

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-pop-profits

ming or th	is form, visit www.irs.gov/e-file-providers/e-file-for-chart	ties-ana-n	ion-protits.					
Automa	tic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
All corpora	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	r identification num	ber (TIN)		
print	HARTMAN DOR HUMANITHE MER	07770			21 10150	2.4		
File by the	HABITAT FOR HUMANITY - MID			<u> </u>	31-121799	14		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 6665 BUSCH BOULEVARD	ee instruct	tions.					
instructions.	City, town or post office, state, and ZIP code. For a for COLUMBUS , OH 43229	oreign add	ress, see instructions.					
Enter the I	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1		
Application	on	Return	Application			Return		
ls For		Code	Is For			Code		
	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-		02	Form 1041-A			08		
) (individual)	03	Form 4720 (other than individual)			09 10		
	Form 990-PF 04 Form 5227							
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870							
-orm 990-	JULIE BYERS, CO	06	Form 8870			12		
n Thaba	oks are in the care of b 6665 BUSCH BOUL			2220				
	one No. ► 614-484-1973	JIP A VIVI	Fax No. ►	0449				
	rganization does not have an office or place of business	in the Uni						
	s for a Group Return, enter the organization's four digit (ob ook this		
box ⊳ [. If it is for part of the group, check this box	1						
	. If it is for part of the group, check this box	and atta	ich a list with the hames and Thys or	an membe	ers the extension is	101.		
1 I red	uest an automatic 6-month extension of time until	MAN	Y 16, 2022 to file	the ever	npt organization ret	urn for		
	organization named above. The extension is for the organization		*****	s tile eveli	ipt organization ret	um ioi		
	calendar year or	anzacion o	Totall for.					
	X tax year beginning JUL 1, 2020	an	dending JUN 30. 2021					
	tax your bogsining	, απ			······ `			
2 If the	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n			
	Change in accounting period							
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less					
any	nonrefundable credits. See instructions.			3a	\$	0.		
b If thi	s application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and					
estir	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
c Bala	nce due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by					
usin	g EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3с	\$	0.		
	f you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EO fo	r payment		
nstruction	S.							

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

Form 8868 (Rev. 1-2020)

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and	ending U	UN 30, 2021	
В	Check if applicat	c Name of organization		D Employer identifi	cation number
	Addn	HABITAT FOR HUMANITY - MID ONTO			
	Name chan	ge Doing business as		31-12179	
	Initial return Final return	6665 RIICCH BOIII.FVARD	Room/suite	E Telephone numbe	
	termi ated		 	G Gross receipts \$	
	Amer	ded COLIMPITC OF 12220		H(a) is this a group re	
Ī	Appli				3? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		te: WWW.HABITATMIDOHIO.ORG		1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	n number ▶ 8545
		f organization; X Corporation Trust Association Other	L Year		M State of legal domicile; OH
P	art I	Summary			en e
	1	Briefly describe the organization's mission or most significant activities: SEEK	ING TO	PUT GOD'S	LOVE INTO
Governance		ACTION, HABITAT FOR HUMANITY-MIDOHIO BRIN			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	19
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
රේ ග	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			72
iţi	6	Total number of volunteers (estimate if necessary)			1535
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			-1,782,857.
	† –			Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		3,669,477.	4,830,315.
Ę	9	Program service revenue (Part VIII, line 2g)		2,217,365.	1,571,660.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,628.	11,253.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,012,713.	2,263,369.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,933,183.	8,676,597.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
48	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,984,451.	3,278,134.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25) 591,42	28.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,514,442.	4,678,157.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,498,893.	7,956,291.
	19	Revenue less expenses. Subtract line 18 from line 12		-565,710.	720,306.
50	-	Tovondo 1000 expenses. Cabarat into 10 non into 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)	<u> </u>	20,327,223.	19,734,631.
ASS	21	Total liabilities (Part X, line 26)		7,839,813.	6,526,915.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		12,487,410.	13,207,716.
	art II				X A .
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		·	
		A distribution of property (const. than onloss) is based on an implication of the	non propuror	ndo dily knowledge:	
Sig	n	Signature of officer		Date	
Her		E.J. THOMAS, CEO		3/3	TANZZ
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN
Paid	ı	MELANIE PANTALONE / MELANIE PANTALON		if self-employ	
	arer	Firm's name SCHNEIDER DOWN'S & CO., INC.	· · · · · · · · · · · · · · · · · · ·		25-1408703
	Only	Firm's address 65 EAST STATE STREET, SUITE 2000)	T IIII S EIN B	
- 30	Jilly	COLUMBUS, OH 43215	•	Dhone no 61	4-621-4060
NA a-	the "	RS discuss this return with the preparer shown above? See instructions		I E HOHA HOTO T	
					X Yes No Form 990 (2020)
U320	01 12-2	2-50 Fig. Lai Lahai Maiy Daddagaa Yor Madaa, saa da sahai ge iiise daga	1113.		FULL 330 (2020)

(Expenses \$

including grants of \$

6,741,348.

Total program service expenses

Form 990 (2020)

Form 990 (2020) HABITAT FOR I Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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? /f "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX. or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			***
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.		İ	v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا	v	
40	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,"	ا ؞؞ِ ا		v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	gan	X 2020)
32003	12-23-20	rorm	J J J (/U//II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		١	
	Schedule J	23	X	├
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩.
	Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اء	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	-
		24d		\vdash
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
Ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		Ħ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	///////		INTER-COLUM
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
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	ļ	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		٠,,	
	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			- V
05.	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ach		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	'		
		38	Х	
Pa		·	L	
	Check if Schedule O contains a response or note to any line in this Part V	********		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	1

032004 12-23-20

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	POROGRAMA (ALAI)	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	28458252402	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		100	
	sponsoring organization have excess business holdings at any time during the year? N/A	8	2000 (0.00 (Rainbig Clay Love
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	011258272	020760256750.77
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	rentri Notifici	X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	20201

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	DECEMBER OF STREET	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- Ŭ		
, ,		7a		X
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
D	and the state of t	7b		X
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	713	60166	<u> </u>
8			Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	d8	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		- 1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- ,, 	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	20848M2070=
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	and the same		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	0.072540470
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	BE		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	0.0000000000000000000000000000000000000
	If "Yes" to line 15a or 15b, describe the process in 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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
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)	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	financ	ial	
	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			
	JULIE BYERS, CONTROLLER - 614-484-1973			
	6665 BUSCH BOULEVARD, COLUMBUS, OH 43229			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box. unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or directo Institutional trustee Officer Kev emolovee		ey employee ighest compensated infoyee rmer		Officer Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) E J THOMAS	60.00											
PRESIDENT & CEO		X		X		<u> </u>	_	187,973.	0.	13,089.		
(2) BRIAN CANAVAN (EXIT 5/14)	60.00	-						100 000				
CDO	1 60 00	<u> </u>	<u> </u>	Χ	<u> </u>	╀	-	102,808.	0.	5,036.		
(3) BRENT JONES COO	60.00			Х				73,626.	0.	22 077		
(4) JAMI KELLER (ENTER 5/14)	40.00	-		Δ	_	┢	-	13,020.	V •	23,977.		
CDO	=0.00	1		Х				0.	0.	0.		
(5) SABRINA BARGHOUTY (EXIT 4/1)	2.00	\vdash					-		· ·	· ·		
EX-OFFICIO		Х						0.	0.	0.		
(6) TONY BONARRIGO	2.00						i					
DIRECTOR		X						0.	0.	0.		
(7) LORI BONGIORNO	2.00						Г					
DIRECTOR		X						0.	0.	0.		
(8) BRADY BURT	6.00											
SECRETARY		X		X			<u> </u>	0.	0.	0.		
(9) MICHAEL COPELLA	2.00	ļ							_	_		
DIRECTOR	 	Х						0.	0.	0.		
(10) RAE ANN DANKOVIC	2.00	.,						_				
DIRECTOR	2.00	X		-		\vdash	<u> </u>	0.	0.	0.		
(11) ELIZABETH FARRAR (EXIT 7/28) DIRECTOR	2.00	Х						0.	0.	0.		
(12) MIKE FITZPATRICK	6.00	Δ				\vdash	_	U •	U •	V •		
CHAIR	0.00	х		Х				0.	0.	0.		
(13) GRACE GOTHARD (ENTER 4/1)	2.00	H						Ŭ •	<u> </u>	<u></u>		
EX-OFFICIO		Х						0.	0.	0.		
(14) JASON LAWLER	2.00	m				М		<u> </u>	3.			
DIRECTOR		Х						0.	0.	0.		
(15) ANGELA MINGO (ENTER 11/1)	2.00											
DIRECTOR		X				Ш		0.	0.	0.		
(16) SCOTT MOORE	6.00											
TREASURER		X		X		Щ		0.	0.	0.		
(17) JAMES PETRIE	2.00		ŀ					_	_			
DIRECTOR		Х						0.	0.	0.		

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	FOR HUMA	<i>311</i> / T	.T. X		. IV	ITD		HIO	31-1217	994 Page 8
Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	and	iH k	ghes	st C	ompensated Employee	s (continued)	·
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	rage Position (do not check more than o		200	Reportable	Reportable	Estimated			
	hours per	box	. unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	recto	r/trus	tee)	from	from related	other
	(list any hours for	rector						the	organizations	compensation
	related	or di	99			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trustee		92	bens		(W-2/1099-MISC)		organization
	below	ual tr	ional		ploye	1001				and related organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			Organizations
(18) JOE REILLY	2.00	T			×	- 8	٣			
DIRECTOR		Х						0.	0.	0.
(19) THOMAS ROBERTSON	2.00	П			П		Г			
DIRECTOR		X			L			0.	0.	0.
(20) KYLE SHARP	6.00									
PAST CHAIR		X		X				0.	0.	0.
(21) GREGORY SKINNER	2.00			1						
DIRECTOR		X						0.	0.	0.
(22) GREG SMITH	6.00			ŀ						
VICE-CHAIR		X		X	<u> </u>		<u> </u>	0.	0.	0.
(23) CHERYL STAUFFER (ENTER 11/1)	2.00							_	_	_
DIRECTOR		X				ļ	<u> </u>	0.	0.	0.
(24) KAZ UNALAN	2.00								_	_
DIRECTOR		Х					<u> </u>	0.	0.	0.
1b Subtotal							<u> </u>	364,407.	0.	42,102.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)							>	364,407.	0.	42,102.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										

Yes

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHEPHERD EXCAVATING	CONCRETE AND	F22 C20
6295 COSGRAY ROAD, COLUMBUS, OH 43106 AMERICAN AIR HEATING & COOLING	FOUNDATIONS PLUMBING, ELECTRIC,	523,620.
3945 BROOKHAM DRIVE, GROVE CITY, OH 43123	DRYWALL, HEATING AND	154,936.
BONE DRY ROOFING 3500 PARKWAY LANE, HILLIARD, OH 43026	ROOFING	126,289.
RANDY'S PLUMBING REPAIR 5820 DURRETT ROAD, ORIENT, OH 43146	PLUMBING	118,589.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	7-4- XXIII X

Form 990 (2020)

\$100,000 of compensation from the organization

Form 990 (2020) HABITAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 a	Federated campaigns 1a	76,250.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues 1b	, , ,				
ي ق		Fundraising events 1c	19,606.				
fts, r A		Related organizations 1d					
E			1,973,854.				
Sins	e	All other contributions, gifts, grants, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100			
uti er	'		2,760,605.				
ĢË Đ			166,905.				
io d	g	* ************************************	<u> </u>	4,830,315.			
<u>O e</u>		Total. Add lines 1a-1f	Business Code	4,030,313.		Parameter State	
		SALE OF HOMES	531390	1,061,092.	1,061,092.		
ice	2 a		531390	510,568.			
Program Service Revenue	b		231390	310,366.	510,568.		
n S	C						
yraı Rey	d			ļ			
roc	e						
ш.	Ι ΄	All other program service revenue		1 571 660			
		Total. Add lines 2a-2f		1,571,660.			
	3	Investment income (including dividends, intere		11 050			11 050
		other similar amounts)		11,253.			11,253.
	4	Income from investment of tax-exempt bond p	roceeds			<u> </u>	
	5	Royalties (i) Real	(ii) Daysonal				
			(ii) Personal				
	6 a	***************************************					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 4,320.	<u> </u>	4 200	4 200		
		Net rental income or (loss)	(ii) O45	4,320.	4,320.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other	Survey 9			
		assets other than inventory 7a					
-	b	Less: cost or other basis					
nue		and sales expenses 7b		and the second			
šve		Gain or (loss) 7c	<u> </u>				
Other Revenue		Net gain or (loss)	<u></u>				
the	8 a	Gross income from fundraising events (not					100
0		including \$ 19,606. of					
		contributions reported on line 1c). See	00 046				
		Part IV, line 18	29,846.				
		Less: direct expenses 8b	29,846.	^			
		Net income or (loss) from fundraising events	<u> </u>	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns	2 265 020				
		and allowances 10a			11.5		
		Less: cost of goods sold 10b	·	0.020.000			0.000.005
	С	Net income or (loss) from sales of inventory	<u> </u>	2,239,227.			2,239,227.
SI		MT GODI I AMBONG	Business Code	10.000			10.000
eo E	11 a		900099	19,822.			19,822.
lan Enr	b						
Miscellaneous Revenue	С						
Äis	d	All other revenue		10 111			National State of the Control of the
	e	Total. Add lines 11a-11d		19,822.	1 5 22-	-	0.052.23
	12	Total revenue. See instructions	>	8,676,597.	1,575,980.	0.	2,270,302.

Form 990 (2020) HABITAT FOR H Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons			1 /6	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		<u> </u>		
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,	364,407.	73,626.	107 072	102 000
_	trustees, and key employees	304,407.	/3,020.	187,973.	102,808
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	2,381,186.	1,939,711.	173,559.	267,916
8	Pension plan accruals and contributions (include	2,301,100.	1 1,000,711.	175,555.	201,010
J	section 401(k) and 403(b) employer contributions)	1,734.	309.	807.	618
9	Other employee benefits	323,727.	236,908.	47,118.	39,701
10	Payroll taxes	207,080.	144,988.	32,101.	29,991
11	Fees for services (nonemployees):	20170000	22273000	32/2021	22,722±
	Management	32,925.		24,675.	8.250
b	Legal	73,147.	59,833.	5,314.	8,250 8,000
С	Accounting	42,167.		42,167.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	137,255.	116,923.	16,239.	4,093
12	Advertising and promotion	66,981.	65,889.		1,092
13	Office expenses	58,349.		4,842.	11,173
14	Information technology	32,816.	19,712.	8,901.	4,203
15	Royalties				
16	Occupancy	262,321.	255,650.	3,608.	3,063
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,777.	1,113.	639.	25
20	Interest	131,000.	102,200.	21,777.	7,023
21	Payments to affiliates	77,500.	75,000.	2,500.	
22	Depreciation, depletion, and amortization	328,817.	296,374.	18,433.	14,010
23	Insurance	108,465.	105,558.	2,907.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	2,651,953.	2,651,953.		
a	COST OF HOMES SOLD BUILDING AND EQUIPMENT	125,753.	119,975.	3,114.	2,664
b	OPERATIONS EXPENSE/VEHI	73,458.	71,253.	1,124.	1,081
C	CONSTRUCTION COSTS	61,953.	61,389.	564.	<u> </u>
d		411,520.	300,650.	25,153.	85,717
	All other expenses Total functional expenses. Add lines 1 through 24e	7,956,291.	6,741,348.	623,515.	591,428
25		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U, /41, 340.	023,313.	331,440
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 figures if following SOP 98-2 (ASC 958-720)				
	3.1011044118 30L 20-5 (V3C 202-150)			l	- 000

Form **990** (2020)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,849,365. Cash - non-interest-bearing 1,161,994. 1 1,344,352. 2,001,868. Savings and temporary cash investments 2 2 845,819. Pledges and grants receivable. net 506,093. 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 9,759,428. 9,849,588. Notes and loans receivable, net 167,418. 128,451.Inventories for sale or use 23,726. Prepaid expenses and deferred charges 21,314. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 4,960,596. 4,732,254. b Less: accumulated depreciation 100 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Other assets. See Part IV, line 11 1,376,519. 1,333,069. 15 15 20,327,223. 19,734,631. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 1,060,963. 889,222. Accounts payable and accrued expenses 17 Grants payable 18 18 708,716. 404,133. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6,374,717. 4,928,977. Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 7,839,813. 6,526,915. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 13,028,539. 12,081,810. 27 405,600. 179,177. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 487 13,207,716. Total net assets or fund balances 410. 32 Total liabilities and net assets/fund balances 327 223 33 19,734,631.

Form 990 (2020)

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 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25) 2 Total expenses (must equal Part IX. column (A). line 25 3 Total expenses (must equal Part IX. column (A). line 25 5 Prior period adjustments 5 Column (B). column (B	Fa	Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 720, 306. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis. consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: The "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? 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 Single Audi		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 720, 306. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis. consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: The "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? 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 Single Audi								
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Yes No	<u> </u>	 						
Accounting method used to prepare the Form 990:						Yes	No	
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032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		HABI	TAT FOR HU	MANTIY - MID	OHIO			31-121/994
Pa	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organi	ization is not a private found						
1		A church, convention of ch	urches, or association	on of churches described	in section	on 170(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz					•	r the hospital's name.
		city, and state:	•	,				
5		An organization operated for	or the benefit of a co	llege or university owner	or operat	ed by a go	vernmental unit describ	ed in
·	·	section 170(b)(1)(A)(iv). (0		nogo or arm orany orang	· o. opo.a.	.ou by a gi	romana ame accomb	
6		A federal, state, or local go		nental unit described in	caction 1	70/6V4VA	(v)	
7	X	An organization that norma	-				• •	nublic described in
'		section 170(b)(1)(A)(vi). (C	-	iniai part or its support ii	ioni a govi	emmemai	unit or nom the general	public described in
٥				(1)(A)(vi) (Complete Den	+ 11 \			
8	\vdash	A community trust describe			-			!!
9		An agricultural research org						
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:	11					
10		An organization that norma						
		activities related to its exer		•			• •	ū
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization	after June 30, 1975.
		See section 509(a)(2). (Co						
11		An organization organized	· ·	•				
12		An organization organized		•	•		•	
		more publicly supported or	=					Check the box in
	_	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	· L_	Type II. A supporting org	anization supervised	I or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness
		requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
f Enter the number of supported organizations g Provide the following information about the supported organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the orgin in your govern	anization listed ind document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
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Tota	al							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	1 Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4334156.	4939690.	3575154.	3669477.	4830315.	21348792.
2	2 Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4334156.	4939690.	3575154.	3669477.	4830315.	21348792.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Control of the Contro	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				All Control of the Co		777,773.
	Public support. Subtract line 5 from line 4.			455			20571019.
	ction B. Total Support	1			r	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4334156.	4939690.	3575154.	3669477.	4830315.	21348792.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,	404	016	C E13	11 013	11 050	20 000
	and income from similar sources	404.	916.	6,513.	11,913.	11,253.	30,999.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1070540	2021211	2205002	2170467	220000	10776170
	assets (Explain in Part VI.)	1879540.	2021211.	2305992.	2179467.	2389962.	10776172.
	Total support. Add lines 7 through 10	. ,	\			10	32155963. ,386,329.
	Gross receipts from related activities.	•				·	,300,329.
13	3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Sec	organization, check this box and storection C. Computation of Publi						
-	Public support percentage for 2020 (I			olumn (fl)	***************************************	14	63.97 %
			•	***		15	62.18 %
	5 Public support percentage from 2019 Schedule A, Part II, line 14						
100							
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
~	and stop here. The organization qual	Ü					
17a	10% -facts-and-circumstances test					and line 14 is 10%	
. , c	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			•		vinovi are organiz	,
h	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organization		-				
						dule A (Form 990	

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

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

Callends year (or fiscal year beginning in) Park Gitts, gurns, com'thuctions, and memberathip fees received. (Po not include any "unusual grants"; y Callends year (Port Rest year beginning in) Park Callends year (Port Rest year year (Port Rest year beginning in) Park Callends year (Port Rest year beginning in) Park Callends year (Port Rest year year (Port Rest year year) Park Callends year (Port Rest year) Park	Se	ction A. Public Support						
membership fees received. (Do not included any trunsal grants?) 2. Gross receipts from admiresions, mechanises of or devotes performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose 3 Gross receipts from admires that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization or the part of or expanded on its behalf 5. The value of services or facilities furnished in a service or facilities furnished by a governmental unit to the organization without charge of the organization without charge of Total. Add lines 1 through 5. 7.a Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons b. Amounts included on lines 1, 2, and 5 received from disqualified persons between the second or disqualified p	Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants.') 2 Gross recipits from admissions, menchandies sold or services performed, or facilities furnished in any activity that is related to the organization is transversely purpose. 3 Gross recipits from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is the section of the 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. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons be accessed by service to the section of th	1	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization is traveworm purpose. 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization is benefit and either poid to or expended on its behalf. 5. The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for Total. Add prices it through 5. 7. A mounts included on fires 1. 2, and 3 received from disqualified persons. 8. Demands included on fires 1. 2, and 3 received from disqualified persons. 9. Memorate size in services of the organization without charge is considered to the considered persons. 9. Memorate size in services of the organization without the services of the organization without charge is considered to the considered persons. 9. Memorate size in services of the organization without the considered persons in the considered persons. 9. Public support. Lappate is trained to the considered persons. 9. Section B. Total Support 2. Carlot in the considered persons in the considered persons. 9. Amounts from line 6. 1. Carlot of the considered persons in the considered persons. 1. Carlot of the considered persons in the considered persons. 1. Carlot of the considered persons in the considered persons. 1. Carlot of the considered persons in the considered persons. 1. Carlot of the considered persons in the considered persons. 2. Carlot of the considered persons in the considered persons in the considered persons in the considered persons. 2. Carlot of the considered persons in the considered persons		membership fees received. (Do not						
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below. The governing body of a supported organization? b A family member of a person described in line 11a above? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? 1 Did the governing body are provided organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularly appoint or elect at least a majority of the organization is officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI now the supported organizations of general supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization is that operated, supervised, or controlled the supporting organization of the supporting Organization or trustees during the tax year (i) a written notice describing the tax year also a majority of the directors or trustees of each of the organization is supported organizations, if the supporting Organization is officerors or trustees during the tax year also a majority of the directors or trustees of each of the organization or supported organizations or trustees of each of the organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supported organization is tax year. (i)	Pa	Part IV Supporting Organizations (continued)							
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Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in							
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these activities but for the organization's involvement.		these activities but for the organization's involvement.	2b						
3 Parent of Supported Organizations. Answer lines 3a and 3b below.	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	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	126-516						
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a						
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b		63.5						
of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.			3b						

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			,
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	ĺ		
	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		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting organ	nization (see
•	instructions)	,) 1 pp 9 3/90/	

Schedule A (Form 990 or 990-EZ) 2020

	rt V Type III Non-Functionally Integrated 509			ued)	1 101/00 Page /
Sect	tion D - Distributions		1997781.5	3007	Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 responsive	?		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6	19			
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017		99		
ď	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		10 and 10		
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h	E CANADA			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
·	and 4c.				
8					
	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017c Excess from 2018d Excess from 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c. 1	required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV. Section C, s 1c, 2a, 2b, 3a. and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ind 6. Also complete this part for any additional information.
SCHEDULE A, PART II, LINE 10	
THIS AMOUNT IS MADE UP OF THE FOLLOWING	G OTHER INCOME:
NET RENTAL INCOME	\$ 4,320
NET INCOME ON SALE OF INVENTORY	2,365,821
OTHER/MISC INCOME	19,822

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number HABITAT FOR HUMANITY - MID OHIO 31-1217994 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor. during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ___ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Employer identification number

HABITAT FOR HUMANITY - MID OHIO

31-1217994

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$1,405,275.	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		\$689,106.	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		\$325,000.	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	
4		\$180,000.	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	
5		\$ <u>177,968.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

HABITAT FOR HUMANITY - MID OHIO

31-1217994

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 164,089.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$155,000.	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
9		\$ <u>144,429.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$101,041.	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
11_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
12		\$100,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

HABITAT FOR HUMANITY - MID OHIO

31-1217994

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

Employer identification number

	FOR HUMANTTY - MID Of clusively religious, charitable, etc., contribut		$\frac{31-1217994}{\text{ction }501(c)(7), (8), or (10) that total more than $1,000 for the year}$				
fro	om any one contributor. Complete columns (ampleting Part III, enter the total of exclusively religious.) through (e) and the following line ent	ry. For organizations				
Us	se duplicate copies of Part III if additional	space is needed.	COO TOT THE YEAR . TENTO MINOR ON ONLY				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	(In) Dunners of with	/a.V.la. a.f. a.f.					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use		(d) Description of how gift is held				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		William					
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization

HABITAT FOR HUMANITY - MID OHIO

Employer identification number 31-1217994

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the			
·	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
***************************************		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	· · · · · · · · · · · · · · · · · · ·				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or		·			
	impermissible private benefit?		Yes No			
Pai		ganization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register		i i			
3	Number of conservation easements modified, transferred, rele					
	year▶					
4	Number of states where property subject to conservation eas	ement is located >				
5	Does the organization have a written policy regarding the peri					
	violations, and enforcement of the conservation easements it	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	her Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8. not to report in its revenue statement ar	nd balance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	rtherance of public			
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.			
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			_			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-				
	Assets included in Form 990. Part X		▶ \$			

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

Schedule D (Form 990) 2020

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedu Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		1,076,074.		1,076,074.		
b Buildings		3,200,411.	578,002.	2,622,409.		
c Leasehold improvements		883,954.	203,106.	680,848.		
d Equipment		280,788.	208,226.	72,562.		
e Other		685,836.	405,475.	280,361.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.) ▶ 4,73						

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HABITAT FOR	HUMANITY - 1	MID OHIO 3	1-1217994	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				. 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				E000056607-668909
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	raiue
(1)		_		
(2)		_		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		-		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 000 Dort IV lin	a 11d Cas Farm COO Dart V line 15		
	escription	FITA. See FORTH 990, FAREA, TIME 13.	(b) Book va	alue
(1) CONSTRUCTION IN PROGRESS	- Cooring Coorin		1,185	
(2) RESIDENTIAL PROPERTIES & P	ROPERTY HELI	FOR DEVELOPMENT		,885
(3) OTHER ASSETS				,889
(4) OTHER RECEIVABLES				,705
(5)				, , 0 5
(6)				
(7)			<u> </u>	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,333	.069
Part X Other Liabilities.				, , , , ,
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book va	alue

(1) Federal income taxes (2)(3) (6)

(7) (8)

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 X

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

Schedule D (Form 990) 2020 HABITAT FOR HUMANITY - MID OHIO 31
[Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2000000		rional por motarin	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		8,803,190.
1	Total revenue, gains, and other support per audited financial statements	1	0,003,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a		
a	Donated services and use of facilities 2b		
b			
c C		126,593.	
d			126,593.
е 3			8,676,597.
_	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0,070,337.
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a L			
b	Other (Describe in Part XIII.)		0.
c	Add lines 4a and 4b		8,676,597.
F _a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TEXII Reconciliation of Expenses per Audited Financial Statements With E		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	xponeco por motar	•••
1	Total expenses and losses per audited financial statements	1 1	8,082,884.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0,002,004.
2	Donated services and use of facilities		
a			
b			
C		126,593.	
d	,		126,593.
e	Add lines 2a through 2d		7,956,291.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u>3</u>	7,000,201.
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a	The state of the s		
b		10	0.
c			7,956,291.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TOTAL SUPPLEMENTAL INFORMATION.	5	1,000,201.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b an	d 2h: Part V. line 4: Part	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat		A, line 2, Fart At,
111162	20 and 4b, and Fart Air, lines 20 and 4b. Also complete this part to provide any additional information	.1011.	
DΔF	RT X, LINE 2:		
TAI	(I A, DINE Z.		
НΔЕ	BITAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SE	CTTON 501(C)	(3) OF
117.71	STIRE TO BROWN TROWN THOUSAND INCOME TRANSPORTED OF	<u> </u>	(3) 01
тнг	E INTERNAL REVENUE CODE. HABITAT HAS NOT IDENTIFIE	TRETAN VNA O	ΔΤ.
7 111	THIBMMAD NEVEROE CODE: HADITAL HAD NOT IDENTIFIE	TO PILL LIVET TILL	E I Jul
TIMO	CERTAIN TAX POSITIONS REQUIRING AN ACCRUAL OR DISC	יוים. אדו איזים אוי	F
OTAC	DIOC NO CANDON MA DELINIO DEL CANDITION DE LA PRESENTA CANDIDOC	.1100001111	
רדים	NANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENA	TUTTE PECOCN	IZED IN
T. T.T.	ANCIAD DIATEMENTS: THERE WERE NO INTEREST OR TEMA	TITED KECOGIA	T 511312 T 14
mut	E STATEMENTS OF ACTIVITIES FOR THE PERIODS ENDED J	TIME 30 2021	חכחכ מואב
1111	S STATEMENTS OF ACTIVITIES FOR THE FERTODS ENDED O	UNE 30, 2021	AND ZUZU
דים כו	LATED TO UNCERTAIN TAX POSITIONS. HABITAT IS NO LC	אומבים פוום.דביייי	יייט זו פ
KEI	DATED TO UNCERTAIN TAX FOOTITIONS: MADITAL IS NO DO	MGER BODOECT	10 0.5.
ושש	DERAL OR STATE TAX EXAMINATIONS FOR YEARS PRIOR TO	2017	
L EI	DERAL OR STATE TAX BARMINATIONS FOR TEARS FRIOR TO	2017•	
ם אם	ייי אד ז. דאד C ב מהדונטיייים.		
FAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:		
COG	29		126,593.
<u> </u>	GS		14U,JJJ•

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HABT'I'A'I' F'OR HUMANT'I'Y - MID OHIO Part XIII Supplemental Information (continued)	31-1217994 Page 5
Continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COGS	126 502
<u> </u>	126,593.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

➤ Attach to Form 990 or Form 990-EZ.

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Name of the organization

Employer identification number

HABITAT FOR HUMANITY - MID OHIO 31-1217994

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

a Mail solicitations	e Solicita	tion of	non-g	overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g Special					
d In-person solicitations	3 — '		. 3			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	dina of	ficers directors trus	itees or	
	art VII) or entity in connection with p				Yes	No
b If "Yes," list the 10 highest paid indi-					THE STATE OF THE S	
compensated at least \$5,000 by the		ant to	agreer	ments under which ti	ie iuiiuiaisei is to be	
Compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	(wi) Amount noid
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or con	itrol of	from activity	`fundraiser listed in col. (i)	organization
		 				
		Yes	No			
			ļ			
		Ì				
		<u></u>				
Tatal						
Total			<u> </u>		74. 7	**************************************
3 List all states in which the organizatio or licensing.	in is registered or licensed to solicit c	ontribi	utions	or has been notified	it is exempt from rec	gistration
or neertaing.						

······································						

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 HABITAT FOR HUMANITY - MID OHIO 31-1217994 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HOCKEY HOCKEY (add col. (a) through 6/18-19 8/14-15 col. (c)) (event type) (event type) (total number) 24,663. 18,007. 6,782. 49,452. 1 Gross receipts 9,176. 6,652. 3,778. 19,606. 2 Less: Contributions 15,487. 11,355. 3,004. 29,846. Gross income (line 1 minus line 2) 4 Cash prizes 616. 1,525 5 Noncash prizes 2,141. 7,200. 4,800. 6 Rent/facility costs 12,000. 561. 43. 604. 7 Food and beverages 8 Entertainment 7,110. 4,987. 3.004. 9 Other direct expenses 15,101. 29,846. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV. line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 HABITAT FOR HUMANITY - MID OHIO 31-	1217994	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	130	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name	34 111111111111111111111111111111111111	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			····
			~
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Pa 15b, 15c, 16, and 17b. as applicable. Also provide any additional information. See instructions.	ırt III, lines 9, 9	9b. 10b,

Schedule G (Form 990 or 990-EZ) HABITAT FOR HUMANITY - MID OHIO	31-121/994 Page 4
Schedule G (Form 990 or 990-EZ) HABITAT FOR HUMANITY - MID OHIO Part IV Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1217994

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

HABITAT FOR HUMANITY - MID OHIO **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid. chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	415	Balance A	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		
~	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OEO/Executive Director, regarding the items checked off line 1a?			And the
2	lasticate vibiate if any of the fellowing the appariantian year to establish the apparation of the appariantian's			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Pensyl cocusc	Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	4.5.5651.0651.j	Х
	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
~	If "Yes" on line 6a or 6b, describe in Part III.	60.00		1875 6
7	For persons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	educipedijii	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-co.as/88484	Х
9	If "Yes" on line 8. did the organization also follow the rebuttable presumption procedure described in	y		
-	Regulations section 53.4958-6(c)?	9	i et Certifi.	64,21561,700,00

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

Schedule J (Form 990) 2020

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

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

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

	(D) Breakdown or	W-2 and/or 1099-Mis	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) E J THOMAS (i)	180,773.	0.	7,200.	2,309.	10,780.	201,062.	0.	
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	
(i)								
(iii								
(i)								
(ii								
(i)							<u> </u>	
L(ii)								
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(i)								
(i)								
(ii)								

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HABITAT FOR HUMANITY - MID OHIO 31-1217994 Part I Types of Property **(b)** Number of (d) (a) (c) Noncash contribution Check if Method of determining

		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII. line 1g	noncash contribu	ition amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
• •	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					,
15	Real estate - Residential					
16	Real estate - Commercial					·····
17	Real estate - Other					***************************************
18	Collectibles					***************************************
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					**************************************
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (BUILDING MATE)	X	13	166,905.	FAIR MARKET	VALUE
26	Other ()					
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions		
	for which the organization completed Form 82		•			
	•		_			Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	
	must hold for at least three years from the date	e of the initia	contribution, and	which isn't required to be us	sed for	
	exempt purposes for the entire holding period?	?				30a X
b	If "Yes," describe the arrangement in Part II.					and the second s
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31 X
32a	Does the organization hire or use third parties	-	•	· ·	***************************************	
	contributions?		=	•		32a X
b	If "Yes," describe in Part II.					14 February 1
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked,	
	describe in Part II.	. ,		. ,		

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY - MID OHIO

Employer identification number 31-1217994

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INSPIRE HOPE, BUILD HOMES, EMPOWER FAMILIES, AND DEVELOP COMMUNITIES.
FORM 990, PART I, LINE 6
HABITAT FOR HUMANITY MIDOHIO HAD 9,824 VOLUNTEER OPPORTUNITIES IN
ADDITION TO THEIR 3,896 TOTAL VOLUNTEERS.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY IS PROVIDED ELECTRONICALLY TO THE CEO, CFO AND ALL MEMBERS OF
THE EXECUTIVE COMMITTEE. AFTER INITIAL REVIEW, ANY QUESTIONS ARE DISCUSSED
EITHER ELECTRONICALLY OR BY MEETING, RESOLVED, AND ANY CHANGES ARE
COMMUNICATED TO OUR CPA FIRM FOR INCORPORATION INTO THE FINAL VERSION AS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
WE PERIODICALLY REVIEW AND ANNUALLY REQUIRE A SIGNED STATEMENT OF CONFLICTS
OF INTEREST FROM ALL BOARD MEMBERS, WHICH ARE REVIEWED TO ENSURE THAT NONE
EXIST. WE ALSO INTERNALLY MONITOR AND ENSURE THAT, OTHER THAN DONATIONS
RECEIVED, WE HAVE NO FINANCIAL DEALINGS WITH INDIVIDUAL BOARD MEMBERS, AND
ANY RELATIONSHIPS WITH THEIR EMPLOYERS, WHETHER THEY BE DONORS,
GOVERNMENTAL AGENCIES OR POTENTIAL VENDORS, DO NOT CREATE ANY APPARENT
CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
CEO COMPENSATION, AND THAT OF ALL MANAGEMENT POSITIONS WITHIN THE

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

Name of the organization HABITAT FOR HUMANITY - MID OHIO	Employer identification number 31-1217994
ORGANIZATION, HAVE BEEN DETERMINED BY EVALUATING THE RESUL	TS OF NPO
COMPENSATION SURVEYS FROM VARIOUS SOURCES, IN CONSIDERATION	N OF AFFILIATE
OPERATIONS, SIZE, EXPECTATIONS AND PERFORMANCE, INTERNAL E	QUITY AND
COMPENSATION LEVELS IN THE LOCAL MARKET.	
FORM 990, PART VI, SECTION C, LINE 19:	
AN ANNUAL REPORT, CONTAINING INFORMATION REGARDING AFFILIA	TE OPERATIONS AND
SUPPORT, ALONG WITH BASIC FINANCIAL AND OPERATIONAL DATA I	S DISTRIBUTED TO
ANNUAL MEETING ATTENDEES, IS AVAILABLE UPON REQUEST AND IS	POSTED ON OUR
WEBSITE. OUR FORM 990S ARE AVAILABLE THROUGH GUIDESTAR AN	D ARE ALSO POSTED
ON OUR WEBSITE. THE REMAINING DOCUMENTS ARE AVAILABLE UPO	N REQUEST.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

(b)

Primary activity

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

OMB No. 1545-0047 2020 Open to Public Inspection

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number HABITAT FOR HUMANITY - MID OHIO 31-1217994 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

HABITAT 3140 WESTERVILLE LLC - 27-1536226	OWNER AND MORTGAGOR OF 3140	1					
3140 WESTERVILLE ROAD	WESTERVILLE ROAD, COLUMBUS,				HABITAT FOR		
COLUMBUS, OH 43224	OH 43224	DELAWARE			HUMANITY-MI	OHIO	
	_						
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	cations. Complete if the organization ar	nswered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related tax-exe	npt	
(a)	(b)	(c)	(d)	(e)	(f)	Section (g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		o iz(b)(i rolled
of related organization		foreign country)	section	status (if section	andit.		tity?
	1	ioroign obarray,			entity	ent	1
				501(c)(3))	entity	Yes	
		.oroign occurry,			entity		No
					entity		
					entity		
					entity		
					entity		
		g, ccam, y			entity		
		g, cca,			entity		
		.o.og. coan.y			entity		
					entity		
					entity		

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

Schedule R (Form 990) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	ortionate itions?	1 20 of Schedule	managin partner	Percenta ownersh
		country)		sections 512-514)			Yes	No		Yes N	0
	_										
					***************************************		<u> </u>	<u> </u>			
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	i) ction b)(13) rolled tity?
		country)		,				Yes	No
	The second secon								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		The second secon			Yes	No
1	During the tax year, did the organization engage in any of the following transaction	is with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit				1a		
b	b Gift, grant, or capital contribution to related organization(s)						
С							
d							
е	Loans or loan guarantees by related organization(s)				1e		

f	Dividends from related organization(s)				1f	12.00 to 250 cm	Anhabitery:
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1i		
k	Lease of facilities, equipment, or other assets from related organization(s)	***************************************			1k		
I	Performance of services or membership or fundraising solicitations for related orga						
m	Performance of services or membership or fundraising solicitations by related orga						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses			,	1q		
r	Other transfer of cash or property to related organization(s)		******		1r		<u> </u>
s	Other transfer of cash or property from related organization(s)		***************************************		1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amou	nt involved		
		type (a-s)					
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1)							
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2)							
<u> </u>							
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<u>')</u>		<u> </u>				····	
5)							
<u> </u>							
6)							
			·				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor tionate affocations Yes No	of Schedule K-1	(j) General o managing partner? Yes No	(k) Percentage ownership

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	cts, for which an extension request must be sent to the IRS f this form, visit www.irs.gov/e-file-providers/e-file-for-chari		·	etails on t	the electronic			
Autor	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).					
All corp	porations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
Туре о	pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN							
print	int HABITAT FOR HUMANITY - MID OHIO 31-1217994							
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, se		tions.					
instructio		reign add	ress, see instructions.					
Enter tl	he Return Code for the return that this application is for (file	a separa	te application for each return)			07		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
***************************************	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			80		
	720 (individual)	03 04	Form 4720 (other than individual)	09				
Form 9		Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870						11 12		
The Tele	JULIE BYERS, CC books are in the care of \blacktriangleright 6665 BUSCH BOUL phone No. \blacktriangleright 614-484-1973 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit 0	EVARI in the Un Group Exe	D - COLUMBUS, OH 43 Fax No. ▶	f this is fo	r the whole group,	check this		
ti	I request an automatic 6-month extension of time untilMAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or							
	If this application is for Forms 990-BL, 990-PF. 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.							
<u>e</u>	f this application is for Forms 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overpa	ayment all	lowed as a credit.	3b	\$	0.		
u	Balance due. Subtract line 3b from line 3a. Include your parsising EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Cautio nstruc	n: If you are going to make an electronic funds withdrawal tions.	(direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO fo	r payment		

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

Form 8868 (Rev. 1-2020)

	** PUBLIC DISCLOSURE COPY **	
Form 990-T	Exempt Organization Business Income Tax Return	OMB No. 1545-0047
7 6,111	(and proxy tax under section 6033(e))	
	For calendar year 2020 or other tax year beginning JUL 1, 2020 and ending JUN 30, 2021	_ 2020
Daniel Control of the Tours	Go to www.irs.gov/Form990T for instructions and the latest information.	
Department of the Treasury Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	Employer identification number
B Exempt under section	Print HABITAT FOR HUMANITY - MID OHIO	31-1217994
X 501(c)(3)	I Williber, Street, and room of Suite no. If a P.O. box, see instructions.	Group exemption number (see instructions)
408(e)220(e)	Type 6665 BUSCH BOULEVARD	(oss mendene)
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code	8545
529(a) 529S	COLUMBUS, OH 43229	Check box if
	C Book value of all assets at end of year 19,734,631.	an amended return.
G Check organization	type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Ap	plicable reinsurance entity
H Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 2439	
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	▶ □
J Enter the number of	attached Schedules A (Form 990-T)	1
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
If "Yes," enter the na	ame and identifying number of the parent corporation.	
	re of ▶JULIE BYERS, CONTROLLER Telephone number ▶ 61	4-484-1973
Part I Total Unr	elated Business Taxable Income	
 Total of unrelated 	business taxable income computed from all unrelated trades or businesses (see	
instructions)		$_{1}$ -1,782,857.
2 Reserved		2
3 Add lines 1 and 2		$_3 -1,782,857.$
4 Charitable contrib	utions (see instructions for limitation rules)	4 0.
5 Total unrelated bu	siness taxable income before net operating losses. Subtract line 4 from line 3	₅ -1,782,857.
6 Deduction for net	operating loss. See instructions	6
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.	
Subtract line 6 from	m line 5	7 -1,782,857.
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8 1,000.
9 Trusts. Section 19	99A deduction. See instructions	9
10 Total deductions.	. Add lines 8 and 9	10 1,000.
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
enter zero		11 0.
Part II Tax Com	putation	
1 Organizations tax	able as corporations. Multiply Part I, line 11 by 21% (0.21) ▶ _	1 0.
2 Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on	
Part I, line 11 from	r: Tax rate schedule or Schedule D (Form 1041)	2
3 Proxy tax. See ins	structions D	3
4 Other tax amounts	s. See instructions	4
5 Alternative minimu	ım tax (trusts only)	5
6 Tax on noncompl	liant facility income. See instructions	6
7 Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7 0.
LHA For Paperwork F	Reduction Act Notice, see instructions.	Form 990-T (2020)

	90-T (2020)		Page 2
Part			
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	\$ 1800	
b	Other credits (see instructions) 1b		
c	General business credit, Attach Form 3800 (see instructions)	4. 7. 54	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	\$44.54	
8	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	;	
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
	section 1294. Enter tax amount here	4	0.
	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
	Payments: A 2019 overpayment credited to 2020 6a	34.457	
	2020 estimated tax payments. Check if section 643(g) election applies		
c	Tax deposited with Form 8868 6c		
	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
	Backup withholding (see instructions) 6e		
	Credit for small employer health insurance premiums (attach Form 8941) 6f	75	
	Other credits, adjustments, and payments: Form 2439		
9	☐ Form 4136 Other Total ▶ 6g	J. 1946 J. 1948	
7	Total payments. Add lines 6a through 6g	7	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded		
Part			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authors.	ority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	•	The state of the s
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cour		
	here	iti y	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		Milia Staa
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		10 8 6 63
	Enter the amount of tax-exempt interest received or accrued during the tax year \$\Bigsim \\$		\$14.1 5 High
	Did the organization change its method of accounting? (see instructions)		ena cata
	explain in Part V		
Part \	/ Supplemental Information	***************************************	····
***************************************	the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.		
7 104140	and explanation required by Fart 17, 1110 40.7 500, provide any other additional information. 550 monacons.		

	Under penalties of general, I declarate that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge and belief,	it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here	MINIO 3/5AN2Z CEO Title	May the IRS disc the preparer show	cuss this return with
	Agnatur Date Title	instructions)?	
	Print/ype preparer's name Preparer's signature Date Check	if PTIN	
D=14	self- empl		
Paid	ACCUPANTED DANGED AND ACCUPANTED DANGED ONCE		614571
Prepar	COUNTETO DOLDIA A CO. TITA		1408703
Use O	65 EAST STATE STREET, SUITE 2000	<u> </u>	
		614-62	1-4060
	THORNIE		orm 990-T (2020)
		. 0	(2020)

023711 02-02-21

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OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). B Employer identification number HABITAT FOR HUMANITY - MID OHIO 31-1217994 Unrelated business activity code (see instructions) > 444100 1 1 D Sequence: Describe the unrelated trade or business SALE & RESALE OF BUILDING SUPPLIES Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 2,383,971. 1a Gross receipts or sales **b** Less returns and allowances ____ c Balance ⊳ 2,383,971 Cost of goods sold (Part III, line 8) 2 2,304,137. 79,834. 79,834 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 Advertising income (Part IX) 11 12 Other income (see instructions; attach statement) 79,834. 79,834. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 755,044. 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement) (see instructions) 5 136,804. 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 215,747. 8 Less depreciation claimed in Part III and elsewhere on return 8b 9 9 Contributions to deferred compensation plans 10 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 SEE STATEMENT 1 755,096. Other deductions (attach statement) 14 14 Total deductions. Add lines 1 through 14 862,691. 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 782,857. column (C) Deduction for net operating loss (see instructions) 17 17 782,857. Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part	III Cost of Goods Sold Enter me	the ad a file contact of	uation ▶ COST		raye z
		thod of inventory value			59,540.
1					
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)		Cm 2 mm	4 A	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter			***************************************	
9	Do the rules of section 263A (with respect to property				Yes X No
Part					
1	Description of property (property street address, city,	state, ZIP code). Che	eck if a dual-use (see instr	uctions)	
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add files 2d and 25, columns A through 5				
3	Total rents received or accrued. Add line 2c columns A	4 through D Enter he	are and on Part I line 6 o	olumn (A)	0.
0	Deductions directly connected with the income	through D. Enter ne	ste and offi art i, fine o, c	Oldhar (A)	
4					
4	in lines 2(a) and 2(b) (attach statement)	<u></u>			
5	Total deductions. Add line 4 columns A through D. El	nter have and an Dar	+ L line 6 column (P)		0.
Part			t i, line o, coldinii (b)		<u> </u>
1	Description of debt-financed property (street address,		Chack if a dual-use (see	inetructions)	
•	A Sessibilition of debi-infanced property (street address,	only, state, 211 code,	, Official a dual-use (see	instructions;	
	В				
	D	1 ^			
_		A	В	<u> </u>	D
2	Gross income from or allocable to debt-financed				
_	property		_		
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)		_		
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %		% %
7	Gross income reportable. Multiply line 2 by line 6				<u> </u>
8	Total gross income (add line 7, columns A through D	·	Part Lline 7 column (A)	>	0.
U	Total gross moone (add line 1, columns A though b	,. Linco riore and off	. a.e., r, oolulliii (A)		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here	and on Part I line 7 colu	mn (R)	0.
11	Total dividends-received deductions included in line				0.
- ' '					<u> </u>

Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 Gross income from activity that is not unrelated business income

Schedule A	(Form	990-T	2020

3

5

6

3

5

6

4. Enter here and on Part II, line 12

TOTAL TO FORM 990-T, SCHEDULE A, LINE 5

2,129,444.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OCCUPANCY INSURANCE TRAVEL ADVERTISING & PROMOTION CREDIT CARD & BANK FEES OFFICE & OTHER EXPENSE INTEREST (NEW FACILITY) CONTRACTED LABOR		265,451. 38,139. 1,571. 58,889. 58,078. 170,274. 80,929. 81,765.
TOTAL TO SCHEDULE A, PART	755,096.	
FORM 990-T (A) CO	ST OF GOODS SOLD - OTHER COSTS	STATEMENT 2
DESCRIPTION		AMOUNT
DONATED PROPERTY		2,129,444.