	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education)	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	s	. 2b
C	Number of conservation easements on a certified h	istoric structure included in (a)	. 2c
d	Number of conservation easements included in (
	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ►		
4	Number of states where property subject to conserve		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		
_			
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemer		-
Part		· · · · · · · · · · · · · · · · · · ·	ther Similar Assets.
	Complete if the organization answered "		<u> </u>
1a	If the organization elected, as permitted under FASi		
	of art, historical treasures, or other similar assets	•	•
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		sarch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
_	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art,		ssets for financial gain, provide the
	following amounts required to be reported under FA	So ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · · ▶ \$
b	Assets included in Form 990, Part X		> \$

Schedu	le D (Form 990) 2021									Page 2
Parl	Organizations Maintaining C	ollections of	Art, His	torical T	reasures	, or Otl	ner Similar <i>I</i>	Assets (c	ontin	ued)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and o	ther reco	rds, check	any of th	e follow	ing that make	significa	nt use	of its
а	☐ Public exhibition		d	☐ Loan o	or exchang	ie progra	am			
b	Scholarly research									
c	☐ Preservation for future generations		•							-
4	Provide a description of the organization XIII.	n's collections	and expl	ain how th	ey further	the orga	anization's ex	empt purp	oose i	n Parl
5	During the year, did the organization so assets to be sold to raise funds rather the								es [] No
Part	IV Escrow and Custodial Arran	gements.								
	Complete if the organization a 990, Part X, line 21.								n For	m
1a								not		
	included on Form 990, Part X?							. 🔲 Y	es [] No
b	If "Yes," explain the arrangement in Part	XIII and comp	lete the fo	ollowing ta	ble:					
								Amount		
C	Beginning balance					1c			·····	
d	Additions during the year					1d			·····	· . ·
е	Distributions during the year					1e	 			
f	Ending balance					1f				
2a	Did the organization include an amount			 21 for es	ecrow or c		account liabili	tv2 🗆 V	'es [No
	If "Yes," explain the arrangement in Part							_		10
	V Endowment Funds.	Ani. Oneck ne		Apianation	ilias Decil	provide	u on Fait Alli			<u>l</u>
ı aı	Complete if the organization a	newardd "Vac	" on Eo	m 000 D	art IV line	o 10				
				· · · · · · · · · · · · · · · · · · ·			(n = 1	. =		
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three years ba	ick (e) Foi	ır years	back
1a	Beginning of year balance		ļ							
þ	Contributions		ļ		····					
С	Net investment earnings, gains, and			i						
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs						·			
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current vear e	nd baland	ce (line 1a.	column (a	i)) held a	s:	 		
а	Board designated or quasi-endowment		%	, .	,	,,				
b	Permanent endowment ▶	%								
C	Term endowment ▶ %	• ′ •								
	The percentages on lines 2a, 2b, and 2c	should equal 1	nn%							
За				ization tha	t are held	and adn	ninistered for	the	Yes	No
	(i) Unrelated organizations							. 3a(i)		1
L	If "Yes" on line 3a(ii), are the related orga							. 3a(ii	1	
b			•					. 3b	<u> </u>	L
4	Describe in Part XIII the intended uses of		on s endo	owment tu	nas.					
Part	Complete if the organization a		" on For	m 990, P	art IV, line	e 11a. S	See Form 990), Part X,	line :	10.
	Description of property	(a) Cost or o (investn		1 ' '	other basis her)		ccumulated oreciation	(d) Bo	ok valu	8
1a	Land		0		497,399	8			49	7,399
b	Buildings		0		5,404,671		1,802,268		3,60	2,403
C	Leasehold improvements		0		0		0			0
d	Equipment		0		365,990		259,054		10	6,936

e Other

20,279

4,227,017

77,989

. ▶

Part VII	Investments—Other Securities.	N/ line 11h Con I	Tame 000 Part V En a 10
	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financia	I derivatives		· · · · · · · · · · · · · · · · · · ·
	neld equity interests		
(3) Other			
<u>(A)</u>			
(C)			
(D)			
(E) (F)		<u> </u>	
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments – Program Related.		,
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 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)		<u></u>	
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in			0
	HABITAT CARRY		3,159,916
	HABITAT SARPY	· · · · · · · · · · · · · · · · · · ·	24,309
(4)			
(5) (6)			
(7)		······································	
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		3,184,225
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organi	zation's financial stat	ements that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII . 🗹

1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments а Donated services and use of facilities b Recoveries of prior year grants ¢ Other (Describe in Part XIII.) d 3 Subtract line 2e from line 1 . . 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . b Other (Describe in Part XIII.) Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b а b Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part X, Line 2 - HABITAT OMAHA, HABITAT SARPY, AND HFHO REH HAVE RECEIVED EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS. A REQUEST FOR SIMILAR TAX EXEMPTION STATUS FOR HOAMS IS CURRENTLY BEING PREPARED AND EXPECTED TO BE FILED DURING 2022. HABITAT BELIEVES THE APPROVAL OF SUCH EXEMPTION IS HIGHLY LIKELY BASED ON HOAMS' MISSION TO PROVIDE BELOW COST MORTGAGE LOANS TO LOW- AND MODERATE- INCOME BORROWERS, AND THE EXEMPTION WILL BE EFFECTIVE FROM THE INCEPTION OF HOAMS IN 2021. AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. 1701, LLC IS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES, SO IT IS CONSIDERED PART OF HABITAT OMAHA'S TAX EXEMPTION. HABITAT IS REQUIRED TO FILE SEPARATE FORM 990'S, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR EACH OF THE THREE TAX-EXEMPT ENTITIES NOTED ABOVE. HABITAT'S RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. AS OF DECEMBER 31, 2021, HABITAT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2018 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS. HABITAT HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE AND THAT THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2021

Part XI

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

HFHO REAL ESTATE HOLDINGS INC 46-3778478 Part I Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items, First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) ☐ Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5а 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

If "Yes" on line 6a or 6b, describe in Part III.

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Page 2

Schedule J (Form 990) 2021

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

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.

to for that individual andicable column (f) an 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 1s

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		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	(T) Nontavabile	IEI Total of columns	(F) Companyation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(D)(B)	in column (B) reported as deferred on prior Form 990
AMANDA BREWER, PRESIDENT	8	0	0	0	0	0	0	0
•	(E)	212,518	48,7	0	7,240	5,975	274,52	0
S LOUIS OLIVERA, VICE	8	0	0	0	0	0	0	0
2 PRESIDENI	Ξ	155,000		0	2,143	637	159,371	0
T J ISAACS, DIRECTOR OF	8	0		0	0	0	0	0
3 DEVELOPMENT	€	165,339	32,5	0	5,945	25,697	229,543	0
	()							
4	(E)							
	8							
5	€							E
	(9)							
9	€							
	(9)							
7	€						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	8							
8	8						***************************************	33443434888888888888888888888888888888
	8							
6	(E)	F F F F F F F F F F F F F F F F F F F						144114455555555555555555555555555555555
	€							
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Schedule J (Form 990) 2021

Page 3

Schedule J (Form 990) 2021	
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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.	P. S. S.
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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.

OMB No. 1545-0047 20**21**

Department of the Treasury internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number HFHO REAL ESTATE HOLDINGS INC 46-3778478 Form 990, Part VI, Section A, Line 7a - THE GOVERNING BOARD OF REH CONSISTS OF THE EXECUTIVE DIRECTOR, THE CFO, THE COO, AND THE FINANCE DIRECTOR OF HABITAT OMAHA WHICH IS THE SUPPORTED ORGANIZATION. Form 990, Part VI, Section B, Line 11b - HABITAT FOR HUMANITY OF OMAHA INC (HFHO) PREPARES THE FORM 990 AND THEN IT IS REVIEWED BY A PUBLIC ACCOUNTING FIRM. UPON COMPLETION OF THE REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO A FINANCE COMMITTEE MEMBER AND ALL BOARD MEMBERS OF HFHO PRIOR TO SUBMISSION TO THE IRS Form 990, Part VI, Section B, Line 12c - AT THE TIME OF ONBOARDING, NEW EMPLOYEES, OFFICERS, DIRECTORS, AND TRUSTEES READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR EXISTING EMPLOYEES, OFFICERS, DIRECTORS, OR TRUSTEES IS MANAGED AS POTENTIAL CONFLICTS ARE IDENTIFIED AND ENCOUNTERED (WHICH IS VERY RARE). BEGINNING IN 2022, THE ORGANIZATION IS EVALUATING A MORE FORMAL ANNUAL ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE PROCESS FOR ITS CONFLICT OF INTEREST POLICY. Form 990, Part VI, Section B, Line 15 - THE EXECUTIVE COMMITTEE (A SUB-COMMITTEE OF THE HFHO BOARD OF DIRECTORS) REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION AND PROVIDES AN OVERVIEW OF THE PROCESS AND APPROVED COMPENSATION TO THE FULL HFHO BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE PROCESS INCLUDES REVIEWING AND ASSESSING THE ED'S ANNUAL PERFORMANCE, EVALUATING SUCH PERFORMANCE, AND OBTAINING AND REVIEWING COMPARABLE MARKET DATA OBTAINED FROM MULTIPLE SOURCES. IN EARLY 2021, THE ED SETS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES WITH THE EXECUTIVE COMMITTEE SERVING IN AN OVERSIGHT AND ADVISORY ROLE. THE EXECUTIVE COMMITTEE REVEIWS BOTH THE PERFORMANCE AND COMPARABLE MARKET DATA FOR EACH OFFICER AND KEY EMPLOYEE, AND THEN CONDUCTS DETAILED DISCUSSIONS WITH THE ED REGARDING COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE. AN OVERVIEW OF THE EXECUTIVE COMMITTEE MEETING RELATED TO THE COMPENSATION REVIEW OF THE ED AND OFFICERS AND KEY EMPLOYEES IS PREPARED FOLLOWING THE MEETING AND PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. Form 990, Part VI, Section C, Line 19 - WHEN REQUESTED IN GRANT APPLICATIONS, THE GRANT MANAGER INCLUDES THE BY-LAWS, ARTICLES OF INCORPORATION, FORM 990 AND AUDITED FINANCIAL STATEMENTS. WHEN REQUESTED BY THE PUBLIC (OTHER THAN IN GRANT APPLICATIONS), THE FORM 990 AND CONFLICT OF INTEREST POLICY ARE PROVIDED. IN ADDITION, THE FORM 990 OF THE SUPPORTED ORGANIZATION (HABITAT OMAHA) CAN BE SEEN ON THE FOLLOWING WEBSITES: HABITATOMAHA.ORG, GUIDESTAR.ORG, AND CHARITYNAVIGATOR.ORG

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2021

OMB No. 1545-0047

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

▶ Attach to Form 990,

Open to Public Inspection

Employer identification number

(f) Direct controlling 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. 46-3778478 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity HFHO REAL ESTATE HOLDINGS INC Partl Part II

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one of inore related tax-exempt organizations during the tax year,	uring the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling sentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ??
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.	Cat, N	Cat, No. 50135Y		Schedule R (Form 990) 2021	Form 990	2021

Page 2

Schedule R (Form 990) 2021

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.

(k) Percentage ownership									π اک,	(i) Section 512(b)(13) controlled entity?	S No								Schedule R (Form 990) 2021
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(i) General or managing partner?	Yes								66 H	(h) Percentage ownership									dule R
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					A CONTRACTOR OF THE CONTRACTOR				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.	(g) Share of end-of-year assets ow									Sche
(h) Disproportionate allocations?	S N								were							ļ	ļ	 	
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(4) (h) Share of end-of- year assets allocations?									e organizing the t	(e) Type of entity (C corp, S corp, or trust)									
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	es .	***************************************				<u> </u>			r atio ed as	(c) domicile reign cou									
(d) Direct controlling entity									Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ar line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)									
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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Com	During the tax year, did the organization engage in any of	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan quarantees by related organization(s))	Dividends from related organization(s)	Sale of assets to related organization(s) .	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related or		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses	Heimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must		See Schedule R, Part VII, Statement 1								
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			ල ව	ပ ပ	_ T	ت. د		<u></u>	6	ہ	ш	 		 ¥.,		_		၀		r o	٠ -	<i>γ</i> Λ			1								
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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) (b) (c) (d) (e) (f) (g)	(a)	(0)	(D)	(e)	ω		3	9	8	2
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax inches.)	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate alfocations?	Code amount of Sch	Ger Para	P 9
			sections 512-514)				Yes		Yes	T.
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R, Part VII, Statement 1

HFHO REAL ESTATE HOLDINGS INC

Form: Schedule R (2021) EIN: 46-3778478

Page: 3 Part V, Line 2

	Description of Covered Relationships and Transaction Thresholds	
		Amt. involved
Name	HABITAT FOR HUMANITY OF OMAHA INC	1,090,895
Transaction type	0	
Method of determining amt. involved	ACTUAL COST OF WAGES AND BENEFITS FOR THE RESTORES IN 2021.	
Name	HABITAT FOR HUMANITY OF OMAHA INC	1,348,903
Transaction type	p	
Method of determining amt. involved	ACTUAL EXPENSES, EXCLUDING PAYROLL (REPORTED ON TYPE O), INCURRED IN 2021	
Name	HABITAT FOR HUMANITY OF OMAHA INC	2,447,749
Transaction type	r	
Method of determining amt, involved	ALL SALES AND GRANT DEPOSITS DURING 2021.	

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury

For calendar year 2021, or tax year beginning 01/01/2021 and ending 12/31/2021 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

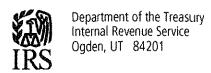
► Go to www.irs.gov/Form8453TE for the latest information, Internal Revenue Service Name of filer HABITAT FOR HUMANITY SARPY COUNTY INC 47-0788757 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . ▶ 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . 2,081,566 Form 990-EZ check here . ▶ b 2b За Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here . ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 8868 check here . . ▶ □ b Balance due (Form 8868, line 3c) 5b Form 990-T check here . ▶ **b** Total tax (Form 990-T, Part III, line 4) . . . 6a 6b Form 4720 check here . . > b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here . . ▶ □ 8b Form 5330 check here . . ▶ □ 9a **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration of Officer or Person Subject to Tax** Part II I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds 11a withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 💹 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 0 Louis Olivera, TREASURER Here Signature of officer or person subject to tax Title, if applicable Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Check if self-ERO's FRO's paid preparer employed signature Use Firm's name (or yours if EIN self-employed), address, and ZIP code Only Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Paid Check if selfemployed **Preparer** Firm's name ▶

Firm's address ▶

Use Only

Firm's EIN ▶





Notice	CP211A
Tax period	December 31, 2021
Notice date	July 25, 2022
Employer ID number	47-0788757
To contact us	Phone 877-829-5500
Page 1 of 1	

HABITAT FOR HUMANITY INTERNATIONAL SARPY COUNTY HFH 1701 N 24TH ST OMAHA NE 68110-2326



016549

Important information about your December 31, 2021, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2021, Form 990, Return of Organization Exempt From Income Tax.

Your new due date is November 15, 2022.

What you need to do

File your December 31, 2021, Form 990 by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.



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Form 990

Return of Organization Exempt From Income Tax

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

20**21**

Open to Public

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 Check if applicable: C Name of organization HABITAT FOR HUMANITY SARPY COUNTY INC D Employer identification number Address change Doing business as 47-0788757 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1701 N 24 STREET 402-457-5657 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return **OMAHA, NE 68110** G Gross receipts \$ 2.082.562 Application pending F Name and address of principal officer: S LOUIS OLIVERA H(a) is this a group return for subordinates? Yes V No. 1701 N 24 STREET, OMAHA, NE 68110 H(b) Are all subordinates included? Tyes No Tax-exempt status: **☑** 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. Website: ► habitatomaha.org H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ➤ L Year of formation: 1996 M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: WORKING TOGETHER TO INCREASE AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES FOR LOW INCOME FAMILIES. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** Contributions and grants (Part VIII, line 1h) 2,418,258 924,899 Revenue 9 Program service revenue (Part VIII, line 2g) 362,910 1,153,407 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45 3,260 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 1,625 O 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,782,838 2,081,566 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) ß 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 241,895 135,711 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 854,586 1,392,713 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,096,481 1,528,424 19 Revenue less expenses. Subtract line 18 from line 12 1,686,357 553,142 End of Year 20 Total assets (Part X. line 16) 2,664,952 3,212,612 21 Total liabilities (Part X, line 26) . 113,369 107,887 22 Net assets or fund balances. Subtract line 21 from line 20 2,551,583 3,104,725 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Louis Olivera, TREASURER Type or print name and title

Preparer's signature

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Date

Check if

self-employed

Firm's EIN ▶

Phone no

Form	990	(2021

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Рапа	1

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE BUILD STRENGTH, STABILITY, AND SELF-RELIANCE THROUGH SHELTER.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,406,513 including grants of \$ 0) (Revenue \$ 1,044,000) HABITAT SARPY'S CONSTRUCTION PROGRAM BUILDS AND RENOVATES AFFORDABLE HOMES IN PARTNERSHIP WITH PEOPLE WHO NEED A QUALITY AND SAFE PLACE TO LIVE. HABITAT SARPY BUILDS OPPORTUNITY THROUGHOUT
	SARPY AND CASS COUNTIES. IN 2021, 6 HOMES WERE PURCHASED BY NEW HOMEOWNERS IN PARTNERSHIP WITH HABITAT SARPY.

4b	(Code:) (Expenses \$ 50,392 including grants of \$0) (Revenue \$ 48,203) THROUGH HABITAT SARPY'S HOME REPAIR LOAN PROGRAM, QUALIFIED FAMILIES RECEIVE A NO-INTEREST LOAN TO HELP PAY FOR NECESSARY HOME REPAIRS, INCLUDING INTERIOR AND EXTERIOR HOME WEATHERIZATION PROJECTS. HABITAT SARPY COMPLETED 5 HOME IMPROVEMENT PROJECTS IN PARTNERSHIP WITH QUALIFIED HOMEOWNERS IN SARPY COUNTY IN 2021.
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 61,204) MORTGAGE DISCOUNTS
- در	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
10	Total program service expenses 1 454 not

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	"	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	~	_
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		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		"
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		V
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	,	
d	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		١
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	V	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	v	<i>V</i>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	V	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
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		~
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		~
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		~
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		v
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		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Fairt	Checklist of Required Schedules (continued)		·	·····				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No				
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~				
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		-				
c	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						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,				
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		v				
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						
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						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	W. C. 112	,				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~				
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33						
	or IV, and Part V, line 1	34	~					
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>•</i>				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,				
37								
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37	~	~				
Part								
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10						

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b						
_	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 3b	-	<u> </u>				
4a	 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 							
-14	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	j.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots .	5a		~				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	~				
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>					
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of							
	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 good	- 1						
	and services provided to the payor?	7a		~				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	7b						
Ü	required to file Form 8282?	" 7c		V				
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		٧				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		>				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	· · · · · · · · · · · · · · · · · · ·	ļ	~				
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ					
•	sponsoring organization have excess business holdings at any time during the year?	8		V				
9	Sponsoring organizations maintaining donor advised funds.		1					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	\dashv						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
40	against amounts due or received from them.)	⊢						
	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	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	the organization is licensed to issue qualified health plans							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	~				
	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 o							
	excess parachute payment(s) during the year?	15		<u> </u>				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16						
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	,						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: а 8a d8 v Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990, 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safequard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ➤ None 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, ☐ Own website ✓ Another's website

✓ Upon request ☐ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records

Louis Olivera Treasurer, (402)457-5657

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and financial statements available to the public during the tax year.

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations,
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	zatio	on c	ompe	ensa	ated any current	officer, director,	or trustee.
				(C)					
(A)	(B)	(do r	not c		sition mor	e than	OD6	(D)	(E)	(F)
Name and title	Average hours	box,	unle	ss pe	ersor	is boti tor/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations				
AMANDA BREWER	1.00									
EXECUTIVE DIRECTOR	39.00			~				0	261,311	10,691
T J ISAACS	2.00						÷			
VICE-PRESIDENT	38.00			~				0	197,900	31,642
DREW LIER	1.00									
DIRECTOR OF CONSTRUCTION	39.00					-		0	120,057	48,660
S LOUIS SANTOS	1.00		П							
TREASURER	39.00]		~				0	156,951	2,143
KEN MAR	35.00									
SECRETARY	5.00			~				0	104,783	21,454
TRACIE MCPHERSON	1.00									
DIR PUBLIC AFFAIRS & ADVOCACY	39.00					1		0	114,988	3,450
LACEY STUDNICKA	1.00									
PROGRAM DIRECTOR	39.00					V		0	114,934	3,448
MARK KENNEDY	0.00									
SECRETARY	40.00			1				o	106,741	3,202
•										

Part	VII Section A. Officers, Directors,	Frustees,	Key I	Em	<u>plo</u>	yee	s, ar	ıd F	lighest Compe	nsated	Emplo	yees (continued)
					(C)				l		
	(A)	(B)				ition			(D)	_{(E}	a	(F)
	Name and title	Average	(do not check more than of box, unless person is both				Reportable	Repor	_	Estimated amount		
	Harro and the	hours					is boti or/trus		compensation	compe		of other
		per week		T		T	·	~ · ·	from the	from r		compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/			
		hours for	호 전	₹	麗	9	ğ iğ	를	1099-MISC/	1099-1		organization and
		related organizations	호호	3		[홍	8 8	1	1099-NEC)	1099-	NEC)	related organizations
		below	` <u>ह</u>	#		§	<u>ặ</u>					
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									1			
					L	L						
		L										
					l							
1b	Subtotal			_	-	-		•	0	1	177,665	124,690
C	Total from continuation sheets to Part	VII Sectio	nΔ			•	,		· · · · · · · · · · · · · · · · · · ·	······································	.,,,,,,,,,,	12 1,0 / 0
ď				•	٠	•	•				477 / (5	404700
2	Total (add lines 1b and 1c)	not limited	1 40 46		1:04		-6	3	<u> </u>		177,665	124,690
~			ı to tii	iose	1151	eu	above	<i>3)</i> W	no received mor	e man \$	100,000	OT
	reportable compensation from the organi	zation >							8			
												Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	ey e	mpl	loyee, or highes	t comp	ensated	
	employee on line 1a? If "Yes," complete											3 1
4	For any individual listed on line 1a, is the							n a	and other compo	opation f	ram tha	
7												
	organization and related organizations	greater the	an pi	ıou,	UUU): 1	re	δ,	complete Schel	Jule J K	or sucn	
	individual		• •	•	•		•					4 1
5	Did any person listed on line 1a receive of									ion or in	dividual	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	redu	ile J f	or s	such person .			5 🗸
Secti	on B. Independent Contractors							·····				
1	Complete this table for your five high	net compe	ancate		inde		ndent		intractors that r	acaivad	more t	han \$100,000 of
•	compensation from the organization. Rep											
	Compensation from the organization. Rep	or compen	Sauvi	1 101	uie	; Ça	enua	ı ye	ar ending with or	with the	ie organ	ization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of serv	rices	(Compensation
None								· · ·			I	
		······································	······					<u> </u>			 	
		·····	· · · · · · ·					-			 	
								-			 	·
	· · · · · · · · · · · · · · · · · · ·										ļ	
								<u> </u>			 	
2	Total number of independent contractor							th	ose listed abov	e) who		
	received more than \$100,000 of compens	ation from t	he or	gan	izati	ion	>		0			
							_					

Part VIII Statement of Revenue

		Check if Schedule O contains a re	spon	se or note to an	y line in this Pa	art VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns	1a	0				·········
E u	b	Membership dues	1b	0			:	
عَ ق	С	Fundraising events	1c	0				. :
tts =	d	Related organizations	1d	0			·	•
<u> </u>	е	Government grants (contributions)	1e	0	· :			
Siris	f	All other contributions, gifts, grants,			· *			
e E		and similar amounts not included above	1f	924,899				
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in						
털		lines 1a-1f	1g	\$ 12,039				
ç g	h	Total. Add lines 1a-1f		🕨	924,899		. 1	
				Business Code				
Program Service Revenue	2a	HOUSE SALES TO HOMEOWNERS		230000	1,044,000	1,044,000	0	0
<u>e</u> <u>X</u>	b	HOME REPAIR PROJECT SALES		230000	48,203	48,203	0	0
gram Ser Revenue	С	MORTGAGE LOAN DISCOUNT AMOR	TIZAT	230000	61,204	61,204	0	0
e a	d							
کن حد	е							
7	f	All other program service revenue .	.]		0	0	0	0
	g	Total. Add lines 2a-2f			1,153,407			
	3	Investment income (including divid						
		other similar amounts)		▶[4,256	3,786	0	470
	4	Income from investment of tax-exem	pt bo	nd proceeds 🕨 [0	0	0	0
	5	Royalties <u></u>		▶	0	0	. 0	0
		(i) Real		(ii) Personal				
	6a	Gross rents 6a	0	0				
	b	Less: rental expenses 6b	0	0				
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		🕨	0	0	0	0
	7a	Gross amount from (i) Securiti	es	(ii) Other				
		sales of assets	o	0				
		other than inventory 7a						
a	b	Less: cost or other basis						
her Revenue		and sales expenses . 7b	0	996				
ا <u>څ</u>	C	Gain or (loss) 7c	0	-996				
-	d	Net gain or (loss)	• •	<u> </u>	-996	-996	0	0
đ.	8a	Gross income from fundraising						
۱		events (not including \$0						
ĺ		of contributions reported on line	_					
		1c). See Part IV, line 18	8a	0	İ			
	b	Less: direct expenses	8b	. 0		:		
		Net income or (loss) from fundraising Gross income from gaming	ever	its >	0		0	0
	9a	activities. See Part IV, line 19 .	_					
		<u></u>	9a	0			1	
		Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses Less: direct expenses	9b	0				
1		Gross sales of inventory, less	avides		0	0	0	0
	iva		10a					· 医二氢二氢
	b	,,,	10a 10b	0				
		Net income or (loss) from sales of inv		0 V				
, 		Technoline of glossy from sales of the	7511101	Business Code	0	0	0	0
Revenue	11a		H	Duamess Code				
	b							
Revenue	C	***************************************					-	
2 e	_	All other revenue						
Σ		Total. Add lines 11a–11d		•	0			
	12	Total revenue. See instructions .	•	🕨	2,081,566	1,156,197	n	470

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21 .	0	o							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0	0							
3	Grants and other assistance to foreign			L	an an ann an an an an an an an an an an					
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	0	0							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors,	······································								
	trustees, and key employees	o	o	0	۸					
6	Compensation not included above to disqualified	······································		······································	<u> </u>					
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0	o							
7	Other salaries and wages	114,118	80,000	0.440	0					
8	Pension plan accruals and contributions (include	114,116	80,000	24,118	10,000					
•	section 401(k) and 403(b) employer contributions)	2 202	_	2 222						
		3,383	0	3,383	0					
9 10	Other employee benefits	9,923	0	9,923	0					
	Payroll taxes	8,287	0	8,287	0					
11	Fees for services (nonemployees):									
a	Management	0	0	0	0					
b	Legal	114	114	. 0	0					
c	Accounting	472	0	472	0					
đ	Lobbying	134	134	0	0					
e	Professional fundraising services. See Part IV, line 17	0			0					
1	Investment management fees	0		0	0					
9	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A), amount, list line 11g expenses on Schedule O.) .	490	490	0	0					
12	Advertising and promotion	590	590	0	0					
13	Office expenses	4,528	0	4,528	0					
14	Information technology	1,835	0	1,835	0					
15	Royalties	0	0	0	0					
16	Occupancy	1,169	0	1,169	0					
17	Travel	0	0	0	0					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings .	4,969	555	4,414	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	318	292	26	0					
23	Insurance [150	0	150	0					
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.)									
а	CONSTRUCTION COSTS	1,253,103	1,253,103	0	0					
b	BUILDING COSTS AND CALL BACKS	77,583	77,583	0	0					
C	VEHICLE EXPENSES	578	0	578	0					
đ										
e	All other expenses	46,680	44,044	2,036	600					
25	Total functional expenses. Add lines 1 through 24e	1,528,424	1,456,905	60,919	10,600					
26	Joint costs. Complete this line only if the	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,						
	organization reported in column (B) joint costs		:							
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If									
	following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	232,738	1	181,571
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net , . ,	0	4	0
	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	0
	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	0
S)	7	Notes and loans receivable, net	747,838	7	714,662
Assets	8	Inventories for sale or use	0	8	0
AS	9	Prepaid expenses and deferred charges	0	9	250
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 17,261		-	
	b	Less: accumulated depreciation 10b 16,947	1,629		314
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,682,747	15	2,315,815
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,664,952		3,212,612
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	. 0
ĺ	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	o	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	113,369	23	107,887
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	-		
	26	T. L. L. D. L. 1994	0	25	0
s	20	Organizations that follow FASB ASC 958, check here ► □	113,369	26	107,887
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,051,583	27	2,001,397
8	28	Net assets with donor restrictions	1,500,000	28	1,103,328
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ŏ	29	Capital stock or trust principal, or current funds		29	
ě	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A Se	31	Retained earnings, endowment, accumulated income, or other funds		31	
EF	32	Total net assets or fund balances	2,551,583	32	3,104,725
Ž	33	Total liabilities and net assets/fund balances	2,664,952	33	3,212,612

Page	12
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					3	
Par	XI Reconciliation of Net Assets		,			
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,081,	,566
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,528,	,424
3	Revenue less expenses. Subtract line 2 from line 1	3	 		553,	,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	,551,	,583
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	 			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	10		3	,104,	,725
Part	Financial Statements and Reporting					,
	Check if Schedule O contains a response or note to any line in this Part XII	•			es l	<u>Ц</u>
1	1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					<u>v</u>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	☐ Separate basis					
32	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
Ja	Single Audit Act and OMB Circular A-133?		. a	3a		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
				Form 9	90 (2	2021)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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.

Open to Public

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

Inspection

rame of the organization						Employer identification number			
	HABITAT FOR HUMANITY SARPY COUNTY INC 47-0788757								
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1								
1							/U(b)(1)(A)(i).		
2		school described in section		,					
3		hospital or a cooperative ho						0m	
4		medical research organizati spital's name, city, and stat		conjunction with a nos	pital des	cnbea in	section 1/U(b)(1)(A)	(III). Enter the	
_		•							
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned	or operat	ed by a governmen	tai unit described	In
	_	, ,	•	and a second at the second at the second		4700	VAVAVA 3		
6 7		federal, state, or local gover							. 11
•		organization that normally scribed in section 170(b)(1)			port iron	n a gove	mmental unit or from	n the general pub	ліс
۰				·	D-4 11 \				
8	_	community trust described i		· ·					
9	L. An	agricultural research organ university or a non-land-gra	ization describe	d in section 170(b)(1)	(A)(ix) op	perated in	n conjunction with a	land-grant college f the college or	t
		iversity:	an conege or ag	riculture (see instructi	Orisj. Lite	or the man	no, city, and state o	i the college of	
10		organization that normally	receives (1) mor	e than 331/3% of its su	inport fro	m contri	hutions membershi	o fees and dross	
	rec	ceipts from activities related	l to its exempt fu	unctions, subject to ce	ertain exc	eptions:	and (2) no more than	າ 331/ສ%/ofits	
	su	pport from gross investmen quired by the organization a	t income and un	related business taxa	ble incor	ne (less s	section 511 tax) from	businesses	
11		organization organized and				-	•		
12		organization organized and	•	,	-			out the purposes	Λŧ
		e or more publicly supported							
		box on lines 12a through 12							٠.、
а		Type I. A supporting organ						•	^
-	لسسا	the supported organization							3
		supporting organization. Y							
b	П	Type II. A supporting orga					supported organizati	on(s) by having	
_	_	control or management of							t
		organization(s). You must		-		•			
С		Type III functionally integ	rated. A suppor	ting organization ope	rated in c	onnectio	n with, and function	ally integrated with	n,
		its supported organization((s) (see instructio	ons). You must comp	lete Part	IV, Sect	lons A, D, and E.		
d		Type III non-functionally	i ntegrated. A su	ipporting organization	operate	d in conn	ection with its suppo	orted organization	(s)
		that is not functionally integ	grated. The orga	ınization generally mu	st satisfy	a distrib	ution requirement an	d an attentiveness	s
		requirement (see instructio	ns). You must c	complete Part IV, Sec	ctions A	and D, a	nd Part V.		
ө		Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III	
		functionally integrated, or I		, ,		_			
f	Ente	r the number of supported o	organizations .						1
g	Prov	lde the following information		ported organization(s).					_
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of	
				above (see instructions))		ment?	instructions)	other support (see instructions)	
					V				
—	ΔΡΙΤΑ	FOR HUMANITY OF			Yes	No			_
(A) O	MAHA	INC		40		1			_
			36-3683625	10	-		553,141		0
(B)									
								—	
(C)									
(D)									_
(D)									
(E)									_
						-,,			
Total					l		553,141		0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 % 16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	under the te	zsts listed bei	ow, piease c	omplete rait	11.3	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees				(-,	(-/	() ()
	received, (Do not include any "unusual grants,")	İ					
2	Gross receipts from admissions, merchandise		1				
	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	- }						
	received from disqualified persons .						
h			1	 	†		
b	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.)						
Secti	ion B. Total Support		<u> </u>	<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(d) EO (7	1 10,2010	(0) 2010	(4) 2020	(0) 2021	(i) Total
10a	Gross income from interest, dividends,				·	····	
,,,,	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					***************************************	
14	loss from the sale of capital assets						
	(Explain in Part VI.)	ļ					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tay va	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her				_		, , , ,
Secti	on C. Computation of Public Support						
15	Public support percentage for 2021 (line 8			3 column (fi)		15	%
16	Public support percentage from 2020 Scho					16	%
***	on D. Computation of Investment Inc			<u> </u>		1 .0 1	
17	Investment income percentage for 2021 (li			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2020					18	%
19a	331/3% support tests—2021. If the organiz						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2020. If the organiza		_	-		_	-
-	line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization did						

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	Supp	ortina	Orgai	nizations

	ion A. All Supporting Organizations		Yes	No
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.	1		
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).	2		v
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.	3a		~
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.	3b		
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.	3c	31/70	(2) (2) (1) (3)
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.	4a		'
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c 6		~
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).	7		v
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	1,20,76	·
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 .	9a		v
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		~
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		~
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			75.7AS

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)		т	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		-	
	11c below, the governing body of a supported organization?	11a		~
b	A family member of a person described on line 11a above?	11b		~
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		~
Secti	on B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1	V	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		V
Secti	on 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).	4		
Secti	on D. All Type III Supporting Organizations			
Jecu	on b. An Type in Supporting Organizations		V	NI-
			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		İ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ations	• 1
-	The organization satisfied the Activities Test. Complete line 2 below.	isti uc	ZUONS	y·
a	™			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		- 1	
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
_	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		ļ	
	have engaged in these activities but for the organization's involvement.	2b	1	
2		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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 Part VI the role played by the organization in this regard.	3b		

(see instructions).

				raye
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1000 1000 1000 1000 1000 1000 1000 100		
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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D—Distributions Current Year					
1	Amounts paid to supported organizations to accomplish			1		
2	Amounts paid to perform activity that directly furthers ex-	empt purposes of suppo	orted			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required-		· VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	th the organization is re-	sponsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	T	,1	10	Area	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021					
	(reasonable cause required—explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b						
<u>c</u>	From 2018					
<u>d</u>	From 2019			_		
e						
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u> i	Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions)			\dashv		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	Distributions for 2021 from					
4	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount			-		
C	Remainder. Subtract lines 4a and 4b from line 4.			-	·	
	Remaining underdistributions for years prior to 2021, if				· · · · · · · · · · · · · · · · · · ·	
5	any. Subtract lines 3g and 4a from line 2, For result					
•	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h			十		
Ū	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j			十		
-	and 4c.					
8	Breakdown of line 7:			\top		
а	Excess from 2017					
b	Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021			Т		

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.)

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SCHEDULE 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, 11e, 11f, 12a, or 12b. ► Attach to Form 990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
HABI	TAT FOR HUMANITY SARPY COUNTY INC		47-0788757
Pa	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreations)		- ·
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel-	d a qualified conservation contribution	in the form of a concentation
-	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his		
ď	Number of conservation easements included in (
-	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans-	ferred, released, extinguished, or term	
	tax year ►	3	,
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy rega	arding the periodic monitoring, inspe	
	violations, and enforcement of the conservation ease	ements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		
			— · · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports co		•
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen	_	icial statements that describes the
~ .	<u> </u>		
Part		·	nner Similar Assets.
	Complete if the organization answered "Y		
18	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets I		
	service, provide in Part XIII the text of the footnote to		•
b	If the organization elected, as permitted under FASI		
U	art, historical treasures, or other similar assets held f		
	provide the following amounts relating to these items		Action in tolerioration of public adiation,
	(i) Revenue included on Form 990, Part VIII, line 1		. •
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, I	nistorical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under EAS	SR ASC 958 relating to these items:	,
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		▶ \$
b	Assets included in Form 990. Part X		> \$

Schedul	e D (Form 990) 2021								Page 2
Part		ollections of	Art. His	torical T	reasures	or O	her Similar A	Assets (c	
3	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d	□Loan	or exchang	ne prog	ram		
b	☐ Scholarly research						*****************		
	☐ Preservation for future generations				~~~~~	*****			
4	Provide a description of the organization	n's collections a	and expla	ain how ti	nev further	the or	canization's ex	empt purp	ose in Parl
	XIII.					•			
5	During the year, did the organization se	olicit or receive	donation	s of art,	historical t	reasure	s, or other sim	ilar	
	assets to be sold to raise funds rather the	nan to be mainta	ined as p	part of the	e organizat	ion's co	ollection? .	. 🔲 Y	es 🗌 No
Part	IV Escrow and Custodial Arran	gements.							
	Complete if the organization a 990, Part X, line 21.	inswered "Yes'	" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount o	n Form
1a	Is the organization an agent, trustee, or			_				not	
	included on Form 990, Part X?							· 🔲 Y	es 🗌 No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fo	llowing ta	able:				
								Amount	
C	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amount								
b	If "Yes," explain the arrangement in Par	t XIII. Check here	e if the ex	<u> (planation</u>	<u>n has been</u>	provid	ed on Part XIII		. Ц
Par			. –						
	Complete if the organization a	· . · · · · · · · · · · · · · · · · · ·						- T	
		(a) Current year	(b) Pri	or year	(c) Two yea	ırs back	(d) Three years ba	ack (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of the	•	d balanc	e (line 1g	, column (a	a)) held	as:		
a	Board designated or quasi-endowment		%						
b	Permanent endowment ► Term endowment ► %	%							
С	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c	s chould oqual 10	nno/						
За	Are there endowment funds not in the porganization by:			zation tha	at are held	and ac	lministered for	the	Yes No
	(i) Unrelated organizations							. 3a(i)	·
	•								
b	(ii) Related organizations							. 3a(ii)	
4	Describe in Part XIII the intended uses of		•					. <u>OD</u>	
Part			ALS CHUC	WILLSHE IL	11U3.				
	Complete if the organization a	inswered "Yes'							
	Description of property	(a) Cost or oti (investme	ent)		r other basis ther)		Accumulated epreciation	(a) Bo	ok value
	Land		0		14.387		14.387		0
43	CHUROGRAS	1	11		14.32/		14.5871		U

c Leasehold improvements 0 0 0 0 0 0 **d** Equipment 0 e Other . 0 2,874 2,560 314 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . 314

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See I	-orm 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financia	derivatives			
(2) Closely I	neld equity interests			
(3) Other				
(A)	***************************************			
(B)	***************************************			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(E)	***************************************		<u> </u>	
(F)			<u> </u>	
(G)			<u> </u>	
(H)			<b>-</b>	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		<u> </u>	
Part VIII	Investments—Program Related.	V line 11e Coef	000	Dark V. Smar 40
<del></del>	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of investment	(b) Book value		tethod of valuation: nd-of-year market value
(4)				
(1)			<del> </del>	
(2)			+	
(3)			+	
(4) (5)			+	
			+	
<u>(6)</u> (7)	· · · · · · · · · · · · · · · · · · ·		<del>†</del>	
(8)		,		
(9)			+	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11d. See F	om 990	. Part X. line 15.
	(a) Description			(b) Book value
(1) CONSTR	RUCTION IN PROGRESS			1,413,009
	OM HABITAT OMAHA			483,825
(3) DUE FRO				394,672
	OM HFHO REH			24,309
(5)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	2,315,815
Part X	Other Liabilities.			•
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	0
<ol><li>Liablity for</li></ol>	uncertain tax positions. In Part XIII, provide the text of the footnote to the organi	zation's financial stat	tements tha	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . 🗹

Part	Reconciliation of Revenue per Audited Financial Statements Wi Complete if the organization answered "Yes" on Form 990, Part IV,		n.
1	Total revenue, gains, and other support per audited financial statements		<del></del>
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	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:	9008	
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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			urn
	Complete if the organization answered "Yes" on Form 990, Part IV,		u
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	400000	
-а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	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:	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		
Part		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h and 2h: Part	V line 1: Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		
	<u>lule D, Part X, Line 2 - HABITAT OMAHA, HABITAT SARPY, AND HFHO REH HAVE RECE</u> S UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND ARE NOT CLASSI	********************************	
*****		***********	
	EST FOR SIMILAR TAX EXEMPTION STATUS FOR HOAMS IS CURRENTLY BEING PREI		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	NG 2022. HABITAT BELIEVES THE APPROVAL OF SUCH EXEMPTION IS HIGHLY LIKELY		
••••	IDE BELOW COST MORTGAGE LOANS TO LOW- AND MODERATE- INCOME BORROW!		
	CTIVE FROM THE INCEPTION OF HOAMS IN 2021. AS SUCH, NO PROVISION FOR INCO OLIDATED FINANCIAL STATEMENTS. 1701, LLC IS A DISREGARDED ENTITY FOR INCO		
	IDERED PART OF HABITAT OMAHA'S TAX EXEMPTION. HABITAT IS REQUIRED TO FIL		
	RGANIZATION EXEMPT FROM INCOME TAX, FOR EACH OF THE THREE TAX-EXEMPT E		******
	RNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. AS O		
	NWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD QUALIFY FOR EITHER REC		
	OLIDATED FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2017 REMAIN SU		
	URISDICTIONS. HABITAT HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCE		EQUIRING
DISCL	OSURE AND THAT THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BE	NEFIIS.	
		. ~~~~~~ <del>~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***********
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## **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY SARPY COUNTY INC

Employer identification number

47-0788757

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

Regulations section 53.4958-6(c)?

9

Page 2

Schedule J (Form 990) 2021

Partill 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.

Note: The Sum of columns (5)(I)-(III) for each listed flightful must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.  (B) Breakdown of W-2 and/or 1099-NISC and/or 1099-NISC compensation	or eac	(B) Breakdown of W-2 a	ust equal the total arm	1099-NFC compensation	rt VII, Section A, line	a, applicable columi	n (U) and (E) amounts	tor that individual.
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
AMANDA BREWER, EXECUTIVE	<b> </b>	0	0	0	0	0	0	0
1 DIRECTOR	€	212,518	48,793		7,240	5,975	274,526	0
S LOUIS SANTOS, TREASURER	8	0	0	0	0	0	0	0
2	Ξ	155,000	1,951	0	2,143	634	159,728	0
T J ISAACS, VICE-PRESIDENT	8	0	0	0	0	0	0	0
3	<b>(E)</b>	165,339	32,562	f	5,945	25,697	229,543	0
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Schedule J (Form 990) 2021

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Part III Supplemental Information

Schedule J (Form 990) 2021
iol any additional mormation.
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
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

### 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 Form 990-EZ.

20**21** 

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

Name of the organization Employer Identification number HABITAT FOR HUMANITY SARPY COUNTY INC 47-0788757 Form 990, Part VI, Section B, Line 11b - HABITAT FOR HUMANITY OF OMAHA INC (HFHO) PREPARES THE FORM 990 AND THEN IT IS REVIEWED BY A PUBLIC ACCOUNTING FIRM. UPON COMPLETION OF THE REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO A FINANCE COMMITTEE MEMBER AND ALL BOARD MEMBERS OF HFHO PRIOR TO SUBMISSION TO THE IRS. Form 990, Part VI, Section B, Line 12c - AT THE TIME OF ONBOARDING, NEW EMPLOYEES, OFFICERS, DIRECTORS, AND TRUSTEES READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR EXISTING EMPLOYEES, OFFICERS, DIRECTORS, OR TRUSTEES IS MANAGED AS POTENTIAL CONFLICTS ARE IDENTIFIED AND ENCOUNTERED (WHICH IS VERY RARE). BEGINNING IN 2022, THE ORGANIZATION IS EVALUATING A MORE FORMAL ANNUAL ACKNOWLEDGEMENT AND CERTIFICATION OF COMPLIANCE PROCESS FOR ITS CONFLICT OF INTEREST POLICY. Form 990, Part VI, Section B, Line 15 - THE EXECUTIVE COMMITTEE (A SUB-COMMITTEE OF THE HFHO BOARD OF DIRECTORS) REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION AND PROVIDES AN OVERVIEW OF THE PROCESS AND APPROVED COMPENSATION TO THE FULL HFHO BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE PROCESS INCLUDES REVIEWING AND ASSESSING THE ED'S ANNUAL PERFORMANCE, EVALUATING SUCH PERFORMANCE, AND OBTAINING AND REVIEWING COMPARABLE MARKET DATA OBTAINED FROM MULTIPLE SOURCES. IN EARLY 2021, THE ED SETS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES WITH THE EXECUTIVE COMMITTEE SERVING IN AN OVERSIGHT AND ADVISORY ROLE. THE EXECUTIVE COMMITTEE REVEIWS BOTH THE PERFORMANCE AND COMPARABLE MARKET DATA FOR EACH OFFICER AND KEY EMPLOYEE, AND THEN CONDUCTS DETAILED DISCUSSIONS WITH THE ED REGARDING COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE. AN OVERVIEW OF THE EXECUTIVE COMMITTEE MEETING RELATED TO THE COMPENSATION REVIEW OF THE ED AND OFFICERS AND KEY EMPLOYEES IS PREPARED FOLLOWING THE MEETING AND PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. Form 990, Part VI, Section C, Line 19 - WHEN REQUESTED IN GRANT APPLICATIONS, THE GRANT MANAGER INCLUDES THE BY-LAWS, ARTICLES OF INCORPORATION, FORM 990 AND AUDITED FINANCIAL STATEMENTS. WHEN REQUESTED BY THE PUBLIC (OTHER THAN IN GRANT APPLICATIONS), THE FORM 990 AND CONFLICT OF INTEREST POLICY ARE PROVIDED. IN ADDITION, THE FORM 990 CAN BE SEEN ON THE FOLLOWING WEBSITES: HABITATOMAHA.ORG, GUIDESTAR.ORG, AND CHARITYNAVIGATOR.ORG

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY SARPY COUNTY INC

Partl

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.

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

2021

OMB No. 1545-0047

Open to Public Inspection Employer identification number

47-0788757

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2021 ž (f) Direct controlling 7 7 entity? 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. Yes (f)
Direct controlling
entity (e) End-of-year assets Ν ŽΑ (e)
Public charity status
(if section 501(c)(3)) **(d)** Total income 12, TYPE 1 9 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (C) 3 501 (C) 3 Cat, No. 50135Y (c) Legal domicife (state or foreign country) (b) Primary activity Ä ì (2) HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC (8 MORTGAGE 1701 N 24 ST, OMAHA, NE 68110 HOMEOWNERSHIP Primary activity AFFORDABLE For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) HABITAT FOR HUMANITY OF OMAHA INC (36-3683625) (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 1701 N 24 STREET, OMAHA, NE 68110 (2) PartII ල € S ত Ξ ଷ © ල 3 ම

Page 2

Schedule R (Form 990) 2021

Part III

anizations Taxable as a Partnership. Complete if the organiz	0	
ation of Related Organizations Ta	e or more related orc	
Identification o	because it had on	

Schedule R (Form 990) 2021

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			Yes No	١,
	th one or more related orga	ınizations listed in Parl	ts II–IV?			
				<u></u>	7	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	•		•	9	>	i.
c Gift, grant, or capital contribution from related organization(s)		•		10	,	1.
d Loans or loan guarantees to or for related organization(s)			•	2 -	, ,	١.
e Loans or loan quarantees by related organization(s)				2 .	•   <b>•</b>	١.
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f Dividends from related organization(s)				*	•	
a Sale of assets to related constitution(s)				=	<b>\</b>	1
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n Purchase of assets from related organization(s)				£	7	
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				-	7	
j Lease of facilities, equipment, or other assets to related organization(s)				<b>=</b>	7	l
k Lease of facilities, equipment or other assets from related organization/s)				;	`	1 .
Performance of services or membership or fundralising solicitations for volated accommissions.	· · · · · · · · · · · · · · · · · · ·			≰ ;	<b>\</b>	
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o Sharing of paid employees with related organization(s)				10	7	
p Reimbursement paid to related organization(s) for expenses				<b>t</b>	7	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	7	
				+	7	
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	nust complete this line, incl	including covered relation	covered relationships and transaction thresholds.	on thres	sholds.	
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved	g amount	involved	
See Schedule R, Part VII, Statement 1 (1)						- 1
(2)						
(6)						1
(4)						1 1
(9)						
(9)						
			Cohodolo	, (L)	000 1000	13

Schedule R (Form 990) 2021

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

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) (b) (c) (d) (e) (f) (g) (g) Mame address, and Fill of entity Primary activity Legal chamicals Predominant Are all nations (f) (g)	(b) Primary activity	(c)	(d) Preciominant	(e)	(f) Pare of	(h)	(6) (7) (9)	(5)	(k)
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		allocations?	s? amount in box 20 of Schedule K-1 (Form 1065)		
			sections 512-514)	Yes No		Yes	T.	Yes No	T.
(1)									
(2)									
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schedule h (r	OIII 990/ 202 I	Page
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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# Schedule R, Part VII, Statement 1

# HABITAT FOR HUMANITY SARPY COUNTY INC

Form: Schedule R (2021) EIN: 47-0788757

Page: 3 Part V, Line 2

	Description of Covered Relationships and Transaction Thresholds	
		Amt. involved
Name	HABITAT FOR HUMANITY OF OMAHA INC	135,712
Transaction type	0	
Method of determining amt. involved	ACTUAL COST OF WAGES AND BENEFITS FOR HABITAT SARPY FOR 2021.	
Name	HABITAT FOR HUMANITY OF OMAHA INC	1,392,712
Transaction type	p	
Method of determining amt. involved	ACTUAL EXPENSES INCURRED IN 2021.	
Name	HABITAT FOR HUMANITY OF OMAHA INC	2,081,566
Transaction type	r	
Method of determining amt. involved	ALL REVENUE IN 2021.	
Name	HABITAT OMAHA AFFORDABLE MORTGAGE SOLUTIONS INC	1,021,990
Transaction type	1	
Method of determining amt. involved	ORIGINAL MORTGAGE BALANCE ON HOUSES OWNED BY HFH SARPY AND	
	SOLD TO FAMILIES BY HOAMS	