Form 9	90
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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

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

Depar	tment of	the Treasury			onton ooonan	ooouni	y manusere en	and form do it may a	o maao	pabliol		opon	to i dono		
		ue Service		Go to www.irs.gov/Form990 for instructions and the latest information.											
AI	or the	2022 calend	lar year, or	tax year b	eginning			07-01 , <b>2022</b> ,	and end	ing	06	-30, <b>20</b>	23		
B	Check if a	applicable:	C Name of or	rganization	Habitat	for 1	Humanity c	f Lenawee Cou	nty		D Employ	yer identificat	tion number		
	Address of	change	Doing busi	iness as							38-2886158				
1	Name cha	ange	Number an	nd street (or P	.O. box if mail is r	not deliver	ed to street address	)	Room/su	ite	E Telepho	lephone number			
Πı	nitial retu	urn		E US 2								(517)26	65-6157		
Ē	inal retu	rn/terminated				nd ZIP or f	foreign postal code		1		G Gross				
=	Amended	d return		an, MI			0 1				\$		1,241,124		
Π	Applicatio	on pending	F Name and	-						H(a) Is this a	aroup return fo	r subordinates?			
_										H(b) Are all					
1 1	ax-exem	npt status: X	501(c)(3)	501(c) (	) (ins	ert no.)	4947(a)(1) o	r 527				See instructio			
	Vebsite:				) (					H(c) Group					
			Corporation	Trust	Association	Other		L Year of forma	tion: 198		State of lega		MI		
Pa		Summar			///////////////////////////////////////						olulo ol logu	r donniolie.			
Iu	1			nization's	mission or m	oet eigni	ificant activities:	Home constr	uation	or ron	overio	n for 1	low income		
	1.		0			0		Home consci		OF Ten	Ovalit				
ő		Ingivian	ais and	Lamiti	es in Le	nawee	county								
anc															
ern		<u></u>													
Governance	2			-				posed of more than 2			1 1				
യ ഷ	3		0		governing bo						3		15		
ŝ	4	Number of ir	ndependent	voting mer	mbers of the g	governin	ng body (Part V	I, line 1b)			4		15		
ìti	5	Total numbe	r of individu	als employ	red in calenda	ar year 2	2022 (Part V, lir	ne 2a)			5		20		
Activities &	6	Total numbe	al number of volunteers (estimate if necessary)								6				
٩	7a	Total unrelat	ed business	s revenue f	from Part VIII	, column	ι (C), line 12				7a		0		
	b	Net unrelate	d business	taxable inc	come from Fo	rm 990-	T, Part I, line 11				7b		0		
										Prior Year		Curr	ent Year		
	8	Contributions	s and grants	s (Part VIII,	line 1h)					194	4,857		277,070		
ne	9	Program ser	vice revenu	e (Part VII	I, line 2g) .					667	7,639		755,718		
Revenue	10										955		9,309		
Rev	11	Other revenu	ue (Part VIII	, column (A	A), lines 5, 6d	, 8c, 9c,	10c, and 11e)			15	5,955		29,136		
_	12	Total revenu	e - add lines	s 8 through	11 (must equ	ual Part	VIII, column (A)	), line 12)			9,406		1,071,233		
	13	Grants and s	similar amou	unts paid (F	Part IX, colum	ın (A), lir	nes 1-3)						12,000		
	14												0		
	15							ines 5-10)		435	5,107		604,646		
es					-					101	,,10,		0017010		
SUS		Total fundrai	-					80,523					0		
Expenses	17		•		. ,			*	-	470	. 440		E42 E7C		
ш		•			A), lines 11a-			•••••••••			9,449		543,576		
	18	•			•		( ).	25)			1,556	-	1,160,222		
	19	Revenue les	s expenses.	. Suptract	line 18 from I	ine 12					5,150)		(88,989)		
t Assets or			( <b>B</b> )						-	nning of Curr			of Year		
sets	20		•							2,152			1,927,124		
L As	21	Total liabilitie	es (Part X, li	ne 26) .						1,539	,608		1,377,423		
let	22	Net assets o	r fund balar	nces. Subt	tract line 21 f	rom line	20			613	3.234		549.701		

Part II Signature Block

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.

	Bob Vogel											
Sign	Signature of officer	gnature of officer										
Here	Bob Vogel,	Treasurer										
	Type or print name and title											
	Print/Type preparer's nam	ne	Preparer's signature Date				Check if	if PTIN				
Paid	<b>d</b> Meredith A Francis Mered		Meredith A Francis	edith A Francis 11-19-2023				P00921776				
Preparer	Firm's name	Meredith	n Francis CPA PC			Firm's El	's EIN					
Use Only	Firm's address	PO Box 3	384			Phone ne	).					
		517-9	945-3312									
May the IRS	discuss this return wi	th the preparer sh	nown above? See instructions					X Yes 🗌 No				

Form	990 (2022) Habitat for Humanity of Lenawee County	38-2886158	Page <b>2</b>
Pa	rt III 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:		
	Home construction or renovation for low income individuals and families in	Lenawee Count	У
2	Did the organization undertake any cignificant program convises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	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?	Yes	X 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	red 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 \$388,703 including grants of \$12,000 ) (Revenue		<b>,163</b> )
	Home construction or renovation for low income individuals and families in	Lenawee Count	У
4b	(Code:) (Expenses \$377,315 including grants of \$) (Revenue	\$ 525	<b>,</b> 555)
	ReStore program		
4c	(Code:         ) (Expenses \$	\$	)
	International tithe		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     774,435		
			000 (2022)

Forr	n 990 (2022) Habitat for Humanity of Lenawee County 38-288	6158	F	Page 3
Pa	rt IV Checklist of Required Schedules		1	1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A		x	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	x	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ū		Λ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		x
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ľ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		x	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a	x	
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			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	140		x
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			x
20 a				х
k		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or demostic agurament on Part IX, column (A), line 12 /f "Yes," complete Schedule I, Parts I and II.	21		v
EEA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		n <b>990</b>	(2022)
		1 011		(-UCC)

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Pa	t IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		v
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		x
24a	\$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		x
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	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?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		~
N	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		~
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		•
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			<b>A</b>
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		л
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u></u> .	
	· · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
		<b>_</b>		(0000

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Par				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	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
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		
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 require	ed?	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		
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				
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		-		
2	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
2	the organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand		-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		v
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14a		x
b 15			140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		v
	excess parachute payment(s) during the year?		15		x
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	••••	17		
	If "Yes," complete Form 6069.				

		28861	58	Р	age <b>6</b>				
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a	a "No"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins				_				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			х				
Se	ction A. Governing Body and Management								
		[		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	15							
	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								
L	committee, explain on Schedule O.	1 -							
b	Enter the number of voting members included in line 1a, above, who are independent	15							
2	any other officer, director, trustee, or key employee?		2		v				
3	Did the organization delegate control over management duties customarily performed by or under the direct	•••	2		x				
3	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		v				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-	4		x x				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	F	5		x				
6	Did the organization have members or stockholders?	F	6		x				
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		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?		7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
а	The governing body?		8a	х					
b	Each committee with authority to act on behalf of the governing body?	••• [	8b	х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
		г		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	•••	10a	х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	F	10b	х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	••	11a	х					
	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? <i>If "No," go to line 13.</i>	F	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	••	12b	х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120						
13	describe on Schedule O how this was done		12c 13	X					
13 14	Did the organization have a written document retention and destruction policy?		14	X					
14 15	Did the process for determining compensation of the following persons include a review and approval by	•••	14	x					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	x					
b	Other officers or key employees of the organization	F	15b		x				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?		16a		x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?		16b		x				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed Michigan								
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)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,								
~~	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	Wendy Knox (517)265-6157, 1043 E US 223, Adrian, MI 49221								

Form 990 (202	2) Habitat for Humanity of Lenawee County	38-2886158	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the								
organization's t	ax year.									
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of								
compensation.	ompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.									

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	any related organizat	001 001	npono	uic	u a	iny our	Cint			
				(0	C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours			and a directo				compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	oro	Ins	Officer	Ke	em	Forme	1099-MISC/	1099-MISC/	organization and
	related	lividu	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee com				
	below	Istee	trust		e	ipen:				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Lisa Lambright-Steele	1.00									
Director		х						0	0	0
(2) Chris Carter	1.00									
Director		х						0	0	0
(3) Leslie Love	1.00									
Director		х						0	0	0
(4) Otis Garrison	1.00									
Director		х						0	0	0
(5) Emily Newell	1.00									
Director		х						0	0	0
(6) Joseph Raj	<u>1.0</u> 0									
Director		х						0	0	0
(7) Ben Negron	<u>1.0</u> 0									
Director		х						0	0	0
(8) Robert Burkholder	<u>1.0</u> 0									
Director		х						0	0	0
(9) Robert Fox	<u>1.0</u> 0									
Director		х						0	0	0
(10)Joanne Peters OP	<u>1.0</u> 0									
Director		х						0	0	0
(11)Maggie Seagraves	1.00									
Director		х						0	0	0
(12)Wendy Knox	40.00									
Executive Director		х						0	0	0
(13)Holleigh Baker	1.00									
Secretary				x				0	0	0
(14)Steve Brandt	1.00									
Vice President				x				0	0	0
EEA										Form <b>990</b> (2022)

	90 (2022) Habitat for Human	ity of I	enaw	ee	Coi	unt	Y				3-2886		Р	age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	oloy	/ee	s, an	d F	Highest Comp	ensated	l Empl	oyees	(cont	inued,
	(A) Name and title		box,	unles: er and	Pos eck m s per	son is ector	nan one s both ar /trustee) Highest co		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)		cor fi orgai	(F) nated amoun of other mpensation from the unization and d organizati	ion and
		organizations below dotted line)		al trustee		yee	Highest compensated employee							
	b Vogel	2.00			v				0		0			0
	surer nda Pickles	1.00	)		x				0		0			0
	ident				x				0		0			0
<u>(17)</u>														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
<u>(23)</u>														
(24)														
(25)														
	Subtotal							•						
с	Total from continuation sheets to Part VII, Sect	ion A .			•									
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I	isted a	bove	) wł	no re	eceiveo	d mo	ore than \$100,000	of			Yes	0 No
3	Did the organization list any <b>former</b> officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	mpensa	ation	and	oth	er com	npen	sation from the			_		
	individual											4		х
5	Did any person listed on line 1a receive or accrue	•		•			-					-		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	ule J	f for	SUC	h pers	on			• • • •	5		х
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	tors	that	t receiv	ved	more than \$100,00	00 of				
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's ta	ax year.			
	(A) Name and business addres	s							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		those	e lis	ted a	above)	) wh	0					

Form 9	90 (20	22) Habit	at	for Huma	nit	y of Lenawee	County		38-28861	.58 Page 9
Part	VIII	Statement of Rev	enı	le						
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<b>()</b>	b	Membership dues			1b					
ants	С	Fundraising events			1c	72,495				
, Gr	d	Related organizations .	••		1d					
Gifts lar A	е	Government grants (contr			1e	12,675				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gift	-							
utio ier S		and similar amounts not in			1f	191,900				
d i	g									
Con and					1g					
	h	Total. Add lines 1a-1f	••		•••		277,070			
	22	Home Sales				Business Code	230,163	230,163		
8		ReStore Sales				453310	525,555	525,555		
ervi ue	c					+55510	525,555	525,555		
Program Service Revenue	d									
grai Re	e									
Ъ,	f	All other program service r	rever	nue						
	g	Total. Add lines 2a-2f .					755,718			
	3	Investment income (includi								
		other similar amounts) .					966	966		
	4	Income from investment of	tax-	exempt bond	proc	eeds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	•			••••				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets	70			1.65 000				
	h	other than inventory Less: cost or other basis	7a			165,000				
0		and sales expenses	76			156,657				
nue	C C	Gain or (loss)				8,343				
leve		Net gain or (loss)					8,343	8,343		
Other Revenue		Gross income from fundrai					0,515	0,515		
otř		events (not including \$	- 0	72,495						
-		of contributions reported o	n line							
		1c). See Part IV, line 18			8a	10,906				
	b	Less: direct expenses .			8b	13,234				
		Net income or (loss) from f		raising events	s		(2,328)			(2,328
	9a	Gross income from gaming								
		activities, See Part IV, line	19		9a					
		Less: direct expenses .			9b	)				
	C	Net income or (loss) from g	gami	ng activities	•••	•••••				
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from s	sales	s of inventory	•••	Business Code				
	14-	Other				Business Code	21 464	21 464		
Miscellanous Revenue	11a	Other				900099	31,464	31,464		
enu	с С									
Rev		All other revenue								
ž		Total. Add lines 11a-11d					31,464			
	- 1	Total revenue. See instru					1,071,233	796,491	0	(2,328)

Part IX

### 2022) Habitat for Humanity of Lenawee County 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								
Do r	not include amounts reported on lines 6b, 7b,	(A) Total avroance	(B)	(C)	<b>(D)</b> Fundraising				
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	12,000	12,000						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	530,342	314,955	163,937	51,450				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	35,300	14,444	15,719	5,137				
10	Payroll taxes	39,004	25,938	8,871	4,195				
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
С	Accounting	7,200		7,200					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17 .								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	17,142		17,142					
12	Advertising and promotion	15,456	7,965	2,848	4,643				
13	Office expenses	13,681	1,998	11,683					
14	Information technology	7,540	1,116	6,424					
15	Royalties								
16	Occupancy	108,792	76,032	32,760					
17	Travel	12,326	9,072	3,254					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	7,703	5,866	1,837					
20	Interest	5,297		5,292	5				
21	Payments to affiliates	8,417	8,417						
22	Depreciation, depletion, and amortization	26,814	18,636	8,178					
23	Insurance	26,907	18,232	8,675					
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	Printing and postage	2,188	93	821	1,274				
b	Telephone	8,966	4,945	4,021					
с	Dues and subscriptions	5,755	5,000	580	175				
d	Supplies	22,710	5,149	3,917	13,644				
е	All other expenses	246,682	244,577	2,105					
25	Total functional expenses. Add lines 1 through 24e	1,160,222	774,435	305,264	80,523				
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)								

Form	990 (20	22) Habitat for Humanity of	Lena	awee County	31	8-288	86158 Page 11
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			157,100	1	175,717
	2	Savings and temporary cash investments		[		2	
	3	Pledges and grants receivable, net		[		3	
	4	Accounts receivable, net		[	685	4	565
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			32,002	8	31,822
As:	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	529,066			
	b	Less: accumulated depreciation	10b	110,017	439,592	10c	419,049
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .				12	
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,523,463	15	1,299,971
	16	Total assets. Add lines 1 through 15 (must equal line 3			2,152,842	16	1,927,124
	17	Accounts payable and accrued expenses $\ldots \ldots$		F	11,610	17	38,219
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	dule D	18,136	21	14,168
S	22	Loans and other payables to any current or former office	er, dire	ctor,			
iliti		trustee, key employee, creator or founder, substantial co		or, or 35%			
Liabilities		controlled entity or family member of any of these perso		•••••		22	
-	23	Secured mortgages and notes payable to unrelated thir		F		23	
	24	Unsecured notes and loans payable to unrelated third p		-	165,018	24	112,846
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			1,344,844		1,212,190
	26	Total liabilities. Add lines 17 through 25			1,539,608	26	1,377,423
		Organizations that follow FASB ASC 958, check here	e X				
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		-	593,984		505,697
Bali	28			$\cdots$	19,250	28	44,004
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che	eckhe	re 🗌 🛛			
Ŀ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipment		••••••		30	
t As	31	Retained earnings, endowment, accumulated income, o		F	<i>c</i> 12 024	31	E 4 0 8 0 1
Net	32 33	Total net assets or fund balances			613,234	32	549,701
	55			• • • • • • • • • • • •	2,152,842	33	<b>1,927,124</b> Form <b>990</b> (2022)
EEA							Form <b>990</b> (20

Form	990 (2022) Habitat for Humanity of Lenawee County	38-2886158	3	Pa	age <b>12</b>
Par	t 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	1,	071,	233
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	160,	222
3	Revenue less expenses. Subtract line 2 from line 1	3		(88,	,989)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		613,	,234
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		25,	,456
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		549,	,701
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n <b>990</b>	(2022)

SCHEDUL	E A
(Form 990)	

(C)

(D)

(E) Total

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

t OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Habitat for Humanity of Lenawee County 38-2886158 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 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 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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 b 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. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (i) Name of supported organization (ii) 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 instructions) above (see instructions)) document? instructions) Yes No (A) (B)

Schedu Part	Ile A (Form 990) 2022 Habitat for II Support Schedule for Organiza				$1)(\Lambda)(iy)$ and	38-288615	
Fait	(Complete only if you checked th						
	Part III. If the organization fails to						any under
Section		o quality unde		sted below, pr	ease complet	le Part III.)	
	ion A. Public Support	(-) 0040	(1-) 2010	(-) 2020	(4) 2024	(a) 2022	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	277,772	211,988	367,353	204,384	287,976	1,349,473
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	277,772	211,988	367,353	204,384	287,976	1,349,473
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						217,918
6	Public support. Subtract line 5 from line 4.						1,131,555
Sect	on B. Total Support						_//
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	277,772	211,988	367,353	204,384	287,976	1,349,473
8	Gross income from interest, dividends,				201/001	20,75,0	1,010,110
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	831	1 370	1 405	0.5.5	966	E E 4 7
9	Net income from unrelated business	831	1,370	1,425	955	900	5,547
9							
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,355,020
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he						
	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6		•			14	83.51 %
15	Public support percentage from 2021 Sch					15	95.47 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	is 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	publicly suppor	rted organizatio	on		[]
17a	10%-facts-and-circumstances test - 20	22. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	ne 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and <b>st</b>	op here. Expla	ain in
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 20						
D	15 is 10% or more, and if the organization	-					
						-	-
	in Part VI how the organization meets the			•	•		
	organization						
18	Private foundation. If the organization di						
	instructions						

Schedu	le A (Form 990) 2022 Habitat for					38-2886158	Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
-	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2013	(0) 2020	(u) 2021	(6) 2022	
10a	Gross income from interest, dividends,						
IVa							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	anization's fi	rst. second. thi	rd. fourth. or fit	th tax vear as a	a section 501(c	)(3)
	organization, check this box and stop her	•				• •	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	-		3 column (f))		15	%
16	Public support percentage from 2021 Sch		•			16	%
	on D. Computation of Investment Inc						/0
-				viline 12 colu	mm (f))	47	0/
17 10	Investment income percentage for <b>2022</b> (I			•		17	%
18	Investment income percentage from <b>2021</b>					18 18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be	-	-	-		•••	
b	33 1/3% support tests - 2021. If the organizati						_
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, c	neck this box a	nd see instruct	ions

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### Part IV Supporting Organizations (Complete only if you checked a both and B. If you checked how 12b. Part

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

### Section A. All Supporting Organizations

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

Schedu	le A (Form 990) 2022 Habitat for Humanity of Lenawee County 38-2886158		F	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2	Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			

### Section C. Type II Supporting Organizations

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).* 

### Section D. All Type III Supporting Organizations

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

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

Schedule A (Form 990) 2022

2b

3a

3b

Yes No

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 <i>(expla</i>	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Secti	on 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			

Habitat for Humanity of Lenawee County

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

38-2886158

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	e A (Form 990) 2022 Habitat for Humanity of L			8861	58 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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 which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
-	Evenes from 2019				
a	Evenes from 2010				
b	Evenes from 2020				
 d	Evenes from 2024				
e	Evenes from 2022				
					hedule A (Form 990) 202
EEA				30	

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

### Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number				
Habitat for Humanity of Lenawee County	38-2886158				
Organization type (check one):					

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

#### Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

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

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

Frank Dick

581 Kimole Ln

Adrian MI 49221

6

EEA

	(Form 990) (2022) rganization	Emplo	Page oyer identification number
	for Humanity of Lenawee County	· · ·	38-2886158
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Sage Foundation PO Box 1919 Brighton MI 48116	\$20,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Farver Foundation 626 Depot St Blissfield MI 49228	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Stubnitz Foundation 4196 W Maple Ave Adrian MI 49221	\$7,439	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Adrian Dominican Sisters 1257 E Siena Heights Dr Adrian MI 49221	\$20,000	Person       x         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Lenawee County Association Realtors PO Box 425 Adrian MI 49221	\$7,100	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

\$

noncash contributions.)

6,309

### Page **2**

EEA

Name of organization

Part I

Habitat for Humanity of Lenawee County Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Southern Michigan Chapter of CU 1100 Clinton Rd	\$8,000	Person x Payroll Noncash (Complete Part II for		
	Jackson MI 49202		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Lenawee County		Person 🗴 Payroll 🗌		
	301 N Main Street Adrian MI 49221	\$70,000	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_9_	Lenawee Cares	\$ 24,615	Person 🗽 Payroll 🗌 Noncash 🗌		
	Adrian MI 49221	¢24,015	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		

Employer identification number <u>38-288615</u>8

Schedule B (Form 990) (2022)

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 2022

Open to	Public

Department of the Treasury Int Name

ernal Revenue Service	
ame of the organization	1

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

Inspection Employer identification number

Habit	at for Humanity of Lenawee County		38-2	886158
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Acc	counts.	
	Complete if the organization answered "Yes" on			
		(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 advisors in wri	iting that the assets held in donor advised		
Ŭ	funds are the organization's property, subject to the organizatio	-		Yes 🗌 No
6		-		
6	Did the organization inform all grantees, donors, and donor advi			
	only for charitable purposes and not for the benefit of the donor			
Der	conferring impermissible private benefit?	••••••••••••		Yes No
Par				
	Complete if the organization answered "Yes" on			
1	Purpose(s) of conservation easements held by the organization	_		
	Preservation of land for public use (for example, recreation of			mportant land area
	Protection of natural habitat	Preservation of a	certified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	I conservation contribution in the form of a	a conservati	on
	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		. 2b	
С	Number of conservation easements on a certified historic struct	ure included in (a)	. 2c	
d	Number of conservation easements included in (c) acquired aft	er July 25, 2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the o	rganization	during the
	tax year		•	C
4	Number of states where property subject to conservation easer	ment is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it ho			Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, han			
-		<u> </u>		3,
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation	easements	s during the year
•		g of violations, and officially concervation	reaccinent	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h	)(4)(B)(i)	
U	and section $170(h)(4)(B)(ii)$ ?	• • •		Yes 🗌 No
٥	In Part XIII, describe how the organization reports conservation			
3	<b>-</b> .	•		
	balance sheet, and include, if applicable, the text of the footnote		that descrit	bes the
Dor	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Traceuras or C	thar Sim	ilar Acceta
Par				illar Assels.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public		erance of p	ublic
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and ba	lance sheet	works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in further	ance of pub	lic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. \$
	(ii) Assets included in Form 990, Part X			. \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial g	ain, provide	e the
	following amounts required to be reported under FASB ASC 95			
а	Revenue included on Form 990, Part VIII, line 1	-		. \$
b	Assets included in Form 990. Part X			. \$

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

Schedu	le D (Form 990) 2022 Habitat for Hu						38-288		Page <b>2</b>
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	Assets (co	ontinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the fo	llowing that r	nake sig	nificant use of its	5	
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange p	rogram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how they	further the	e organizatior	n's exem	pt purpose in Pa	rt	
	XIII.				U				
5	During the year, did the organization solicit	or receive donations	of art. histo	rical treas	ures. or other	similar			
	assets to be sold to raise funds rather than							. 🗌 Yes	s 🗌 No
Par	t IV Escrow and Custodial Arra		P						
	Complete if the organization		" on Forr	n 990. P	art IV. line	9. or r	eported an a	mount on	Form
	990, Part X, line 21.			, .	,	-,			
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for cor	tributions	or other asse	ts not			
iu	included on Form 990, Part X?		-					🗌 Yes	s X No
b	If "Yes," explain the arrangement in Part XII				••••				
N			onowing tai	<i>л</i> с.			Δ	mount	
~	Beginning balance					. 10		mount	
с А	Additions during the year								
d									
e	Distributions during the year								
f	Did the organization include an amount on F							<b>V</b> V.	
2a									
b Par	If "Yes," explain the arrangement in Part XII <b>Endowment Funds.</b>	II. Check here if the	explanation	nas been	provided on F		• • • • • • • •	• • • • •	•
rai	Complete if the organization	anowarad "Vaa	" on Form	~ 000 D	ort IV/ line	10			
	Complete il the organization								
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Four	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								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a)	) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%	)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the poss	ession of the organiz	zation that a	are held an	d administere	ed for the	e		I
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organi	zations listed as req	uired on Sc	hedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	ne organization's end	dowment fu	nds.					
Par	t VI Land, Buildings, and Equip	oment.							
	Complete if the organization	answered "Yes	<u>on</u> Forr	n 990, P	art IV, line	<u>11</u> a. S	See Form 990	), Part X, I	ine 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo	
		(investm	nent)	(0	other)	d	epreciation		
1a	Land	•••	11,250						11,250
b	Buildings								
c	Leasehold improvements				314,518		51,956	:	262,562
d					L37,579		58,061		79,518
e	Other		65,719	-					65,719
	Add lines 1a through 1e. (Column (d) must			n (B). line	10c.)			4	19,049
	5 - ( (-)	,,	,		, , .				

EEA

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	m 000 Dort IV line	11h Soc Form 000 Port V line 12
Complete if the organization answered "Yes" on For	11 990, Fait IV, iine	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		
Part VIII Investments - Program Polated		

Habitat for Humanity of Lenawee County

#### Program Related. Part VIII

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

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

#### Part IX Other Assets.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1Land & Mortgage Receivables	88,168
(2peposits	14,168
(3Right of use assets	1,197,635
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	1,299,971

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2]Lease liabi	lity	1,212,190
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) mus	t equal Form 990, Part X, col. (B) line 25.) .	1,212,190

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. . . .

38-2886158

Page 3

Schedu	le D (Form 990) 2022 Habitat for Humanity of Lenawee County	38-2886158	Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,099,604
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	5	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	5	
е	Add lines <b>2a</b> through <b>2d</b>	2e	28,371
3	Subtract line 2e from line 1	3	1,071,233
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,071,233
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,163,137
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	5	
е	Add lines <b>2a</b> through <b>2d</b>	2e	2,915
3	Subtract line 2e from line 1	3	1,160,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,160,222
Part			

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.

<b>(Forr</b> Depart	EDULE G n 990) ment of the Treasury	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.           Treasury         Attach to Form 990 or Form 990-EZ.					OMB No. 1545-0047 2022 Open to Public		
	al Revenue Service		50 to www.irs.gov/i	-orm990 for in	structions ar	id the latest informat	ion.	Employer identific	Inspection
	Ū		<b>-</b> .						
		nity of Lenaw			ation ones	iarad "Vaa" an		38-288	
Par	Form 990	sing Activities. )-EZ filers are not	required to com	plete this p	art.			1990, Fait IV	
1	_	the organization rais	ed funds through	· _	-				
а	Mail solicitatio			e		of non-government	-	S	
b		mail solicitations		f		of government grar	nts		
C	Phone solicita			g	Special fun	draising events			
d	In-person solid								
2a	0	tion have a written o	0			0	-	-	
		s listed in Form 990,	, ,		•	0			🔄 Yes 🔄 No
b	-	0 highest paid individ least \$5,000 by the c	•	undraisers) pi	ursuant to ag	reements under wh	ich the	e fundraiser is to	be
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(	Amount paid to or retained by) ndraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3	List all states in v registration or lice	vhich the organizatic ensing.	n is registered or I	icensed to so	licit contribu	tions or has been no	otified	it is exempt from	I

1 41	t II	(Form 990) 2022 Hab Fundraising Events. Comp		of Lenawee Count	-	2886158 Page
		than \$15,000 of fundraising	-			-
		gross receipts greater than				
		g g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual Event		None	(add col. (a) through
		-	(event type)	(event type)	(total number)	col. <b>(c)</b> )
anu						
Kevenue	1	Gross receipts	83,401			83,401
ř	2	Lassy Contributions	50 405			80 405
	2 3	Less: Contributions Gross income (line 1 minus	72,495			72,495
	3		10,906			10,906
			10,500			10,500
	4	Cash prizes				
		-				
	5	Noncash prizes				
ses	6	Rent/facility costs	1,000			1,000
ben	7	Food and beverages	10 210			10 210
JIrect Expenses	'		10,319			10,319
	8	Entertainment	350			350
1						
	9	Other direct expenses	1,565			1,565
	10	Direct expense summary. Add line				13,234
	11	Net income summary. Subtract lin	ne 10 from line 3, column (	d)		(2,328)
		Net income summary. Subtract lir Gaming. Complete if the or	ne 10 from line 3, column ( ganization answered "	d)		(2,328)
	11	Net income summary. Subtract lin	ne 10 from line 3, column ( ganization answered "	d)		(2,328) nore than
Part	11	Net income summary. Subtract lir Gaming. Complete if the or	ne 10 from line 3, column ( ganization answered "	d)		(2,328) nore than (d) Total gaming (add
Part	11	Net income summary. Subtract lir Gaming. Complete if the or	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than
Part	11	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, li	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
	11	Net income summary. Subtract lir Gaming. Complete if the or	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
Part	11	Net income summary. Subtract lin Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
	11 t III 1	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, li	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
	11 t III 1	Net income summary. Subtract lin Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
Part	11 t III 1 2	Net income summary. Subtract lir         Gaming. Complete if the or         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Noncash prizes	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
	11 t III 1 2	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue Cash prizes	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
	11 t III 1 2 3 4	Net income summary. Subtract lin         Gaming. Complete if the or         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	ne 10 from line 3, column ( ganization answered " ne 6a.	d)		(2,328) nore than (d) Total gaming (add
Part	11 t III 1 2 3	Net income summary. Subtract lir         Gaming. Complete if the or         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Noncash prizes	e 10 from line 3, column ( ganization answered " ne 6a. (a) Bingo	d)	IV, line 19, or reported m	(2,328) nore than (d) Total gaming (add
Part	11 t III 2 3 4 5	Net income summary. Subtract lin         Gaming. Complete if the orgen structure         \$15,000 on Form 990-EZ, ling         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	Le 10 from line 3, column ( ganization answered " ne 6a. (a) Bingo	d)Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	<pre></pre>	(2,328) nore than (d) Total gaming (add
Part	11 t III 1 2 3 4	Net income summary. Subtract lin         Gaming. Complete if the or         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	e 10 from line 3, column ( ganization answered " ne 6a. (a) Bingo	d)	IV, line 19, or reported m	(2,328) nore than (d) Total gaming (add
	11 t III 1 2 3 4 5 6	Net income summary. Subtract lin         Gaming. Complete if the orgen structure         \$15,000 on Form 990-EZ, ling         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	La 10 from line 3, column ( ganization answered " ne 6a. (a) Bingo	d)Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported m (c) Other gaming (C) Other ga	(2,328) nore than (d) Total gaming (add
	11 t III 2 3 4 5	Net income summary. Subtract lin         Gaming. Complete if the orgen structure         \$15,000 on Form 990-EZ, ling         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	La 10 from line 3, column ( ganization answered " ne 6a. (a) Bingo	d)Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported m (c) Other gaming (C) Other ga	(2,328) nore than (d) Total gaming (add

а

If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a . . . . . . . . . If "Yes," explain: b

Schedule G (Form 990) 2022

Yes

Yes

No

No

SCHEDULEI	Gra	ants and Other	Assistance to	o Organization	S,	I	OMB No. 1545-0047
(Form 990)	Gove	rnments, and	Individuals in	the United Sta	tes		2022
Department of the Treasury	Complete	e if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service		Go to www.irs.g	ov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identificat	ion number
Habitat for Humanity of Lena Part I General Information		10000				38-2886158	
			atanaa tha arantaaa' ali	aibility for the greate or	aggietange and		
<ol> <li>Does the organization maintain recorr the selection criteria used to award the</li> </ol>		-	-				. 🕱 Yes 🗌 No
2 Describe in Part IV the organization's	•					••••••	
Part II Grants and Other Assis				ts. Complete if the c	organization answered	"Yes" on Form 990	),
Part IV, line 21, for any re		-			•		,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(0)							
(9)							
(10)							
2 Enter total number of section 501(c)(	3) and government organiz	ations listed in the line 1	I table			· · · · · · · · · _	·

3 Enter total number of other organizations listed in the line 1 table

# Schedule I (Form 990) (2022) Habitat for Humanity of Lenawee County 38-2886158 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additiona	I space is needed	d.	Ū		
(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
1 Mortgage downpayment assistance					
2					
3					
4					
5					
6					
					-

Part IV	Supplemental Information. Provide the information	equired in Part I, line 2; Part III, column	(b); and any other additional information.
---------	---	---	--

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Page 2

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

#### Habitat for Humanity of Lenawee County

Employer identification number 38-2886158

### 01. Form 990 governing body review (Part VI, line 11)

BOARD MEMBERS COMPARE THE 990 TO THE AUDITED FINANCIAL STATEMENTS BEFORE APPROVING THE

FORM TO FILE

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS DISCLOSE CONFLICT OF INTERESTS THAT ARISE DURING THE YEAR AND ABSTAIN FROM

ANY DECISIONS THAT HAVE A CONFLICT OF INTEREST

03. CEO, executive director, top management comp (Part VI, line 15a)

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD USING COMPARABLE WAGE RATES

#### 04. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST

#### 05. List of other expenses (Part IX, line 24e)

Bank fees 10639

Cost of Sales 214134

Miscellaneous 2049

Supplies 30907

Form 8879-TE

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07-01 , 2022, and ending 06-30 , 2023

Do not send to the IRS. Keep for your records.

2022

38-2886158

Department of the Treasury	Do not send to the IRS. Keep for your records.	21
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	EIN or SSN	

#### Habitat for Humanity of Lenawee County Name and title of officer or person subject to tax

# Bob Vogel, Treasurer

Part	Type of Return and Return information
8038-C 3a, 4a, 3b, 4b,	ne box for the retum for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retum. Form P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line <b>1a</b> , <b>2a</b> , <b>5a</b> , <b>6a</b> , <b>7a</b> , <b>8a</b> , <b>9a</b> , or <b>10a</b> below, and the amount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the le line below. <b>Do not</b> complete more than one line in Part I.
1a	Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,071,233
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here
4a	Form 990-PF check here
5a	Form 8868 check here
6a	Form 990-T check here
7a	Form 4720 check here
8a	Form 5227 check here         b         FMV of assets at end of tax year (Form 5227, Item D)
9a	Form 5330 check here
10a	Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b
Part	
Under p	enalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name
of entity	, (EIN) and that I have examined a copy of the
2022 el	ectronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and
interme acknow the date (direct of retum, a 1-888-3 process the pay	e. 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 diate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an edgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal ebit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this nd the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 53-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the ing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to nent. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to ic funds withdrawal.
PIN: ch	ack one box only

I authorize	to enter my PIN	as my signature				
ERO firm name		Enter five numbers, but do not enter all zeros				
As an officer or person subject to tax with respect to the entity, I will enter my filed return. If I have indicated within this return that a copy of the return is be of the IRS Fed/State program, I will enter my PIN on the return's disclosure	eing filed with a state agene	ne tax year 2022 electronically cy(ies) regulating charities as part				
21314						
Signature of officer or person subject to tax		Date 11-27-2023				
Part III Certification and Authentication						
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	404052 49220					
	Do not ente	r all zeros				
I certify that the above numeric entry is my PIN, which is my signature on the 2022 am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Mod Providers for Business Returns.	2					
ERO's signature JOHN D LAPHAM	Date	11-19-2023				
ERO Must Retain This Form Do Not Submit This Form to the IRS		Го Do So				

	2022	2022 PG01							
Name(s) as shown on return			Tax ID Number						
Habitat for Humanity o	38	38-2886158							
Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other									
Description	Cost/basis	Cost/basis		Book					
of Investment	(Investment)	(Other)	Depr	Value					
Construction in progress	65,719	0	0	65,719					
Total	65,719	0	0	65,719					

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 1
Name(s) as shown on return	Humanity of Lenawee County	FEIN 38-2886158
nabitat IOI	Rumanity of Lenawee County	
	Other	
Description		Amount
<u>Cost of Sale</u> Equipment le		<u>\$ 228,74</u> 4,10
Bank charges		
Miscellaneou	15	15
	Tota	l: \$ <u>244,57</u>
	Other expense	
Dessistion		3
Description Miscellaneou		<u>Amount</u> \$ 2,10
		1: \$ <u>2,10</u>

Worksheet					2022			
	(This page is not filed with the return. It is for your records only.)							
Name(s) as shown on return	Tax ID Number							
Habitat for Humanity of Lenawee County							38-2886158	
2% of the amount on Schedule A, Part II, line 11, column (	f)						27,100	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name	2018	2019	2020	2021	2022	Total	Excess contributions	
							(col. (f) minus	
							the 2% limitation)	
Lenawee Community Foundation		10,962	15,885	23,762		50,609	•	
Michigan International Speedway	5,000					5,000		
Thrivent Builds								
Sage Foundation	30,000	20,000	20,000	20,000	20,000	110,000	82,900	
Farver Foundation					5,000	5,000		
Premier Bank			2,500	1,000	2,500	6,000		
Stubnitz Foundation	9,500		5,300	11,000	7,439	33,239	6,139	
Flagstar Bank								
Lenawee Intermediate School Distric KeyBank Foundation		7,000	7,985			14,985		
Old National Bank Foundation		7,500	2,500	10,000	2,500	22,500		
J. F. Ervin Foundation								
Leland and Hazel Kayner Trust		30,396		5,263	1,011	36,670		
Knight Memorial Foundation			4,000		3,500	7,500		
Big Lots Foundation	5,255					5,255		
Adrian Dominican Sisters		20,000	20,000	20,000	20,000	80,000		
Sigmund Foundation			25,000			25,000		
Ann Arbor Spark			10,000			10,000		
Vells Fargo			15,000			15,000		
Adrian Kiwanis Foundation			5,000		2,500	7,500		
_								

12,000

5,000

5,243

3,018

2,250

7,100

6,309

8,000

70,000

24,615

15,018

7,250

6,309

8,000

70,000

24,615

12,343

### Schedule A, Line 5 - Excess 2% Limitation Contributors

Total\_\_\_\_

United Way of Monroe Lenawee County Lenawee County Association Realtors

Southern Michigan Chapter of CU

Loyal E Ray

Frank Dick

Lenawee County

Lenawee Cares

217,918

42,900

Form 990 V