Form **8879-TE**

IRS e-file Signature Authori∠ation for a Tax Exempt Entity

7/01 , 2021, and ending $6/30_{20}$ 22

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

HABITAT FOR HUMANITY OF GREATER

For calendar year 2021, or fiscal year beginning

EIN or SSN

NEWBURGH, INC.	1 1	4-1815690
Name and title of officer or person subject to tax PAUL BROTHE		1013030
PRESIDENT		
Part I Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and enter the applicable a	mount if any from the	return Form 8038
or and Form 5550 files may enter dollars and cents. For all other forms, enter whole dollars only	If you check the how o	n lino 1a 2a 2a 4a
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form	n was blank then leave	lino 16 26 26 46
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	on the return, then ent	or 0 on the
applicable line below. Do not complete more than one line in Part I.	on the retain, then ent	si -o- on the
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, colur	mn (Δ) line 12)	15 4 727 26
b Total revenue, if any (Form 990-F7 line 9)	iii (i (), iii (c 12)	
4a Form 990-PF check here b Tax based on investment income (Form 990-F	OF Part VI ling 6\	
5d FORM 0000 Check here P h Ralance due (Form 8868 line 2c)		
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	· · · · · · · · · · · · · · · · · · ·	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		6b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227,	thom D	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	item D)	. 8b
10a Form 8038-CP check here b Amount of credit payment requested (Form 80	200 OD D. (1997)	9b
Part II Declaration and Signature Authorization of Officer or Parson S	D38-CP, Part III, line 22) 10b
Under penalties of perjury, I declare that X I am an officer of the above entity of I am	subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above entity of I am of entity)	a person subject to ta	x with respect to (name
2021 electronic return and accompanying schedules and statements, and, to the best of my knowle	and that I have	e examined a copy of the
complete. Further deciare that the amount in Part I above is the amount shown on the copy of the	electronic return. Loons	sont to allow my
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to	the IRS and to receive	from the IDC (a) an
acknowledgement of receipt of reason for rejection of the transmission. (b) the reason for any delay	V in proceeding the rotu	rn or rotund and (-)
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Age	nt to initiate an electror	sin funda milladam
direct debit) entry to the infancial institution account indicated in the tax preparation software for pa	syment of the federal to	von aurod on this
etarn, and the infancial institution to debit the entry to this account. To revoke a payment, I must co	ontact the U.S. Treasur	V Einancial Acent at
r-coo-355-4557 no later than 2 business days prior to the payment (settlement) date. I also authori-	ze the financial inctitution	and involved in the
processing of the electronic payment of taxes to receive confidential information necessary to answ	er inquiries and resolve	iccups rolated to
he payment. I have selected a personal identification number (PIN) as my signature for the electronal electronic funds withdrawal.	nic return and, if applica	able, the consent to
PIN: check one box only		
	·	
X Lauthorize RBT CPAS, LLP to	enter my PIN 15	as my signature
ERO firm name		ve numbers, but
on the towners 2004 starting to M. Ch. L		enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return that a co	py of the return is being	filed with a state
agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the a return's disclosure consent screen.	forementioned ERO to	enter my PIN on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my sig	nature on the tax year	2021 electronically
filed return. If I have indicated within this return that a copy of the return is being filed with a of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.	state aganoviion) requi	ating charities as part
ignature of officer or person subject to tax		/12/22
Part III Certification and Authentication	Date ▶ U⊥/	/12/23
RO's EFIN/PIN. Enter your six-digit electronic filing identification		
umber (EFIN) followed by your five-digit self-selected PIN.	1438681410	16
	· · · · · · · · · · · · · · · · · · ·	
certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically file	Do not enter all zero	JS
m submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File /Mol	Continuitated abov	e. I confirm that I

Date 01/12/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

VINCENT J. BUONO, CPA

Providers for Business Returns.

	TO TO AM			
	Form 990			
		R rn of O		
	Department of the Treasury Internal Revenue Service	Under section 501(c), 527 Urganization Fy	3	
	A For the 2024	R In of Organization Execution 501(c), 527, or 4947(a)(1) of the Internation of the Inter	Finet From Come T	•
	B Check if applicable: C Name of organi	Go to www.irs.gov/Formggo for instruction HABITAT FOR HUMANITY OF	this family Code (except private of	OMB No. 1
	Address change	on vear beginning 07/01/21	ctions and at may be made nubi	oundations) 20
	None	IAT FOR	ling 06/20 information	Open to
	Name change Doing business as	NEWBURGH, INC.	GREATED 30/22	Inspec
	Initial return Number and street (c	or P.O. box if mail	1111	D. Emil
	Final return/ 125 WASHI terminated City or town, state	INC. OF P.O. box if mail is not delivered to street address) OF Province Court of the court of		D Employer identification number
	Amended return NEWBURGH	Province, country, and ZIP or s		
	Application pending F Name and address of MATTURES	NGTON STREET province, country, and ZIP or foreign postal code	Room/suite	14-1815690 E Telephone number
	Application pending Application pending MATTURE.	Principal officer: NY 12550		845-568-6035
	MATTHEW 125 WASH	ARBOLINO		3-6035
	NTTTY	ARBOLINO INGTON STREET		G Gross receipts \$ 5 . 37 o
			H(a) Is this a grou	ip return for subordinates? Yes
	K F. HARTMAN	501(c) (NY 12550	H(b) Are all	Yes [.
	K Form of organization: X Corporation To	[EWBURGH . ORG 4947(a)(1) or	H(b) Are all subor	dinates included? Yes
	Summary	ust Association Other	527	ttach a list. See instructions
		Other >	H(c) Group	
	SEE SCHEDULE O 2 Check this box	S mission or most significant activities:	H(c) Group exempt L Year of formation: 190	ion number
	eu la companya de la	most significant activities:		M State of legal domicile:
	3 (The second secon	Proceedings of the Control of the Co	or legal domicile: .
	of 3 Number of the organi	The first service of the service of		
	Number of voting members of the	Zation discontinued its	And the second second	
	3 Number of voting members of the organia 4 Number of independent voting mem 5 Total number of individuals one 6 Table 10 Total number of individuals one 6 Total number of individu	zation discontinued its operations or disposed of m governing body (Part VI, line 1a) obers of the governing body (Part VI, line 1b)		The second of th
	6 Total number of individuals employed	Thers of the governing had	fore than 25% of its net assots	Tital State Control of the Control o
	/A lotal	Tai Year 2001 /n	1	- 1
	b Net unrelated business revenue s	if necessary)	-	3 15
	7a Total unrelated business revenue fro Net unrelated business taxable incom 8 Contributions and grants (Part VIII III	m Part VIII, column (C)		4 15
	o 8 Contributi	to from Form on		5 23
	8 Contributions and grants (Part VIII, Iir. 9 Program service revenue (Part VIII, Iir. 10 Investment income (Part VIII, color.)	a 1h)	$\frac{6}{7}$	2309
	11 Other Part VIII colum		Prior Year	
	12 Total revenue (Part VIII, column (A), li 13 Grants and similar amounts paid (Part I 14 Benefits paid to or for members (Part IX 15 Salaries, other as	nes 5, 6d, and 7d)	1,411,360	Current Year
	Grants Three 8 through	90, 80, 90 100 am	610,645	1,094,200
	14 Benefits paid to or fee	X column (A) iii	365	346,836
Expenses	13 Grants and similar amounts paid (Part I 14 Benefits paid to or for members (Part IX 15 Salaries, other compensation, employee 16a Professional fundraising fees (Part IX, column of the compenses (Part IX, column of the c	Column (A), lines 1–3)	76,978	841
)en	Toda Profession - La	(), iiiie 4)	2,099,348	0.7.700
TĂ I	D Total 6	(Part IX Col		1,12/,263
- 1	16a Professional fundraising fees (Part IX, colur b Total fundraising expenses (Part IX, colur 17 Other expenses (Part IX, colurn (A), lines 18 Total expenses. Add lines 13–17 (must equal 19 Revenue less expenses (Part IX)	nn (D) (me 11e)	0.0.5	51,000
- 1	18 Total over	(D), line 25)	921,216	1 045
58	18 Total expenses (Part IX, column (A), lines 19 Revenue less expenses. Subtract line 18 f 20 Total assets (Part X lines)	3 11a-11d, 11f-24e)		$\frac{0}{1,045,083}$
Assets or Balances		form line 12.	954	0
P AS	 Total assets (Part X, line 16) Total liabilities (D. Total liabilities		964,997	1.152
Fund	21 Total liabilities (Part X, line 16) 22 Net assets or fund by		1,886,213	1,152,343
H 3 H	Uliu Dalance		213,135 Beginning of Current Year	2,248,426
Under	Signature Block	1 from line 20	3,678,872	2,478,837 End of Year
true, co	correct, and comply, I declare that I have	1 from line 20 is return, including accompanying schedules and statem an officer) is based on all information of which preparer	1,134,330	5,460,224
	A complete. Declaration of preparer (att	is return, including	2,544,543	438,259
3ign	sin parci (other ti	nan officer) is based on all in a schedules and a	-7342	5,021,965
lere	Signature of officer	an all information of which preparer	ents, and to the best of much	7303
	PAUL BROTHE	party.	rias any knowledge.	ge and belief, it is
	Type or print name and title Print/Type preparer's name			
iid	Preparer's name	Preparer's sign	Date	
eparer	VINCENT J. BUONO, CPA	signature)ENT	
e Only	RBT CPAG	VINCENT +		
	± ± × × × × × × × × × × × × × × × × × ×	BUONO, CPA	Date Check if	
THE IRS	Discuss this return with the present of the present		01/12/23 self-employed	PTIN
aperwo	rk Reduction Act as	12550	Firm's EIN	
	MEWBURGH, NY discuss this return with the preparer shown about the separate instruction.	ove? See instructions		
	mstruc	ions.	Phone no. 845-	E C D
				567-9000

Form **990** (2021)

Form 990 (2021) HABITAT FOR H_ANITY OF GREATER Part IV Checklist of Required Schedules

	Onecklist of Required Schedules				_
					Pa
	 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization 			Yes	Ti
	to the diganization required to complete out the second se		1		T
	 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 504 No. 		1	X	
	candidates for public office? If "Vos." and a campaign activities on behalf of or in opposition to		2	X	
	Section 501(C)(3) organizations. Did the		1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4) 504(c)(7)		3		X
	the digalization a section 501/61/41 For the		١.		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		4		X
	Did the organization maintain any description of the state of the stat		5		1,
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	* * * * *	3		<u>X</u>
	7 Did the organization was a successful such funds or accounts? If				
	Did the organization receive or hold a conservation easement, including easements to preserve open space, By the organization receive or hold a conservation easement, including easements to preserve open space,	İ	6		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	[_ 7		X
	9 Did the organization report an amount in D				
	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		8		X
	debt negotiation services? If "Vec." community, debt management, credit repair, or				
•	bid the organization, directly or through a material and the organization and the organization of the organization and the organization of the org				
	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's appropriate to the property of thiological and the property of thiological and the property of thiological are lated organization, hold assets in donor-restricted endowments		9		<u>X</u>
1	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.				
	VII, VIII, IX, or X, as applicable.		10		<u>X</u>
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI	lis:			Now.
	 b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more c. Did the organization reported in Part X, line 16? If "Yes," complete Schedule D. Bart X. 		11a	x	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII C Did the organization report an amount for investments.	-	id	-	
	c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13, that is 5% or more	1	1b	x	,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other speeds in P.				-
	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 Pid the assets in Part X, line 15, that is 5% or more of its total assets	1	1c	x	
4	Did tile organization report an amount for the				
1	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Did the organization shall be organization and the organization of the consolidated financial statements for the tax year include a footnote that addresses	11	ld X	:	
	the organization's liability for unportaint	11	e X		
128	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Was the organization.				_
	corredule D, Parts XI and XII	11	f X		_
b	the organization included in consellation			-	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Did the organization.	12	a X		_
13	is the organization a school described in a set of the organization as school described in the organization as school described in the organization as school described in the organizat	1.00			
14a	and the organization maintain an office areas	121		X	_
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 service activities activities activities outside the service activities activities activities activities	13 14a		X	-
	fundraising, business, investment, and program service activities outside the United States, or aggregate	140	'	X	-
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV				
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		х	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1	1		
		15		x	
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of				
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Did the arms of the services on Did the arms of the services on the services of the services on the services on the services of	16		X	
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundacions.				
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X	
9	Did the organization report more than \$15,000 of the control of th	1 1			
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	-	
/u	Did the organization operate one or more beautiful.			_	
b !	If "Yes" to line 20a, did the organization attach a copy of its audit to a	19		X	
[Did the organization report more than \$5,000 c.	20a		<u>X</u>	
0	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b			
4	Tes, Complete Schedule I, Parts I and II	24			
		21	X		

Checklist of Required Schedules (continued)

	continued)		
2:	2 Did the organization report		Pac
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII. South 1.		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the employees? If "Yes" complete Schedule I, Parts I and III		Yes I
	organization's current and former officers, directors, trustees, key employees, and highest compensated a Did the organization have a tax organization.		
	employees? If "Yes," complete School is the employees, and high	22	+
24.	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		1 1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Did the organization invest any proceeds. If "No," go to line 25a	23	7
b	Did the organization investigation is the street of the st		
, c	Did the organization mainty		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? to defease any tax-exempt bonds?	24a	X
d	Did the organization and builds?	24b	
25a	Section 501(c)(3) 501(a)(4)		
	transaction with a discount transaction transaction with a discount transaction with transaction with a discount transaction with transaction with a discount transaction with transactio	24c	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit steep organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d	
	Is the organization aware that it engaged in an excess benefit year, and that the transaction has not been reported on any of the organization's prior farms and prior		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25a	X
26	Did the organization's prior Forms 990 or 990-F72		
	Or former office any amount on Part X, line 5 or 22, for		
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current controlled entity or family member of any of these persons? If "Yes" complete St. and the state of th	25b	X
27	Did the arrange family member of any of these personal is well substantial contributor, or 35%		
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> employee, creator or founder.		
r	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key nember, or to a 35% controlled entity (including an employee thereof) or family member.	26	x
'n	nember, or to a 35% controlled entity (including an employee thereof, a grant selection committee versons? If "Yes," complete Schedule L, Part III Vas the organization a party to a law.		
28 V	Vos the		
	Vas the organization a party to a business transaction with one of the following parties (see the Schedule L, Current or former officer, director, trights.)		
a A	lart IV, instructions for applicable filing thresholds, conditions, and exceptions): Current or former officer, director, trustee, key employed.	27	_ x
u A	current or former officer, director, trustee, key ample (conditions, and exceptions):		
,	es, complete Schodula L. B. Creator or foundation		
C A	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV es," complete Schedule L, Part IV		
• A	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If the organization receive many many and the organizations described in line 28a or 28b? If	28a	x
		28b	X
30 Dic	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M servation contributions? If "You"		
30 DIO	If the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Isservation contributions? If "Yes," complete Schedule M the organization liquidate torrel.	28c	•
cor 31 Did	nservation contributions? If "Yes," complete Schedule M the organization liquidate torminal	29 X	X
31 Did	the organization liquidate, terminate, or discalar		
32 Dia	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," the organization over 100%.	30	\ v
con	Oplete Schedule N, Part II	31	X
33 Did	the organization own 100% of an entity disregarded as separate from the organization under Regulations the organization related to any terms." complete Schedule R, Part I		X
sect	the organization related to any tax-exempt or taxable.	32	3.5
34 Was	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I and Part V, line 1 be organization have a controlled.	32	X
Of IV	, and Part V line 4	32	37
35a Did ti	he organization have a controlled a site of the distribution of the distribution have a controlled a site of the distribution	33	X
b If "Ye	the organization have a controlled entity within the meaning of section 512(b)(13)? Solid entity within the meaning of section or engage in any transaction with a section 512(b)(13)?	121	
	Production within the		X
36 Section	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable organization conduct mass.	35a	X
relate	d organization? If "Yes," complete Schedule R, Part V, line 2 e organization conduct more than 5% of the	12-1	
37 Did the	e organization conduct mars the second of th	35b	
and th	at is treated as a part.		
38 Did the	at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule 8.	36	<u>X</u>
19? No	at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
Part V	e organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and Statements Regarding Other IDO	37	<u> </u>
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to	_ _	
	ochedule O contains a response or note to any line and the contains a response	38 X	******
1a Enter th	Check if Schedule O contains a response or note to any line in this Part V	,	7
b Enter th	e number of Formatty and 1096. Enter -0- if not applicable		<u> </u>
c Did the	e number of Forms W-2G included on line 1a. Enter -0- if not applicable organization comply with backup withholding rules for	Yes No)
reportab	organization comply with backup withholding rules for reportable payments to vendors and 1a 7 1b 0		
DAA	le gaming (gambling) winnings to prize winners? 1b 0		
			500

Form 990 (2021) HABITAT FOR H. ANITY OF GREATER 14	1-1015690	
	e (continued)	
Statements, filed for the calendar year ending with or within the year covered by this return Note: If the sum of the calendar year ending with or within the year covered by this return	- (continued)	Y
in at least one is reported - in		
The sum of models and the sum of		
Did the organization have unrelated business gross income of \$1,000 or more during the year. At any time during the and 2a is greater than 250, you may be required to <i>e-file</i> . See in the second of \$1,000 or more during the year. At any time during the and the second of \$1,000 or more during the year.	it tax returns?	2b X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on a financial account in a foreign asset.	nstructions.	2b X
 4a At any time during the calendar year, did the organization have an interest in, or a signature b If "Yes," enter the name of the foreign country See instructions for filing requirements for 5: 	Schedule O	3a
b If "Yes," enter the page of the figure of	or other authority over	3b
b If "Yes," enter the name of the foreign country ▶ See instructions for files are	financial accounts?	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin Did any taxable party notify the organization that it was		4a
 Was the organization a party to a prohibited tax shelter transaction at any time during the tax If "Yes" to line 5a or 5b did to 	nancial Accounts (FDAF)	
c If "Yes" to line 5.	Vear?	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax of if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	transactions	5a
Does the organization have annual gross receipts that are normally greater than \$100,000, and if "Yes," did the organization is a prohibited tax shelter organization solicit any contributions that were not tax deductible as charitable contributions.	Transaction?	5b
organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express each.	Strain the second of the secon	5c
b If "Yes," did the organization include with	id did the	30

7 Organizations that may receive deductible contributions under section 170(c). and services a payment in excess of \$75 made and the contributions.	ntributions or	6a
a Did the organization receive deductible contributions under section 1700		
 a Did the organization receive a payment in excess of \$75 made partly as a contribution and part b If "Yes," did the organization parts. 	****************	6b
b If "Yes " did the	lly for goods	
 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible powers. 	040	
 Did the organization notify the donor of the value of the goods or services provided? required to file Form 8282? If "Yes," indicate the number of F. 		. 7a
	hitua	7b
d If "Yes," indicate the number of Forms 2323 51	rit was	
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben If the organization received a contribution of	many or product	7c
Did the organization design to the state of	7d	
g If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised to	efit contract?	——————————————————————————————————————
h If the organization received a contribution of qualified intellectual property did the	contract?	7e
8 Sponsoring organization of cars, boats, airplanes, or other and organization file	e Form 8899 as required?	
h If the organization received a contribution of qualified intellectual property, did the organization fil Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint Sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization have excess business holdings at the sponsoring organization for the sponsoring organization f	anization file a Form 1000 os	7g
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint Sponsoring organization have excess business holdings at any time during the year?	ained by the	7h
 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make appute. 	,	
a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a decrease of the section 4966?		8
Section 504(-)/7		
Section 501(c)(7) Organizations 5	the second of th	9a
		9b
b Gross receipts, included on Form 990, Part VIII, line 12 Section 501(c)(12) organizations. Enter:	1 1	
Section 501(c)(12) organizations - Fall VIII, line 12, for public use of club facilities	10a	
57 O33 Income from members and	10b	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		$\rightarrow \downarrow \downarrow \downarrow \downarrow \downarrow$
against amounts due or read	11a	
against amounts due or received from them.) Section 4947(a)(1) pop		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For Section 501(c)(29) qualified nonner file.	116	
Section 504(2)(20)	m 10412	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	12a
	140	
Note: See the instructions for additional information the organization must report on Schedule O. the organization is liganous to the organization is required to maintain by the control of the organization.		711
Enter the amount of reserves the		13a
Same and the second to low the second to low the second to		
	T I	
Did the organization receives on hand	13b	
If "Yes," has it filed a Form 700	13c	
Is the organization autition 20 to report these payments? If "No." accounts the tax year?		
organization subject to the analysis of the an	9 O	14a X
	ation or	14b
If "Yes," see instructions and file Form 4720, Schedule N.	-00H OI	
is the organization an educational institution publication.	*********	15 X
Is the organization an educational institution subject to the section 4968 excise tax on net investment in Section 501(c)(21) organizations. Did to 1.		43
Section 504/-Value - Solidate U.	ncome?	16 x
Oction 501(C)(21) organizations Did 45		16 X
activities that would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities that we would result in the inner and activities the inner and activities that we would result in the inner and activities the inner and activ		
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in If "Yes," complete Form edge.		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? f "Yes," complete Form 6069.		17

Form 990 (2021) HABITAT FOR H. ANITY OF GREATER 14-15 (5600)	
Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche	
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche Section A. Governing Body and Management	
Check if Schedule O and 10b below, describe the circumstant response to lines 2 through 75 to	Pai
Section A. Governing Body and Management	elow, and for a "No"
wanagement	aule O. See instructions
Enter the number of vertice	
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, explain on School 1.	
if the governing body of the same and of the tax year	Yes N
	15 103 N
committee, explain on Schedule O. b Enter the number of the governing body, or	
2 Did any officer disconditions and an included on line 12 above	
b Enter the number of voting members included on line 1a, above, who are independent any other officer, director, trustee, or key employee have a family relationship or a business relationship with Joid the organization delegate control over more.	
3 Did the arganization frustee, or key employee?	5
Did the organization delegate control over management duties customarily performed by or under the direct Did the organization make any significant charges to a management company or attentionship with	
supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior of the person?	2 x
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization.	2 X
Did the organization have members or stockholders? Did the organization become aware during the year of a significant diversion of the organization's assets?	3 x
Did the organization have members or stockholders? Did the organization have members or stockholders?	- 22
one or more recommendation have members, stockholders, or other	<u> </u>
of fille members at it	1
 Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporare each of the organization poly? 	6 X
stockholders, or persons other than the governing body? Bid the organization contemporarecembers,	7- -
a The government the	7a X
90verilling hodge	76
b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employed the committee with authority to act on behalf of the governing body?	wing: 7b X
is there any officer, director, trustee, or key employee listed in Port VIII.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8a X
Policies (This Section B requests info	8b X
10a Did the	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue being if "Yes," did the organization have local chapters, branches, or affiliates?	e Code X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Has the organization provided a complete convertible.	
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing by the state of the process, if any used by the state of the process of the process of the process.	Yes No
b Describe an O. A. Describe an O. A. Describe and O. Describe and O. A. Describe and O. A. Describe and O. A. Describe and O. Describ	10a X
Describe on Schedule O. I. Provide Copy of this Form 900 to all	101
Did the organization to the organization to the organization of the organization to th	106
	11a X
 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Did the organization have a written which telegraph 	4.0
describe on Schedule O how this was done.	12a X
Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy?	12b X
Did the organization have a written document	
Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by The organization's CEO, Executive Directors.	12c X
The following persons	13 X
The organization's CEO, Executive Director, or top management official If "Yoo" to "	14 X
Other officers or key and decision are decision and decision and decision and decision are decision and decision and decision are decision and decision and decision are decision are decision and decision are decision are decision are decision are decision are decision and decision are decis	
1 105 10 line 160 and 51	
Did the organization invest in contribute.	15a X
	15b X
b If "Yes," did the organization follows a similar arrangement	
participation in joint venture and written policy or procedure requiring the	
organization's exempt status with	16a X
ection C. Disclosure	
LIST the states with which	
Section 6104	
octor of 04 features an area.	16b
(3)s only) available for public is	16b
Own website Apath. Indicate how you made these available.	16ь
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) Own website Another's website Upon request Other (explain on Schedule O whether (and if so, bow) the	16ь

Sec

17	List the states with		-
18	List the states with which a copy of this Fo Section 6104 requires an organization to p	rm 990 is roguin in	
_	occlion 6104 requires an organization to	NY	_
	Section 6104 requires an organization to n (3)s only) available for public inspect.	Take its Forms 1023 (1024 or 1024 A	

18	Section 6104 requires an organization to make it.
	(3)s only) available for public (3)s only) available (3)s only) available for public (3)s only) available (3)s only) available (3)s only (
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) Describe on Schedule O whether (section 501(c)) D
19	Describe on Schedule O whether (and if so, how) the organization made in the sea available. Check all that apply. Other (explain on Schedule O)
	financial statements quelled whether (and if so, how) the organization made in

	Own website Anotheria and Anot
19	Own website Another's website X Upon request Other (and that apply). Own website Own website X Upon request Other (and the apply).
	Describe on Schedule O whether (and if so, how) the organization made its governing documents.
20	maricial statements available to the public of
:0	State the new good and good an

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ NEWBURGH 125 WASHINGTON STREET

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 30 AMY GIGLIUTO

--- 10, 10 MIVI

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

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

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

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

- 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) • List the organization's live current highest compensated employees (other than an officer, director, trustee, or key employees who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than
- List all of the organization's former officers, key employees, and highest compensated employees who received more than ● List all of the organization's tormer officers, key employees, and ingress 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) Position Name and title (do not check more than one Average (D) box, unless person is both an hours Reportable officer and a director/trustee) (F) per week Reportable compensation (list any Estimated amount compensation from the hours for nstitutional director dividual ignest compensated imployee from related of other organization (W-2/ related organizations (W-2/ compensation employee 1099-MISC/ organizations 1099-MISC/ from the trustee 1099-NEC) organization and below 1099-NEC) trustee related organizations dotted line) (1) PAUL BROTHE 10.00 PRESIDENT (2) NICHOLAS ESPOSITO 0.00 X X 0 0 1ST VICE PRESIDENT 5.00 (3) MARY PAT SMITH 0.00 Х 0 0 5.00 2ND VICE PRESIDENT 0 0.00 (4) SCOTT MACMILLIN X X 0 0 5.00 SECRETARY 0 0.00 (5) ED WOLF X X 0 0 5.00 TREASURER 0 0.00 (6) SUSAN VARDEN X X 0 0 1.00 BOARD MEMBER 0 0.00 (7) WILLIAM FIORAVANTI X 0 0 1.00 BOARD MEMBER 0 0.00 (8) KEVINDARYAN LUJAN X 0 0 1.00 BOARD MEMBER 0 (9) DIANE PASSARO 0.00 X 0 0 1.00 BOARD MEMBER 0 0.00 (10) CHLOE REDDICK-JACKSON X 0 0 1.00 BOARD MEMBER 0 (11) REV. CATHRYN SURGENOR 0.00 X 0 0 1.00 0 BOARD MEMBER 0.00 0 0

Part VI	Statem Check i	ent of Revenue	ANITY	OF GRE	ATER	14-101	5690		_
		f Schedule O cor	itains a res	ponse or no	ote to any line	e in this Part	/111		P
stu 1a F	ederated camp		T		(A) Total rever	nue Related	(B) or exempt revenue	(C) Unrelated business revenue	(D) Revenue exclud
o o o o	lembership due undraising ever	S	1a 1b						from tax unde sections 512-5
d R e Go	elated organiza	tions	1c	76,25	5				
ther S	similar amounts not	fts, grants,	1e	183,76					
Contri and O line	s 1a-1f	pluded in	1f :	671 246					
	Tan Add lines 1	a–1f		671,348	4,094,	298			
Program Service Revenue a p c q e	IOMEOWNERS	******************	************	Business Code	546,8		6 026		
gram S Reven	************					31	6,836		
e f All o	ther program o								
		ervice revenue							
other	similar amoun	ts)	interest, and		546,8	36			
4 Incor	ne from investn	nent of tax-exempt be	ond proceeds		84	41			84
6a Gross		(i) Real	(ii) P	ersonal				2000	
b Less: re.	ntal expenses 6b								
	ntal in a	(loss)							
sales of a	assets	(i) Securities	(ii) C	Other				-	
b Less: cos	t or other								
b Less: cos basis and c Gain or d Net gai	sales exps. 7b								
d Net gai	n or (loss)								
I (HOURICIL	come from fundrai	76 255		>					
of contrib	utions reported or Part IV, line 18	line							
b Less: dir	ect expenses	8a 8b		3,800					
9a Gross inc	me or (loss) fro come from gam	m fundaciai		7,070	-3 270				
activities.	See Part IV. III	ne 19 9a			-3,270				-3,270
D Less: dire	ect expenses	- Ju							
01033 541	es of inventory.	gaming activities less	<u> </u>	. •					
returns an	d allowances of goods sold	10a	634	,334					
c Net incom	e or (loss) from	sales of inventory	634	,351					
	EDIT INCOME		Busin	ess Code	-17	-1	7		
b MISCEL	LANEOUS REVI	ENUE			85,633	85,63	3		
d All other re	ORHOOD REVIT	'ALIZATION			2,442	2,442			
e Total. Add	lines 11a_11d					500			
2 Total rever	lue. See instruc	ctions		A 4,	88,575 727,263	625			
					-,,203	635,394		0	-2 420

Part IX Statement of Functional Ex Section 501(c)(3) and 501(c)(4) organizations must c			14-		Pa
Section 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a response on tinclude amounts reported on tince of the contains and the contains a response of the contains and the contains a response of the contains and the contains a response of the contains and the contains and the contains a response of the contains and the contains a response of the contains and the contains and the contains a response of the contains a response	omplete all columns.	All other organ	izations mu	st complete column (4)	
20 Not include amounts reported on lines Ch. 21	(A)	ne in this Part	<u> </u>	in a sorumin (A).	
ou, ou, and top of Part VIII.	Total expenses	Pro	(B) gram service	(C)	(D)
Grants and other assistance to domestic organizations			expenses	Management and general expenses	Fundraising
and domestic governments. See Part IV, line 21	E1 0	00			expenses
2 Grants and other assistance to domestic	51,0	00	51,0	00	
Individuals. See Part IV, line 22					
3 Grants and other assistance to foreign					
organizations, foreign governments, and		1			
foreign individuals. See Part IV, lines 15 and 16					
4 Benefits paid to or for members					
5 Compensation of current officers, directors					
trustees, and key employees	100.00				
6 Compensation not included above to disqualified	109,03	37	<u>86,</u> 28	0 12,66	
persons (as defined under section 4958/f)/1)\ and				12,00	10,0
persons described in section 4958(c)(3)(B)		1			
Other salaries and wages	711				
8 Pension plan accruals and contributions (include	711,75	2	562,73	0 82,712	
section 401(K) and 403(b) employer contributions				52,712	66,3
other employee benefits	1.00 0.0				
10 Payroll taxes	162,33	1 1	28,26	9 19,560	
11 Fees for services (nonemployees):	61,96	3	49,585	6,876	T = , J
a Management		1		0,070	5,50
b Legal					
c Accounting d Lobbying	18 6				
, , , ,	17,686			17,686	
e Professional fundraising services. See Part IV, line 17		200000000000000000000000000000000000000		17,000	
investment management fees					
Grief. (If liftle 11g amount exceeds 10% of line 25, column					
(A) amount, list line 11g expenses on Schedule (C)	0 0==				
Advertising and promotion	2,955		2,364	296	
Office expenses	3,583		3,583	230	295
Information technology	101,970		75,312	7,534	
Royalties				,,,,,,4	19,124
Occupancy	121 00=				
Travel	131,985		5,667	3,521	
Payments of travel or entertainment expenses	32,696		0,975	1,670	2,797
for any rederal, state, or local public officials				1,070	51
Comerences, conventions, and meetings					
Interest	10 555				
Payments to affiliates	19,510		68	19,442	
Depreciation, depletion, and amortization	263,794		3,794	/1114	
insurance	43,971		5,387	38,584	
Other expenses. Itemize expenses not covered	27,807		0,512	5,243	
above (List miscellaneous expenses on line 24 - 14				3,243	2,052
inte 24e amount exceeds 10% of line 25, column			1		
(A) amount, list line 24e expenses on Schedulo (A)					
BUILDING MATERIALS & SUDD	410				
DEVELOPMENT	410,977	410	,702	275	
FUNDRAISING EXPENSES	37,138			4/5	
NEIGHBORHOOD REVITALIZATT	28,223				37,138
All other expenses	9,905	9	,905		28,223
Total functional expenses. Add lines 1 through 24	20,143		,143		
Joint Costs. Complete this line only it if	2,248,426	1,846	,276	216 055	
Programmed in column /DV				216,068	186,082
undraising solicitation Charlet	1		1		
ollowing SOP 98-2 (ASC 958-720) if	1			1	

Check if Schedule O contains a response or note to any line in this Part X Page (A) Cash—non-interest-bearing (B) Beginning of year Savings and temporary cash investments 2 End of year 471,557 Pledges and grants receivable, net 1 1,856,08 4 Accounts receivable, net 2 271,968 Loans and other receivables from any current or former officer, director, 3 342,07 92,884 trustee, key employee, creator or founder, substantial contributor, or 35%4 100,94 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) 5 Notes and loans receivable, net 8 Inventories for sale or use 6 914,072 9 Prepaid expenses and deferred charges 7 819,743 82,508 10a Land, buildings, and equipment: cost or other 86,676 33,180 basis. Complete Part VI of Schedule D 27,858 b Less: accumulated depreciation 10a 1,573,858 11 Investments—publicly traded securities 10b 696,753 921,075 12 Investments—other securities. See Part IV, line 11 10c 877,105 13 Investments—program-related. See Part IV, line 11 19,930 11 18,890 Intangible assets 12 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 14 871,698 17 Accounts payable and accrued expenses 15 1,330,852 3,678,872 18 Grants payable 16 5,460,224 55,121 19 Deferred revenue 17 69,582 Tax-exempt bond liabilities 20 18 222,655 Escrow or custodial account liability. Complete Part IV of Schedule D 21 19 141,554 Loans and other payables to any current or former officer, director, 22 20 trustee, key employee, creator or founder, substantial contributor, or 35% 21 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 22 444,920 25 Other liabilities (including federal income tax, payables to related third 23 parties, and other liabilities not included on lines 17-24). Complete Part X 183,761 of Schedule D Total liabilities. Add lines 17 through 25 227,873 Organizations that follow FASB ASC 958, check here ▶ X 25 227,123 Net Assets or Fund Balances 1,134,330 and complete lines 27, 28, 32, and 33. 438,259 Net assets without donor restrictions 27 Net assets with donor restrictions 2,364,121 Organizations that do not follow FASB ASC 958, check here ▶ 4,765,337 180,421 and complete lines 29 through 33. 256,628 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 29 Total net assets or fund balances 32 30 Total liabilities and net assets/fund balances 31 2,544,542 32 5,021,965 3,678,872 33 5,460,224

Form **990** (2021)

The second control Ally		
Part XI Reconciliation of Net Assets 14-16, 5690		
LINACK IT Cohordal Co	***********	Pag∈
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2.6		ſ
2 Total expenses (must equal Part IX, column (A), line 12) 3 Revenue less expenses 2.1.4.	1	4 727 0
Revenue less expenses. Subtract line 2 from line 1	2	4,727,2
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and	3	2,248,4
Net unrealized gains (losses) on investments 6 Donated partial	4	2,478,83
- Thation delivious and lies of facilities	5	2,544,54
· investment expenses	6	-1,4
Thorperiod adjustments	7	
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year O	8	
Net assets or fund balances (explain on Schedule O) 32, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9	
32, column (B))	- J	
Financial Statements and Deposits	10	
Check if Schedule O contains a response or note to any line in this Part XII	10	5,021,96
response or note to any line in this Part XII		
Accounting method used to propose the E	<u> </u>	
If the organization changed its method of accounting from a prior year or checked "Other," explain on		Yes No
Schedule O. Schedule O. Schedule O.		_
vere the organization's financial states and the state of		
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 separate basis, consolidated basis, or both:		2a X
Separate basis Consolidate		
b Were the organization's financial state. Both consolidated and separate hasis		
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, or both:		2b X
Separate hasis		
Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a compile to the consolidated and separate basis		
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on		2c X
As a result of a federal award was to	******	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
If "Yes." did the organization		
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any store to be		3a X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		A
any steps taken to undergo such audits		3h

3b

SCHEDULE A (Form 990)

----- 10.10 AN

Pulic Charity Status and Public Support

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

OMB No. 1545-0047

Schedule A (Form 990) 2021

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. HABITAT FOR HUMANITY OF GREATER NEWBURGH, INC.

	NEWBURG	H, INC	GRE	TER	- intest miormatic		Inspection
Part I						Employer identifica	tion number
The organization	ation is not a private foundation	Charity Status. (All organi on because it is: (For lines 1 through es, or association of churches do	zations	must co	impleto this in the	<u> 14-181</u> 56	590
1 A	church, convention of church	on because it is: (For lines 1 through es, or association of churches de (70(b)(1)(A)(ii). (Attach Schedule	ugh 12. ch	eck only	one to this part.) See	instructions	
2 _ A	school described in santi-	es, or association of churches de 170(b)(1)(A)(ii). (Attach Schedule pital service organization de	scribed in	Sooting	one box.)		
3 A	hospital or a section 1	70(b)(1)(A)(ii). (Attach Schedule	F /Form	section	170(b)(1)(A)(i).		
oit.	riedical research organization	(70(b)(1)(A)(ii). (Attach Schedule pital service organization describe operated in conjunction with a b	o in secti	on 170(b)(1)(A)(iii).		
	ri wha state.	i i i i i i i i i i i i i i i i i i i	יאוועני	icribad in		Pro.	
J An	organization operated for the	benefit of a sall-			······································	Enter the hospit	al's name,
. 360	NOO T/O(b)/1)/A\/:.\	- 30 of alliversity	OWDDA or				
6 A fe	ederal, state, or local governm	benefit of a college or university lete Part II.) nent or governmental unit describ reives a substantial part of its sun			by a governmental unit de	scribed in	Andreas de la constantina del constantina de la
7 X And	organization that normally roo	nent or governmental unit describ leives a substantial part of its sup (vi). (Complete Part II.) action 170(b)(1)(A(vi). (Complete	ed in sect	ion 1700	5\/4\/A\/ \		
					クバリ(A)(V). 		
8 A cc	ommunity trust described in a	p(vi). (Complete Part II.) ection 170(b)(1)(A)(vi). (Complet	7 - 10 11 0171	a governi	mental unit or from the gen	ieral public	
- I Alla	Official rooms	- TON WIN (Complet	to Dart II v				
or ur	niversity or a non-land	ection 170(b)(1)(A)(vi). (Complet tion described in section 170(b)(ollege of agriculture (see instruct	1)(A)(in) -				
unive	ersity:	ollege of agriculture (see instruct	ione) Ent	perated in	n conjunction with a land-o	rant colloge	
	IUdilization that					HIEGO OF	
recen	DIS from activities	1100 (1) 111010 (nan 33 1/30/ of 14-		A CARLON CONTRACTOR	fitter and a second		
suppo	ort from gross invostment	sives (1) more than 33 1/3% of its sexempt functions, subject to ceome and unrelated business taxa June 30, 1975. See section 509(support ti	om contr	ibutions, membership fees	and and	
	· · · · · · · · · · · · · · · · · · ·		nio incom-	- 41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, and gross	
· · L All org	ganization organized	509/	a)(2) (Ca	mml-1- m	in of tax) from busine	SSES	
14 An ord	Tanization and	rated exclusively to test for nublic	3 a m f - 1 . m				
one or	more publicly averaged and oper	June 30, 1975. See section 509(rated exclusively to test for public rated exclusively for the benefit o anizations described in section 5 at describes the type of supporting on operated, supervised	salety. S	ee sectio	on 509(a)(4).		
the bo	x on lines 122 through 42	anizations described in section 5	i, to perfoi	m the fur	octions of, or to carry out th	0.00	
a Tv	the I A summer is	anizations described in section 5 at describes the type of supporting on operated, supervised, or control of power to result in the section 5.	09(a)(1) 0	rsection	509(a)(2). See section 50	19/21/21 O	
the	supported	at describes the type of supporting on operated, supervised, or control e power to regularly appoint or elust complete Bart IV.	iy organizi	ation and	complete lines 12e, 12f a	nd 12a	
Sur	pnorting are a in the proofing are a in the	e power to regularly appoint or all	olled by its	supporte	ed organization(s) typically	na 129.	
b Tv	ne !! A average real to a	on operated, supervised, or control e power to regularly appoint or el ust complete Part IV, Sections	ect a majo	rity of the	directors or trustees of the	oy giving	
CON	atrol or many	on supervised or controlled in	A and B.			6	
Orga	anization(a) Management of the su	ust complete Part IV, Sections on supervised or controlled in controlled in controlled in the properties organization vested in the plete Part IV, Sections A and C.	inection w	th its sup	ported organization(s) by	السيا	
C Tvn	on Edition(s). You must comp	pporting organization vested in the plete Part IV, Sections A and C.	ne same p	ersons th	at control or manage the	riaving	
its s	Supported armaily integrated.	A supporting organization			manage the S	upported	
d Tyn	is III need organization(s) (see	Diete Part IV, Sections A and C. A supporting organization operal instructions). You must compleated. A supporting organization of	ited in con	nection w	ith, and functionally inte-		
that	is not functionally integra	ated. A supporting organization	ete Part I\	', Section	ns A, D, and E.	ated with,	
requ	irement (a.s.	ated. A supporting organization of The organization generally must complete Part IV, Section of the	perated in	connect	on with its supported oran		
e Cher	ok this have restructions). Yo	The organization generally must ou must complete Part IV, Secti received a written determination	satisfy a d	listributio	n requirement and an attor	nization(s)	
funct	tionally into and	Ou must complete Part IV, Secti received a written determination non-functionally integrated suppo- zations	ions A an	d D, and	Part V.	luveness	
f Enter the	number of automic in Type III	received a written determination non-functionally integrated supportations	from the I	RS that it	is a Type I. Type II Type		
9 Provide t	number of supported organiz	zations		nization.	77 1 Type I	ш	
(i) Name of supported	ne following information about	zations t the supported organization(s).					
organization	(ii) EIN	(iii) Type of organization					
		(described on lines 1–10	(iv) Is the	organization	(v) Amount of monetary		
	1	above (see instructions))	listed in yo	ur governing	support (see	(vi) A	Amount of
(A)				ment?	instructions)	other s	Support (see
` ,			Yes	No	,	insti	ructions)
(B)							
(6)				1			
/0:							
(C)			1 1	1			-
(D)				1			
E)				- 1			
otal			-				
or Paperwork Badin in							
	on Act Notice, see the Instructi	ions for Form 900 CC-					
		or 990-EZ.		1997/4/20			

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 the complete of the organization failed to qualify the complete of the organization failed to qualify the complete of the organization failed to qualify the organ

Ċ	Section A. Public Support		ifor a second control of	2011 alt 1 01 11	Ine organization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vi)
,		to qual	on line 5, 7, or 8 on the test	s listed below.	please compl	on failed to quali	fy under
	Part III. If the organiza Section A. Public Support Calendar year (or fiscal year beginning in)	T			produc comple	ete Part III.)	
		(a) 2017	(b) 2018	(c) 2019	(4) 2000		
	1 Gifts, grants, contributions, and membership fees received. (Do not include any "improved.)				(d) 2020	(e) 2021	(f) Total
	include any "unusual grants.")						7,
		1,191,92	1,634,802	1,116,884			
	· av icacinnes levies to a tell			1,116,884	1,411,360	4,094,298	9,449,
	organization's benefit and either paid to or expended on its behalf		1	I			3,449,
,							
3							
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The nortion of total	1,191,929	1,634,802				
	The portion of total contributions by each person (other than a		1,634,802	1,116,884	1,411,360	4,094,298	
	governmental unit or publicly					4,094,298	9,449,2
	Supported organization\ := - i .						
	"" Under BXCBBAG 20% After						
6	of own of life 11, column (f)						
	Public support. Subtract line 5 from line 4						
Calo	THE TOTAL OF A STINNAL						382,9
7	endar year (or fiscal year beginning in)	(a) 2017					9,066,34
8	Amounts from line 4	1,191,929	(b) 2018	(c) 2019	(d) 2020	/ \ \ a = -	
0	Gross income from interest, dividends,	1,191,929	1,634,802	1,116,884	1,411,360	(e) 2021	(f) Total
	rents, royalties, and income.				1,411,360	4,094,298	9,449,27
	similar sources			1			
9		4	9,159	4,926			
	Net income from unrelated business activities, whether or not the business is regularly easier.			17520	7,285	841	22,21
	is regularly carried on						-2/21.
0	Other in a second			20			
•	Other income. Do not include gain or			80,460	67,758		140 0
	1995 HOITI HE SAIR OF CONIL						148,218
1	(Explain in Part VI.) Total support. Add lines 7 through 10	802	1,191	1			
2 (Gross receipts from role 4		=/131				
3 1	Gross receipts from related activities, etc. (see instructions)					1,993
		anization's first	and third facult			12	9,621,699
۰ ۱	Organization, the living 990 is for the organization	second a mat seco					
ecti	organization, check this box and stop here	sucon's mst, seco	or f	πn tax year as a s	section 501(c)(3)		6,590,370
ecti	organization, check this box and stop here	port Percentage	e	inth tax year as a s	section 501(c)(3)		6,590,370
ecti	organization, check this box and stop here	port Percentag	e	IIIIn tax year as a s	section 501(c)(3)		6,590,370
ecti F	on C. Computation of Public Sur Public support percentage for 2021 (line 6, computation of public Sur Public support percentage for 2021 (line 6, computation of public support percentage from 2021)	port Percentag column (f) divided by	line 11, column (f)				•
ection F	on C. Computation of Public Support percentage for 2021 (line 6, computation of public Support percentage for 2020 Sched 3 1/3% support test—2021 (line 6, computation of public support test)	Oport Percentag Column (f) divided by ule A, Part II, line 14	line 11, column (f))				94.23%
ection F	on C. Computation of Public Sur Public support percentage for 2021 (line 6, conditions of Support percentage for 2021) Sched 3 1/3% support test—2021. If the organization and stop here. The organizations and stop here. The organizations and stop here.	pport Percentag column (f) divided by ule A, Part II, line 14 ation did not check th	line 11, column (f))	dling		14	<u> </u>
P 3.	organization, check this box and stop here on C. Computation of Public Support percentage for 2021 (line 6, computation of Public Support percentage from 2020 Sched 3 1/3% support test—2021. If the organization qualifie 3 1/3% support test—2020, 15 the	pport Percentag column (f) divided by ule A, Part II, line 14 ation did not check th s as a publicly support	le line 11, column (f)) l le box on line 13, and orted organization	d line 14 is 33 1/3		14	94.23%
P P P P P P P P P P P P P P P P P P P	organization, check this box and stop here on C. Computation of Public Surpublic support percentage for 2021 (line 6, computation of Public Surpublic support percentage from 2020 Sched 3 1/3% support test—2021. If the organization and stop here. The organization qualified 3 1/3% support test—2020. If the organization of the	poort Percentage column (f) divided by ule A, Part II, line 14 ation did not check the sas a publicly supportion did not check a	le line 11, column (f)). Ine box on line 13, and orted organization box on line 13 or 16c	d line 14 is 33 1/3	% or more, check	14 15 this	94.23 % 92.85 %
P 33 bo th	organization, check this box and stop here on C. Computation of Public Support percentage for 2021 (line 6, computation of Public Support percentage from 2020 Sched 3 1/3% support test—2021. If the organization and stop here. The organization qualifies 3 1/3% support test—2020. If the organization of the support test—2020. If the organization	poort Percentage column (f) divided by ule A, Part II, line 14 ation did not check the sas a publicly supportion did not check a alifies as a publicly si	le line 11, column (f)). Ine box on line 13, and orted organization box on line 13 or 16a upported organization	d line 14 is 33 1/3	% or more, check 3 1/3% or more, c	14 15 this	94.23%
P 33 bo 35 th 10	organization, check this box and stop here on C. Computation of Public Support percentage for 2021 (line 6, computation of Public Support percentage from 2020 Sched 3 1/3% support test—2021. If the organization qualifies and stop here. The organization qualifies box and stop here. The organization qualifies or more, and if the organization of more and if the organization that the organization of the organization qualifies or more, and if the organization that the organization of the organization of the organization qualifies or more, and if the organization of the organization qualifies or more, and if the organization qualifies or more and if the organization qualifies or more and organization qualifies or more and organization qualifies organizat	column (f) divided by ule A, Part II, line 14 ation did not check the s as a publicly supportion did not check a alifies as a publicly suffice as a publicly siff the organization did the organization did in the organizatio	le line 11, column (f)) the box on line 13, and orted organization box on line 13 or 16a upported organization d not check a box on line to the check a box	d line 14 is 33 1/3	% or more, check 3 1/3% or more, c	14 15 this	94.23 % 92.85 %
P 33 bo 35 th 10	organization, check this box and stop here on C. Computation of Public Support percentage for 2021 (line 6, computation of Public Support percentage from 2020 Sched 3 1/3% support test—2021. If the organization qualifies and stop here. The organization qualifies box and stop here. The organization qualifies or more, and if the organization of more and if the organization that the organization of the organization qualifies or more, and if the organization that the organization of the organization of the organization qualifies or more, and if the organization of the organization qualifies or more, and if the organization qualifies or more and if the organization qualifies or more and organization qualifies or more and organization qualifies organizat	column (f) divided by ule A, Part II, line 14 ation did not check the s as a publicly supportion did not check a alifies as a publicly suffice as a publicly siff the organization did the organization did in the organizatio	le line 11, column (f)) the box on line 13, and orted organization box on line 13 or 16a upported organization d not check a box on line to the check a box	d line 14 is 33 1/3	% or more, check 3 1/3% or more, c	14 15 this	94.23 % 92.85 %
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Schedule A (Form 990) 2021
Part III Support HALITAT FOR HUMANITY OF GREATLA 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.) 14-1815690

	Gifts, grants, contributions, and membership food	(a) 2017	(b) 201	8 (c) 20	110			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(6) 20	719	(d) 2020	(e) 2021	1 (f) To
2	Gross receipts from admit							(1)
	furnished in any activity that it racillities	'					-	
	organization's tax-exempt purpose			1				
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities furnished by a government of							
6	organization without charge Total. Add lines 1 through 5							
7a	Amazini Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 2							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C .	Add lines /a and 7h							
3	Public support, (Subtract line 75 for		***					
ecti	on B. Total Support							
iena	ar year (or fiscal year beginning in)	(a) 2017						
Δ	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2	2020		
۲	Pross income from interest, dividends, ayments received on securities loans, rents, byalties, and income from similar sources				(4) 2	.020	(e) 2021	(f) Total
, 0	(I) (e) ated husings to							
	ection 511 taxes) from businesses equired after June 30, 1975					1		
ac	equired after June 30, 1975							
Ac Net acti or r	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on							
Action of the loss	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the region of the sale of capital and the sale of capit							
Action r Oth loss (Ex	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the remainder income. Do not include gain or s from the sale of capital assets iplain in Part VI.)							
Action of the loss (Ex.	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the rincome. Do not include gain or s from the sale of capital assets iplain in Part VI.) al support. (Add lines 9, 10c, 11, 12.)							
Action of the loss (Ex.	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the rincome. Do not include gain or s from the sale of capital assets iplain in Part VI.) al support. (Add lines 9, 10c, 11, 12.)							
Action of roots (Ex. Tot. and Firs organisms)	cquired after June 30, 1975 dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the from the sale of capital assets splain in Part VI.) al support. (Add lines 9, 10c, 11, 12.) t 5 years. If the Form 990 is for the organianization, check this base.	zation's first, sec	cond, third, fourth	Or fifth town				
According to the second of the	cquired after June 30, 1975 dd lines 10a and 10b it income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the sale of capital assets iplain in Part VI.) all support. (Add lines 9, 10c, 11, 12.) it 5 years. If the Form 990 is for the organianization, check this box and stop here C. Computation of Public Computation 20, 1975 dd lines 10a and 10b in lines 10a and 10a in li	zation's first, sec	cond, third, fourth,	or fifth tax year a	as a section	501(c)(3)		
Accomplete	cquired after June 30, 1975 dd lines 10a and 10b it income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the sale of capital assets in Part VI.) al support. (Add lines 9, 10c, 11, 12.) it 5 years. If the Form 990 is for the organization, check this box and stop here C. Computation of Public Suppositions and support percentage for 2004.	ort Percentag	ge	or fifth tax year a	as a section	501(c)(3)		
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Accordance	cquired after June 30, 1975 dd lines 10a and 10b It income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on the fine income. Do not include gain or ser income. Add lines 9, 10c, 11, 12.) It is support. (Add lines 9, 10c, 11, 12.) It is years. If the Form 990 is for the organical supports the first box and stop here C. Computation of Public Support percentage for 2021 (line 8, coluic support percentage from 2020 Schedule D. Computation of Invocation of Invocation and Invocation and Invocation and Invocation and Invocation of Invocation and Invocation a	ort Percentag Imn (f), divided b A, Part III, line 1	ge Dy line 13, column 15	(f))	as a section	501(c)(3)	15	0/
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Net action or r Other loss (Ex and Firs organion Publi on nves vestre	dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on her income. Do not include gain or sfrom the sale of capital assets iplain in Part VI.) al support. (Add lines 9, 10c, 11, 12.) t 5 years. If the Form 990 is for the organication, check this box and stop here C. Computation of Public Supposition support percentage for 2021 (line 8, coluic support percentage from 2020 Schedule D. Computation of Investment Instead of the street income percentage for 2021 (line 10 ment income percentage for 2021 (line 20 ment income percentage for 20 ment income percenta	ort Percenta Imn (f), divided b A, Part III, line of Accome Perce Oc, column (f), div	ge Dy line 13, column 15 Intage Vided by line 13, column	(f))			16	% %
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Action or r Other loss (Ex. Total and Firs organion Publican nives 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3	dd lines 10a and 10b t income from unrelated business ivities not included on line 10b, whether not the business is regularly carried on her income. Do not include gain or sfrom the sale of capital assets iplain in Part VI.) al support. (Add lines 9, 10c, 11, 12.) t 5 years. If the Form 990 is for the organication, check this box and stop here C. Computation of Public Supposition support percentage for 2021 (line 8, coluic support percentage from 2020 Schedule D. Computation of Investment Instead of the street income percentage for 2021 (line 10 ment income percentage for 2021 (line 20 ment income percentage for 20 ment income percenta	ort Percentagement (f), divided to A, Part III, line of Come Percentage (c), column (f), divide A, Part III, line on did not check of stop here. The on did not check of did not check of the control of	by line 13, column 15 entage vided by line 13, column 16 entage vided by line 13, column 17 the box on line 14 organization qua 18 box on line 14 on	olumn (f)) , and line 15 is n	nore than 33 y supported (1/3%, and organization	16 17 18 line	%

Schedule A (Form 990) 2021 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

Train art v.)
Yes No.
Yes No
2
3a
3b
3c
4a
4b
4c
5a
5b 5c
6
7
8
9a
96
9c
10a
10b dule A (Form 990) 2021

Schedule A (Form 990) 2021	
Supporting Organizations (as I HUMANITY OF GREAT	
11 Has the arrange (continued) 14 - 18	315690 Pe
1 100 tile Officialization	, ,
 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and A family member of a person described on line together with persons described on lines 11b and 	Yes
b A family member of a person described on line 11b and c A 35% controlled entity of a person described on line 11a above?	
provide details a person described on line 112 and 41	11a
c A 35% controlled entity of a person described on line 11a above? provide detail in Part VI. Section B. Type I Supporting Organization	11b
gorganizations	
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at all times during the tax year? If "No " a second to the property of the organizations have the power to regularly appoint or elect at least a majority of the organization."	11c
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers of trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers,	
directors, or trustees at all times directors.	Yes No
onectively operated our form your manufacture of the organization's officers	
organization, describe how to sense the sense of garilzation's activities to the sense of garilzation's	
supported organizations and a support and/or remove officers at	d
and the organization operated and the state of the state	
organization(s) that operated any supported organization at	1 1
We how providing such benefit carried out the pure	
VI how providing such benefit carried out the purposes of the supported organization(s) that operated supporting organization. Section C. Type II Supporting Organization.	
Section C. Type II Supporting Organizations	
1 Were a main v	2
Title a majority of the organization	
or management of the organization's supported organization (see a majority of the directors	Yes No
the supported and in the suppo	
or management of the supporting organization was vested in the same persons that controlled or managed Section D. All Type III Supporting Organization	
gorganizations	
1 Did the organization provide	1
organization's tax year. (i) a written and	
year, (ii) a copy of the Form 990 that was	Yes No
organization's governing the prior tax	
vvere any of the organization to the date of notification to the	
organization(s) or (ii) serving on the governing to the g	1
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how By reason of the relationship described on the supported organization with the supported organization.	
the organization maintained a close and continuous working relationship with the supported organization? If "No," explain in Part VI how a significant voice in the organization's investment policies and in directing the use of the relationship and the transfer of the relationship to the transfer of the relationship with the supported organization(s).	
a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations have supported organizations played in this supported organizations played in this	2
supported -	
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's supported organization played in this regard. Section E. Type III Functionally Inter-	
Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). b The organization is the parent of each of its supported organization.	3
b The organization is the Activities Test. Complete line 2 holow	
The organization as the parent of each of its supported organizations.	
b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how.	and the second
a Did substantially all of the asset of the substantially all of the asset of the substantially all of the asset of the substantially all of the s	
the supported organization's activities during the tax year directly further the exempt purposes of those supported organizations and explain how these activities directly furthered their exempt purposes, that these activities constituted substantially and the organizations, and how the organization.	Yes No
how the organizations and explain how these activities directly furthered their exempt purposes, that these activities constituted substantially all of its activities. b Did the activities described on line 22 above.	
that these activities countries to those supported organizations and the earth purposes.	
Did the activities described as It is activities.	
involvement, one or more act.	ea l
have engaged in these activities but for the	
have engaged in these activities but for the organization's position that its supported organization(s) would Parent of Supported Organizations. Answer lines 3a and 3b below.	
a Did the organization have the same and 3b helow	
trustees of each of the owner to regularly appoint or elect a majority at the	
b Did the organization exercise a substantial degree of the original degree of the organization exercise as ubstantial degree of the organization	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in V.	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3a	
Schedule	A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Suppor 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization A – Adjusted Net Income	tina A		315690
instructions. All other Type III non-functionally int	trust on Nov 20	1970 (2004)	
instructions. All other Type III non-functionally integrated supporting organization A – Adjusted Net Income	ations must com	notes Saut	Ⅵ). See
- Controlle	-0.0011	Piete Sections A through	gh E.
Net short-term capital gain		(A) Prior Year	(B) Current Ye
2 Recoveries of prior-year distributions	1		(optional)
Other gross income (see instructions)	2		
- Add lines 1 through 3.	3		
5 Depreciation and depletion	4		
Portion of operating expenses paid	5		
of gross income or for management, conservation, or maintenance of property held for production of income (see inch).	5		
property held for production of income (as a servation, or maintenance of			
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5.0	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B – Minimum Asset Amount	7		
Minimum Asset Amount	8		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or coasts to the second state of the second sta		(A) Prior Year	(B) Current Yea
instructions for short tax year or any other tax year or any or a	100000000000000000000000000000000000000	(y) nor rear	(optional)
a Average monthly value of societies			(Optional)
b Average monthly cash balance			
c Fair market value of other non-exempt-use assets	1a		
d Total (add lines 1a, 1b, and 1c)	1b		
e Discount claimed for blockage or other factors (explain in detail in Branch in the second of the	1c		
(explain in detail in Part VI):	1d		
2 Acquisition indebtodases			
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.			
4 Cash deemed held 6.	2		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	3		
5 Net value of page 5			
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035.	4		
7 Recoverior of miles	5		
Transfer of prior-year dietribution	6		
	7		
ction C – Distributable Amount	8		
Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1.			Current Year
Minimum poort	1		- arront rear
asset amount for prior year (fee	2		
Enter greater of line 2 or line 3.	3		
Income tax imposed in prior year	4		
Distributable Amount, Subtract line 5 to	5		
emergency temporary reduction (see instructions)			

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 14-1815690 Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Current Year Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) (i) (ii) Excess Distributions (iii) Underdistributions Distributable amount for 2021 from Section C, line 6 Distributable Underdistributions, if any, for years prior to 2021 Pre-2021 Amount for 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018. d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (Fo Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9a, 14, 15, Part III, line 17a or 17b;
	3a, and 3h, part Villiand and Strain
PART I	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) I, LINE 10 - OTHER INCOME DETAIL
* ***********	
* ***********	······································
SUPPLEM	ENTAL INFORMATION
2016	
2017	\$ 602
2018	\$ 802
TOTAL	\$ 1,191
	\$ 2,595
* ***************	
* ****************	

* ***************	
* ****************	
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization HABITAT FOR HUMANITY OF GREATER NEWBURGH, INC.

Employer identification number

Organization type (check	one):	14-1815690
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	- Candalon
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
Check if your organization		
Note: Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special D. L. o
General Rule	and the control of	a Special Rule. See
Special Rules X For an organization de regulations under section 16b, and that received (2) 2% of the amount of For an organization descontributor, during the yoliterary, or educational results.	property) from any one contributor. Complete Parts I and II. See instructions. Scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) from any one contributor, during the year, total contributions of the great in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I or (iii) Form 990 or 990-EZ that received in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, chaurposes, or for the prevention of cruelty to children or animals. Complete and of the contributor name and address). If and III	% support test of the p. Part II, line 13, 16a, or per of (1) \$5,000; or arts I and II.
For an organization desi contributor, during the ye contributions totaled moduring the year for an ex	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec ar, contributions exclusively for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions the clusively religious, charitable, etc., purpose. Don't complete any of the particular the contribution because it received nonexclusively religious, charitable	reived from any one no such hat were received arts unless the
aution: An organization that isn ust answer "No" on Part IV line	t covered by the General Rule and/or the Special Rules doesn't file School 2, of its Form 990; or check the box on line H of its Form 990-EZ or on filing requirements of Schedule B (Form 990).	······ > \$

Name of organization

HABITAT FOR HUMANITY OF GREATER Part I

Employer identification number 14-1815690

	Contributors (see instructions). Use duplicate copies (b)	o of Devices	14 - 1815690
(a No	(b) Name, address, and ZIP + 4	s of Part I if additional space	is needed.
. 1	U.S. SMALL BUSINESS ADMINISTRATIO	Total contribution	(d) Type of contribution
	WASHINGTON DC 20416	\$ 183,7	(Complete Part II for
(a) No.	(b)		noncash contributions.)
2	Name, address, and ZIP + 4 FIDELITY CHARITABLE GIFT FUND PO BOX 770001	(c) Total contributions	(d) Type of contribution
(a)	PO BOX 770001 CINCINNATI OH 45277 (b)	\$ 2,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name and I	(c)	(d)
3	WILLIAM AND ELAINE KAPLAN FAMILY PRIVATE FOUNDATION 5 DOGWOOD HILLS RD NEWBURGH NY 12550	Total contributions \$ 300,000	Person X Payroll Noncash (Complete Part II for
(a) No.	(b)		noncash contributions.)
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c)	
		Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for

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.

OMB No. 1545-0047

Name of the organization HABITAT FOR HUMANITY OF GREATER Employer identification number NEWBURGH, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 14-1815690 Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a historically important land area Preservation of open space Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Total number of conservation easements Held at the End of the Tax Year Total acreage restricted by conservation easements b 2a c Number of conservation easements on a certified historic structure included in (a) 2b d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2c historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

following amounts required to be reported under FASB ASC 958 relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

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\$

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Schedule D (Form 990) 2004			. ***			
Schedule D (Form 990) 2021 HABITA Part III Organizations Mainta	1_ FOR HUMAN:	ITY OF GREATE	D			
Part III Organizations Mainta 3 Using the organization's acquisition, accollection items (check all that apply):	ining Collections	of Art. Historical Tro	<u>R 14-18</u>	15690		De
3 Using the organization's acquisition, a collection items (check all that apply): a Public exhibition	ccession, and other reco	rds, check any of the folia	asures, or Other	Similar Ass	ets (cont	Pag
a Public exhibition		or the follow	ving that make signific	ant use of its	100,72	maeaj
b Scholarly research	d	Loan or exchange progra				
C Preservation for future	e	Other				
4 Provide a description of the		To the second second second		ter en		
XIII.	n's collections and explai	in how they further the are	ominati i			
 4 Provide a description of the organization XIII. 5 During the year, did the organization as 		y variation the org	anization's exempt pur	pose in Part		
5 During the year, did the organization so assets to be sold to raise funds rather the	licit or receive donations	of art, historical treasures	Or other and			•
-SCIUW AND LIDERANAL	A	- control organization's c	Olio oti a O			
Complete if the organize	Arrangements.	0	onection?		Y	es N
Complete if the organiza 990, Part X, line 21. 1a Is the organization an agent, trustee, cus	ition answered "Yes'	on Form 990, Part I	/ line 0 au			1
1a Is the organization an agent, trustee, cus included on Form 990, Part X? b If "Yes" explain the arms.			v, iiile 9, or reporte	ed an amour	nt on Forn	n
included on Form 990 Part Vo	of other intermedi	lary for contributions or all	Or con-I			
b If "Yes," explain the arrangement in Part		louing a table	iei assets not			
nser in manufacture in Part	XIII and complete the foll	lowing table:	*********		Ye	s No
c Beginning balance						
d Additions during the year		********************			Amount	
The strong duffing the Vegr		*********	• • • • • • • • • • • • • • • • • • • •	1c		
f Ending balance 2a Did the organization include on account.		*****		1d		
2a Did the organization include an amount or b If "Yes," explain the arrangement in Part X Part V Endowment Fund				1e		
b If "Yes," explain the arrangement in Part X Part V Endowment Funds.	Form 990, Part X, line 2	1, for escrow or custodial	account liabilities	1f		
- WOWING IN FINAR			A An Dank VIII		Yes	No
Complete if the organization	On anowored even		a on Fait XIII		<u> </u>	
<u> </u>	(a) Current year	on Form 990, Part IV.	line 10			
- Dedilling of Vear balance	(a) Current year	(b) Prior year (c)	Tour	There		
- stations			(u)	Three years back	(e) Four ye	ars back
i and i						
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curr	ent year end halan (iii					
 2 Provide the estimated percentage of the curr a Board designated or quasi-endowment ▶ b Permanent and a percentage of the curr 	%	e 1g, column (a)) held as:				
or elimanent endowment ▶						
c Term endowment ▶ %						
The percentages on lines 2a, 2b, and 2c shows a Are there endowment funds a second 2c shows a second 2	uld equal 100%					
 3a Are there endowment funds not in the posses organization by: (i) Unrelated organization 	sion of the organization	.h_1				
(i) Uproleted	and organization (nat are held and administe	ered for the			
t / Charled Organizations					[
(ii) Related organizations					Yes	No
b If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the organizations.	ions listed as required an	0-1		**** ******	3a(i)	
Part VI Land, Buildings, and Equip	organization's endowmon	Schedule R?		********	3a(ii)	
Part VI Land, Buildings, and Equip	ment.	Liunds.			3b	
Complete if the organization a	answered "Yes" on E	orm 000 p				
Complete if the organization a	(a) Cost or other basis	b) Cart IV, line	11a. See Form 9	90. Part x ==	na 10	
1a Land	(investment)		(c) Accumulated	, AIC/, !!	Book value	
		(other)	depreciation	Į (d	noov vaine	
b Buildings c Leasehold improvements		1 474				
c Leasehold improvements d Equipment		1,474,717	597,6	12	877,1	OF
1		 			0,1,1	.05

26,739 72,402

877,105

26,739 72,402

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e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	Complete if the organization answered "Yes" o	n i onn 990, Part IV,	, line 11b. See Form of	100 Dec 22 0
(1) Financi	(including name of security)	(b) Book value	10. Oce i oilli g	190, Part X, line 1
(1) Classic			1-7.7	valuation.
(3) Other	held equity interests		Cost of er	nd-of-year market value
4.4	***************************************			
(A)				
(B)				
(C)	***************************************			
(D)	***************************************			
(E)				
(F)				
(G)				
(H)				
Total. (Colum	In (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		\$55000 Conference	
	Complete if the organization			
	Complete if the organization answered "Yes" on F	Form gan Bort IV		
	(L) Description of Investment	(b) Part IV, III	<u>1e 11c. See Form 990</u>	Part X line 10
(1)		(~) DOOK value	(c) Metho	d of valuation:
(2)			Cost or end-of	year market value
(3)				, market value
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
stal. (Column (b) must oqual F			
ran IX ((b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on Form	m 990 Port IV (
1)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	Part X, line 15.
1)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	(b) Book value
(1) 2)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
(1)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
(1) (2) (3) (4) (4)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
(1) (2) (3) (4) (4)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
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(1)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN DEScription	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
(1)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT	m 990, Part IV, line	11d. See Form 990, F	(b) Book value 1,322,8
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(1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.)			(b) Book value 1,322,8 8,0
(1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.)			(b) Book value 1,322,8 8,0
il. (Column (b)) Art X Oti	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. implete if the organization answered "Yes" on Form 25.			(b) Book value 1,322,8 8,0
il. (Column (b) Art X Oti	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. mplete if the organization answered "Yes" on Form 25. (a) Description of liability e taxes			(b) Book value 1,322,8 8,0
il. (Column (b) in Column Federal incompared incompared incompared in REFUNDAB)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. implete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES			1,322,8 8,0 1,330,85
il. (Column (b) in Column Federal incompared incompared incompared in REFUNDAB)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. implete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES			(b) Book value 1,322,8 8,0
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il. (Column (b) in Column Federal incompared incompared incompared in REFUNDAB)	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. implete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES			1,322,8 8,0 1,330,85 1,330,85 90, Part X, (b) Book value
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I. (Column (b) (Column (b) Prederal incompage HOUSE DEI	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. mplete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES POSITS	990, Part IV, line 11	le or 11f. See Form 9	1,322,8 8,0 1,330,85 1,330,85 90, Part X, (b) Book value 224,87
I. (Column (b) (Column (b) Prederal incompage HOUSE DEI	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. mplete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES POSITS	990, Part IV, line 11	le or 11f. See Form 9	1,322,8 8,0 1,330,85 1,330,85 90, Part X, (b) Book value 224,87
I) I) II. (Column (b) III. (Column (b) III. Compared in Compared in Compared in Compared in Column (b) III. Column (b) III. Column (b) III. III. III. III. III. III. III. II	Complete if the organization answered "Yes" on For (a) Description CONSTRUCTION IN PROCESS SECURITY DEPOSIT must equal Form 990, Part X, col. (B) line 15.) her Liabilities. implete if the organization answered "Yes" on Form 225. (a) Description of liability e taxes LE ADVANCES	990, Part IV, line 11	Je or 11f. See Form 99	1,322,8 8,0 1,330,85 1,330,85 90, Part X, (b) Book value 224,87, 2,250

Complete if the organization	GREATER Statements Wi	14-18156	90 Pag
	m 990, Part IV II	ne 12a	eturn.
Amounts included on line 4 hut and		nc iza.	
a Net unrealized gains (losses) on investments b Donated services and use of facilities		*********	1 5,377,27
b Donated services and use of facilities	2a	7 41 4	
Recoveries of prior year grants	2h	-1,414	-
d Other (Describe in Part VIII.)	2c		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 200 B	2d		
Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***	2e -1,41
a Investment expenses not included on Form 990, Part VIII, line 1: b Other (Describe in Part VIII.)		**********	3 5,378,68
b Other (Describe in Part XIII.)	4a		
C Add lines 4a and 4b	4h	-6E1 401	
5 Total revenue. Add lines 3 and 4c. (This		-651,421	
HANNEY AND THE COMPANY OF THE COMPAN	ききともともももも しょくしょくしょく		4 - 1
Reconciliation of Exponential Point 990, Part I, line 12.)	-	4c -651,42:
Complete if the organization and Audited Financial) Statements Wit	h Evnonces B	5 4,727,263
Complete if the organization answered "Yes" on Form 1 Total expenses and losses per audited 5.) Statements Wit l 990, Part IV. line	h Expenses per Re	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Complete if the organization answered "Yes" on Form 1 Total expenses and losses per audited 5	.) Statements Wit 990, Part IV, line	h Expenses per Re	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements Wit 990, Part IV, line	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements Wit 990, Part IV, line	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Statements With 990, Part IV, line	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With 990, Part IV, line 2a 2b 2c	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With 990, Part IV, line 2a 2b 2c	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Statements With 990, Part IV, line 2a 2b 2c 2d	h Expenses per Ro	5 4,727,263 eturn.
Complete if the organization answered "Yes" on Form 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1	Statements With 990, Part IV, line 2a 2b 2c 2d	: 12a.	4,727,263 eturn. 1 2,899,847
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Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Statements With 990, Part IV, line 2a 2b 2c 2d	2	4,727,263 eturn. 1 2,899,847
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	Statements With 990, Part IV, line 2a 2b 2c 2d	7	4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c (This	Statements With 990, Part IV, line 2a 2b 2c 2d	7	4,727,263 eturn.
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Statements With 990, Part IV, line 2a 2b 2c 2d 4a 4b	-651,421 40	2,899,847 2,899,847 2,899,847 -651,421

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

THE ORGANIZATION FILES AN ANNUAL FORM 990 AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC. AS SUCH, NO FEDERAL OR NEW YORK STATE TAXES ARE PAID BY THE ORGANIZATION. THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).

THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REGARDING THE ACCOUNTING FOR UNCERTAIN TAX POSITIONS. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX

Schedule D (Form 990) 2021 HABITA' FOR HUMANITY OF GREATER Part XIII Supplemental Information (continued)	
POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE ORDER TO COMPLY WITH THE PROVISIONS OF THIS GUITHE ORGANIZATION IS NOT SUBJECT TO INCOME TAX EFEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR FIS	FINANCIAL STATEMENTS IN IDANCE. WITH FEW EXCEPTIONS, EXAMINATIONS BY THE U.S. SCAL YEARS PRIOR TO 2019.
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON SPECIAL EVENT EXPENSES	RETURN - OTHER
COST OF GOODS SOLD	\$ -17,070
* ************************************	\$ -634,351
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON SPECIAL EVENT EXPENSES	RETURN - OTHER
COST OF GOODS SOLD	\$ -17,070
SUBSTRUCTION SOLD	\$ -634,351

SCHEDULE G (Form 990)

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. HABITAT FOR HUMANITY OF GREATER NEWBURGH

Part I Fundraising Activities 6	1C.		11112	TEK		Employer identi	Inspection
Form 990-E7 files.	omplete i	f the organiza	ation	answ	ered "Voo" E	14-181	5690
Form 990-EZ filers are not Indicate whether the organization raised full	required	to complete	this p	art.	cred res on Form	990, Part IV, lir	ne 17.
1 Indicate whether the organization raised full a Mail solicitations	nas through	any of the follow	ving a	ctivities	. Check all that apply		
b Internet and email solicitations		e Solicitat	ion of	non-ao	vernment grants		
c Phone solicitations		f Solicitat	ion of	aovern	ment grants		
1 7		g Special	undra	isina o	ronts		
2a Did the organizations							
2a Did the organization have a written or oral at or key employees listed in Form 990, Part V b If "Yes," list the 10 highest paid individuals o compensated at least \$5,000 by the compensated.	greement wi	th any individua	l (incli	Idina of	ficere d'		
b If "Yes," list the 10 highest paid individuals of	II) or entity i	n connection wit	h pro	ession	al fundraising services?	S,	
b If "Yes," list the 10 highest paid individuals o compensated at least \$5,000 by the organize	ation.	ndraisers) purst	ant to	agreer	ments under which the fu	Indraiser is to be	Yes
(I) Name and address of individual			(111)	Did fund- J			
or entity (fundraiser)		(ii) Activity		er have tody or	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid
		,	co	ntrol of butions?	from activity	(or retained by) fundraiser listed in	(or retained by
1				No		col. (i)	organization
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List all states in the			1				
registration or licensing.	or licensec	to solicit contril	utia:				
List all states in which the organization is registered egistration or licensing.	, ,	==non con([]]	Jution	s or has	s been notified it is exem	pt from	

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perwork Reduction Act Notice, see the Instruction	******	******			*******		

Schedule G (Form 990) 2021

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mor than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events wit gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events GOLF OUTING (d) Total events NONE (event type) (add col. (a) through (event type) (total number) 1 Gross receipts col. (c)) 90,055 2 Less: Contributions 90,055 76,255 3 Gross income (line 1 minus line 2) 76,255 13,800 4 Cash prizes 13,800 5 Noncash prizes Direct Expenses 6 Rent/facility costs 14,584 7 Food and beverages 14,584 8 Entertainment 800 9 Other direct expenses 800 1,686 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,686 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 17,070 Revenue (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor Yes No 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) 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? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Is the organization a greator, beneficiary or trustee of a first, or a member of a partnership or other entity Yes formed to administer charitable gaming? Yes 13a The organization's facility 13a 2h An outside facility 13a 2h Enter the name and address of the person who prepares the organization's gaming/special events books and 13b records: Name Address	11	Does the organization conduct gaming activities with nonmombers 0F GREATER 14-1815690
formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and Name Address Address Address Isa Does the organization have a contract with a third party from whom the organization receives gaming revenue received by the organization If 'Yes,' enter the amount of gaming revenue received by the organization If 'Yes,' enter name and address of the third party Name Address Address Gaming manager information: Name Caming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to Fellor the amount of distributions required under state law to be distributed to other exempt organizations or Yes Next Next Next Yes Next Nex	12	Is the organization conduct gaming activities with nonmembers?
a The organization's facility An outside facility 114 Enter the name and address of the person who prepares the organization's gaming/special events books and Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15b If "Yes," enter the amount of gaming revenue received by the organization receives gaming amount of gaming revenue retained by the third party ▶ \$ and the If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or ¶ Yes □ Nearth.		formed to administer the first state of a trust, or a member of a part.
14 Enter the name and address of the person who prepares the organization's gaming/special events books and Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the c If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	13	Indicate the percentage gaming?
14 Enter the name and address of the person who prepares the organization's gaming/special events books and Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the c If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	а	The organization's facility
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Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ and the If "Yes," enter name and address of the third party. Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		records: [13b]
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		No.
b if "Yes," enter the amount of gaming revenue received by the organization \(\rightarrow \) and the amount of gaming revenue retained by the third party \(\rightarrow \) \$ and the if "Yes," enter name and address of the third party: Name \(\rightarrow \) Address \(\rightarrow \) Gaming manager information: Name \(\rightarrow \) Gaming manager compensation \(\rightarrow \) \$ Description of services provided \(\rightarrow \) Director/officer		Address ►
If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the If "Yes," enter name and address of the third party ▶ \$ and the If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or ■ Yes □ Note that I is the organization is own exempt activities during the tax year ▶ \$	15a	Does the organization have a contract to
amount of gaming revenue received by the organization ▶ \$ and the If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		
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Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		
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Director/officer	G	ming manager compensation N. a.
Director/officer		
Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or Yes No. No. No. Supplemental Information	De	Scription of services provided >
Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or Yes Note the state of the process of the pr		Director/officer
Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or Yes No. Supplemental Information.		Independent contractor
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or Supplemental Information	Ma	Odatory distributions:
spent in the organization's own exempt activities during the tax year Supplemental Information	a Isti	e organization required under state 1
spent in the organization's own exempt activities during the tax year Supplemental Information	reta	In the state gaming licenses
	Ente	of the amount of distribute
	spe	It in the organizations required under state law to be distributed to other
	art IV	No Superland sown exempt activities during the tax year
Part II, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
See instructions. (iii) and (v); and (v		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b
any documental information.		See instructions. See instructions.
		additional information.

Open to Public **%** OMB No. 1545-0047 Inspection 2021 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant Employer identification number PUBLIC SUPPORT or assistance 14-1815690 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 50,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501C3 HABITAT FOR HUMANITY OF GREATER 06-1551843 General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (1) COMMUNITY FOUNDATION OF ORANGE INC. NY 12549 (a) Name and address of organization 30 SCOTT'S CORNERS DR #203 NEWBURGH, Department of the Treasury Internal Revenue Service Name of the organization MONTGOMERY Parti 3 3 <u>4</u> 5 9 8

SCHEDULE 1

(Form 990)

Schedule I (Form 990) (2021)

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6)

Schedule I (Form 990) (2021) HABITAT FOR HUMANITY OF GREATER 14–1815690 Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of recipients (c) Amount of the organization answered "Yes" on Form 990, Part IV, line 22.	14-1815690 if the organization answered "Yes" on Form 990, Part IV, line 22.
Cash grant	JOU
2	
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Part IV Supplemental Le	
Franciscal Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additions.	ine 2; Part III, column (b); and any other column
	onel additional information.

MILL OLIVE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection

Part I Types of P	H. INC			Employer identification number
Part I Types of Property	-/ 1110	•		
	(a)			14-1815690
1 Art - Works of	Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d) Method of determining
The avolve of alt			Form 990, Part VIII, line 1	g noncash contribution amounts
Thistorical treasures				anounts.
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household				
goods				
6 Cars and other vehicles 7 Boats and plant				
· Boats and planes				
ordan brobello				
- Publicly fraded				
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	1			
5 Real estate — Residential				
6 Real estate — Commercial				
7 Real estate — Other				
8 Collectibles				
9 Food inventory				
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Drugs and medical supplies Taxidermy				
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one / The Restore	X 1	756		
ONO PUDITION MATERIAL	X 1		638,519	FMV
1			32,829	FMV
Other >			ļ	
Number of Forms 8283 received by the which the organization completed Form	organization	during the t		
which the organization completed Form	8283 Part \	/ Donne tax year for c	ontributions for	
	,	, Donee Acknowledgem	ent	29
During the year, did the organization rece 28, that it must hold for at least three year	eive by cont	wileti =		
28, that it must hold for at least three year	ers from the	details any property repo	orted in Part I, lines 1 t	through Yes No
to be used for exempt purposes for the ac-	maline to the	date of the initial contribu	ition, and which isn't re	equired
" Tes, describe the arrangement in Daw				- quincu
Does the organization have a gift accepta contributions?	L II.			30a X
contributions?	ince policy t	hat requires the review o	f any nonstandard	
Does the organization hire or use think				
Does the organization hire or use third par contributions?	nies or relat	ed organizations to solici	t, process or sell no-	31 X
If "Yes," describe in Part II.	**********	**********	on sell none	Dasn
If the organization didn't road		***********		32a X
If the organization didn't report an amount describe in Part II.	in column (c) for a type of property for	or which column (-)	
aperwork Reduction Act No.			column (a) is	checked,
aperwork Reduction Act Notice, see the Instr	uctions for F	orm 990.		

SCHEDULE O (Form 990)

--- . V. 10 AIV

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. HABITAT FOR HUMANITY OF GREATER NEWBURGH, INC.

Employer identification number

14-1815690

FORM 990 - ORGANIZATION'S MISSION

HABITAT FOR HUMANITY OF GREATER NEWBURGH IS DEDICATED TO PROVIDING DECENT, AFFORDABLE HOUSING IN PARTNERSHIP WITH FAMILIES IN NEED. REACHING ACROSS RELIGIOUS, CULTURAL, AND RACIAL BOUNDARIES, WE SEEK TO REBUILD A SENSE OF COMMUNITY WITH THE COMMON GOAL OF STRONG NEIGHBORHOODS AND DIGNITY THROUGH HOMEOWNERSHIP.

FORM 990, PART I, LINE 6

VOLUNTEERS ARE AN INTEGRAL PART OF HABITAT NEWBURGH. A VAST AMOUNT OF OUR ORGANIZATIONAL ACCOMPLISHMENTS ARE DIRECTLY TIED TO VOLUNTEER EFFORTS.

VOLUNTEERS SERVE IN VARYING CAPACITIES INCLUDING OUR BOARD OF DIRECTORS, COMMITTEES AND PROGRAM VOLUNTEERS. EXAMPLES OF PROGRAM VOLUNTEERS INCLUDE: CONSTRUCTION VOLUNTEERS WORK ON SITE WITH HABITAT STAFF. NO EXPERIENCE IS NEEDED. VOLUNTEERS ARE ASSIGNED TASKS THAT MATCH THEIR LEVEL OF SKILL AND COMFORT AND ARE GIVEN THE OPPORTUNITY TO LEARN NEW SKILLS.

RESTORE VOLUNTEERS CAN BE GREETERS AT THE STORE, HELP ARRANGE DISPLAYS AND PROVIDE GENERAL SUPPORT. HABITAT'S RESTORE TAKES DONATIONS OF FURNITURE, HOUSEHOLD GOODS AND BUILDING SUPPLIES AND SELLS THEM TO THE PUBLIC TO RAISE FUNDS FOR HABITAT'S MISSION.

SPECIAL EVENT VOLUNTEERS HELP ORGANIZE ACTIVITIES THAT RAISE FUNDS AND AWARENESS OF HABITAT'S MISSION.

---- IV. IV AIVI

HABITAT FOR HUMANITY OF GREATER

Employer identification number 14-1815690

FAMILY SUPPORT VOLUNTEERS HELP GUIDE SELECTED FAMILIES THROUGH THEIR HABITAT JOURNEY TO HOMEOWNERSHIP.

HOMEOWNERSHIP CLASS VOLUNTEERS LEAD WORKSHOPS FOR HOMEOWNERS TO: CLEAR AND IMPROVE THEIR CREDIT SCORES, UNDERSTAND HOW CREDIT HISTORY AFFECTS ABILITY TO OBTAIN A MORTGAGE, LEARN FINANCIAL MANAGEMENT OF HOUSEHOLD EXPENSES, SAVE FOR EXPENSES RELATED TO HOMEOWNERSHIP AND PERFORM BASIC HOUSEHOLD MAINTENANCE AND REPAIR.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HFHGN BUILDS HOMES AND COMMUNITIES IN PARTNERSHIP WITH HARD WORKING

FAMILIES AND VOLUNTEERS IN NEWBURGH, NY. IT FOCUSES ITS HOME BUILDING

EFFORTS IN U.S. CENSUS TRACTS 4 AND 5, WHICH RANKS AS THE MOST DISTRESSED

URBAN AREAS IN NEW YORK STATE. IN APRIL OF 2017, ITS DESIGNATED FOCUS AREA

BECAME KNOWN AS THE BROADWAY RIVER DISTRICT - FOUR SQUARE BLOCKS NORTH AND

SOUTH OF BROADWAY BETWEEN LIBERTY STREET AND DUBOIS STREET. HFHGN STRIVES

TO COMPLETE EIGHT HOUSES PER YEAR. BY JUNE OF 2021, IT HAD DEDICATED ITS

ONE HUNDREDTH HOME. HFHGN STRATEGICALLY BUILDS NOT JUST HOMES, BUT

NEIGHBORHOODS. HFHGN COMPLETED ITS MOST SIGNIFICANT NEIGHBORHOOD

REVITALIZATION PROJECT ON EAST PARMENTER STREET IN JUNE OF 2014 AND HAS

SUBSEQUENTLY COMPLETED BLOCK PROJECTS ON S MILLER/JOHNSTON STREETS AND

FORM 990, PART VI - MATERIAL DIFFERENCES IN VOTING RIGHTS EXPLANATION
DIRECTOR EMERITUS SHALL NOT BE ENTITLED TO VOTE AT MEETINGS OF THE
DIRECTORS AND IS NOT COUNTED IN THE COUNT OF DIRECTORS FOR PURPOSES OF
A QUORUM. THE DIRECTOR EMERITUS SHALL BE ELECTED TO SERVE A LIFETIME TERM.

HABITAT FOR HUMANITY OF GREATER

Employer identification number 14-1815690

ONLY ONE DIRECTOR EMERITUS MAY SERVE AT ANY TIME.

THE EXECUTIVE DIRECTOR MAY NOT SERVE ON THE BOARD OF DIRECTORS OR ANY BOARD COMMITTEE, EXCEPT IN A NON-VOTING, EX-OFFICO CAPACITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY, BEFORE IT IS FILED, FOR REVIEW. UPON ACCEPTANCE, A FINAL COPY IS FORWARDED TO AN AUTHORIZED INDIVIDUAL FOR SIGNATURE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE BY REMINDING ALL BOARD MEMBERS OF ITS CONFLICT OF INTEREST POLICY WITHIN THE AGENDA DOCUMENT ISSUED AT EVERY BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR COMPENSATION IS BASED ON AN ANNUAL EVALUATION BY THE EXECUTIVE COMMITTEE AND IS THEN APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION SPECIAL EVENT EXPENSES 17,070 COST OF GOODS SOLD 634,351 SPECIAL EVENT EXPENSES -17,070

Schedule O (Form 990) 2021 Name of the organization	Page 2
HABITAT FOR HUMANITY OF GREATER	Employer identification number 14-1815690
COST OF GOODS SOLD	\$ -634,351
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	PAGE 3 OF 3

Form **990** Two Year Comparison Report For calendar year 2021, or tax year beginning 2020 & 2021 Name 07/01/21 HABITAT FOR HUMANITY OF GREATER endina 06/30/22 NEWBURGH, INC. Taxpayer Identification Number 1. Contributions, gifts, grants 14-1815690 2020 2. Membership dues and assessments 2021 1. 1,221,910 Differences 3. Government contributions and grants 3,910,537 2. 2,688,62 4. Program service revenue 3. 189,450 183,761 5. Investment income 4. -5,689 610,645 6. Proceeds from tax exempt bonds 546,836 5. -63,809 365 7. Net gain or (loss) from sale of assets other than inventory 841 6. 47€ 8. Net income or (loss) from fundraising events 7. 9. Net income or (loss) from gaming 8. 68,758 10. Net gain or (loss) on sales of inventory -3,270 9. -72,028 11. Other revenue 10. -81 12. Total revenue. Add lines 1 through 11 -17 11. 8,301 13. Grants and similar amounts paid 88,575 12. 2,099,348 80,274 14. Benefits paid to or for members 4,727,263 2,627,915 13. 15. Compensation of officers, directors, trustees, etc. 51,000 14. 51,000 16. Salaries, other compensation, and employee benefits 15. 97,376 17. Professional fundraising fees 109,037 16. 11,661 823,840 936,046 18. Other professional fees 17. 112,206 19. Occupancy, rent, utilities, and maintenance 18. 21,375 20. Depreciation and Depletion 20,641 19. 138,009 -734 21. Other expenses 131,985 20. -6,024 39,180 22. Total expenses. Add lines 13 through 21 43,971 21. 766,433 4,791 955,746 23. Excess or (Deficit). Subtract line 22 from line 12 22. 189,313 1,886,213 2,248,426 24. Total exempt revenue 23. 362,213 213,135 2,478,837 25. Total unrelated revenue 2,265,702 2,099,348 24. 4,727,263 26. Total excludable revenue 25. 2,627,915 27. Total assets 26. 687,988 632,965

27.

28.

29.

30.

31.

32.

33.

3,678,872

1,134,330

2,544,542

19

19

18

1774

5,460,224

5,021,965

15

15

23

2909

438,259

-55,023

1,781,352

2,477,423

-696,071

28. Total liabilities

29. Retained earnings

32. Number of employees

33. Number of volunteers

30. Number of voting members of governing body

31. Number of independent voting members of governing body

63003 Habitat for Humanity 7 14-1815690 FYE: 6/30/2022	Federal Statements	1/12/2023 10:15 Ar
Code	Unsecured notes - EOY	
SBA PPP LOAN TOTAL	ription Amount \$ \$	
Code	Gross rents	
RENTAL INCOME TOTAL	ptionAmount \$	
	\$0	

of the Treasury evenue Service

Appl. tion for Automatic Extension of Thue 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

~	Torride Service		Tile a sepa	arate application	~		
.cor	nic filing (e-file) You a	→ Go to	www.irs.go	arate application for each repulsion for the latest in a 6-month automatic extension Transfers Associated With the formet (co.	turn.	i	OMB No. 1545-004
₁1S list	ted below with the	i electronically stars		- Ior the latest i	mf_		
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filing of th	is form	request must be sent to the de-file-providers/e-file-for-chi	tion Return f	of a 6-month automatic extension Transfers Associated With er format (see instructions). For profits	ion of time	to file any of u	
	"S TOTTI, VISIT WWW.irs.gov	/e-file-provide - (-	e IRS in pap	er format (as a sociated With	Certain Pe	rsonal Day of the	
Automa	tio O T	providers/e-file-for-ch	aritico -	(see instructions)		soliai Benefit	
All corpora	tions remoitin Extens	ion of Time Only		nal (no copies needed). T (including 1120-C filers), parrs.	- more de	talls on the electronic	
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