May the IRS discuss this return with the preparer shown above? (see instructions)

X No

	n 990 (2018) Habitat for Humanity Champaign	34-1936444	Pag
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · ·	<u> [</u>
1	Briefly describe the organization's mission		
	Fulfill the need for adequate housing for low income families and breaking tr	ends that le	ead
	to people becoming impoverished.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	m v. r	٦
		· · · · 🔲 Yes 🛭	XI No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	□ v _{aa} [N
	If "Yes," describe these changes on Schedule O	□ ies E	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	lbv	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	,	
la	(Code) (Expenses \$ 201,320 including grants of \$ 75,109) (Revenue	\$ 206	,711)
	Fulfilling need for adequate housing for low income families and breaking tre		
	people becoming impoverished.		
	(Code) (Expenses \$ including grants of \$) (Revenue	\$,
		· · · · · · · · · · · · · · · · · · ·	
		•	
;	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
		 	
<u> </u>	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
е	Total program service expenses ▶ 201,320		

Part IV

Page 3

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

	The state of the s			
`22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	_		
	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	!	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Ħ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			١
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			١
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		, l	
Dor	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	• • •	· · ·	LL.
4 -	Establis aurabas asserted in Day 2 of Form 4000 Fates O. fact analysis lie	Γ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		-
	reportable gaming (gambling) winnings to prize winners?	1c	X	Щ

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

Pai	rt.VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management			بنده
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		1	1
	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar	-		
	committee, explain in Schedule O	1		
b				1
2	Enter the number of voting members included in line 1a, above, who are independent	-	-	l
_				
2	any other officer, director, trustee, or key employee?	· 2	┼─	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			ļ ,,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	· 3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· 4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5	┼	X
6	Did the organization have members or stockholders?	· 6	+	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	· 7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		İ	
	stockholders, or persons other than the governing body?	· 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		l	_
а	The governing body?	· 8a	X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	\ X -	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this was done	. 12c	X	
13	Did the organization have a written whistleblower policy?	. 13	+	Х
14	Did the organization have a written document retention and destruction policy?	. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ
а	The organization's CEO, Executive Director, or top management official	. 15a		X.
b	Other officers or key employees of the organization	. 15b	+	X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100	+-	 ^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IOa		. 16a		X
L		· 10a	1	 ^ -
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-		_
C	organization's exempt status with respect to such arrangements?	· 16b	l	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Richard Finkbine (937)652-2981, 1598 West US Hwy 36, Urbana, OH 43078			
		—	- 000 /	2040

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Habitat for Humanity Champaign

34-1936444

Page 7

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Forme Forme Officer O				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
	below dotted line)	Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	34			and related organizations
(1) James Ballard	_ 5 .00_	v								
Board Member	F 00	Χ					\vdash	0	0	0
(2) Marge_BakerBoard Member	5.00	Х						o	o	0
(3) Greg Ward	5.00	-73						0		
Board Member	=:	Х						0	o	0
(4) Marcia Ward	5.00									
Board Member		Χ						0	o	0
(5) Dan Baker	2.00									
Board Member		Χ						0	0	0
(6) Jessica Betts, DR	2.00									
Board Member		Χ	_				\Box	. 0	0	0_
(7) Ray Branstiter, Father	2.00									
Board Member		X					\Box	0	0	0
(8) MIchelle Johnson	2.00	,,						_		
Board Member		Х			_		\dashv	0	0	0
(9) Robert Johnson	2 .00_	Х						0	o	0
Board Member (10)Beau Brown	2.00						-+	. 0		
Board Member	2 .00_	Х		ŀ				0	o	0
(44)24-44-7	2.00	71					\dashv			<u> </u>
Board Member	=:	Х						0	o	0
(12)Amber Powell	2.00			一			\neg	<u>-</u>		
Board Member		Χ						0	0	0
(13)Rachel Saylor	2.00									
Board Member		Χ						0	0	0
(14)James Zaborowskı	2.00									
Board Member		Χ		\Box				0	. 0	0
EEA										Form 990 (2018)

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	ipensati from the ganization d relate anization	on ed
(15)Frank_Segret1 Board Member	2.00	Х						0	0			0
(16)Julie Urguhart	2.00								<u></u>			
Board Member		X						0	0			0
(17)Richard Finkbine	5.00			٠,					_			
Treasurer (18)Keyth Royman	5.00			Χ				0	0	-		_ 0
(18)Keith Bowman Vice President	1 - 2.00			Х				o	0			0
(19)Tim Schneider	5.00					-						
Secretary				Χ				0	0			0
(20)Virginia Stanley	5.00											
President				X				0	0_	ļ		0
(21)												
(22)												
(23)												
(24)						·						
(25)												
1b Sub-total							•					
d Total (add lines 1b and 1c)								0	0			0
Total number of individuals (including but not limited	to those liste	d abov	/e) w	vho r	ecei	ved m	ore 1	than \$100,000 of	•			
reportable compensation from the organization						_			0		-	
2 Did the agreement on both and for the second or start					.						Yes	No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			-		-			ensated • • • • • • • • • •		3		- <u>X</u>
4 For any individual listed on line 1a, is the sum of rep										-		
organization and related organizations greater than \$	· · · · · · · · · · · · · · · · · · ·											
ındıvıdual										4		X
5 Did any person listed on line 1a receive or accrue co	•		-			-	zatıc	on or individual				
for services rendered to the organization? If "Yes," c	omplete Sche	edule J	for .	such	per	son				5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensate		nt con	tract	ore t	hati	racawa	-d m	ore than \$100 000	l of			
compensation from the organization. Report compensation year												
(A)								(B)			(C)	
Name and business address								Description of	services	Comp	ensatio	n
												
								-				
2 Total number of independent contractors (including t	out not limited	to the	se li	sted	abo	ve) wh	10	<u> </u>				
received more than \$100,000 of compensation from												

Form 990 (2018) Habitat for Humanity Champaign 34-1936444 Page 9 Part,VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function Unrelated business Revenue excluded from tax Total revenue under sections revenue Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b c Fundraising events 1c 290 1d e Government grants (contributions) . . 1e 16,000 f All other contributions, gifts, grants, and similar amounts not included above 42,993 g Noncash contributions included in lines 1a-1f \$ 59,283 **Business Code** Program Service Revenue 2a New Mortgage 236000 78,425 78,425 f All other program service revenue g Total. Add lines 2a-2f 78,425 3 Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · · · · · · ▶ 357 357 Income from investment of tax-exempt bond proceeds (i) Real (II) Personat 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 · · · · · · · · a **b** Less direct expenses b c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶

131,241

Business Code

3,312

127,929

265,994

127,929

206,711

11a

10a Gross sales of inventory, less

e Total. Add lines 11a-11d . . . 12 Total revenue. See instructions

returns and allowances a

c Net income or (loss) from sales of inventory · · · · · · · ▶

b Less cost of goods sold b

Miscellaneous Revenue

Part.IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	ny line in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			<u> </u>	
	and domestic governments. See Part IV, line 21			•	
2	Grants and other assistance to domestic		¥		
	ındıvıduals See Part IV, line 22	75,109	75,109		
3	Grants and other assistance to foreign			*•	,
	organizations, foreign governments, and foreign				Ì
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ļ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	49,620	49,620		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits				
10	Payroll taxes	5,088	5,088		
11	Fees for services (non-employees)				
а	Management				
b	Legal	708		708	
С.	Accounting	906		906	
d	Lobbying		,		
9	Professional fundraising services See Part IV, line 17		·	-	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O)	2 055	2 055		
13	Office expenses	3,055	3,055		
14	Information technology	861	861		
15	Royalties				
16	Occupancy	45,004	45,004		
17	Travel	45,004	45,004		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	280	280		
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	4,967	4,967		
22	Depreciation, depletion, and amortization	5,159	5,159		
23	Insurance	3,593	3,593		
24	Other expenses litemize expenses not covered			-	• .
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	_	•	•	
	(A) amount, list line 24e expenses on Schedule O)	-	·		: 1
а	Supplies	2,307	2,307		
b	Banking Fees	1,936	1,936		
С	Other	2,456	2,456		
d	Repairs	515	515		
е	All other expenses	1,370	1,370		
25	Total functional expenses. Add lines 1 through 24e .	202,934	201,320	1,614	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here If				
	following SOP 98-2 (ASC 958-720)				

Part.		Balance Sheet	3	4-193	6444 Page 1
1 41 1,					- Т
_		oneda ii odnedale o contains a response of flote to any line iii this i art x	(A)		(В)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	150,610	1	162,553
	2	Savings and temporary cash investments	130,010	2	102,333
	3	Pledges and grants receivable, net	4,551	3	5,949
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors.			
		trustees, key employees, and highest compensated employees			-
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	<i>‡</i>	1 1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	•		• •
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	······································
.	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	•	9	 ,
`	10a	Land, buildings, and equipment cost or		1.	····
		other basis Complete Part VI of Schedule D 10a 25,795		.	
	b	Less accumulated depreciation	16,018	10c	10,859
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	366,945	15	424,878
	16	Total assets. Add lines 1 through 15 (must equal line 34)	538,124	16	604,239
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
İ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iat		disqualified persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	10,000	23	10,000
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	·
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	5,271	25	8,326
	26	Total liabilities. Add lines 17 through 25	15,271	26	18,326
S		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			•
je		complete lines 27 through 29, and lines 33 and 34.			
a a	27	Unrestricted net assets	495,531	27	556,585
Ď	28	Temporarily restricted net assets	27,322	28	27,823
Ĕ	29	Permanently restricted net assets	,	29	1,505
Net Assets or Fund Balances		, , , ,	•		•
S	20	complete lines 30 through 34.		30	·
sse	30 24	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	31	
ţ \	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Š	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	E00 0E0	33	EQE 013
	33 24		522,853	34	585,913
	34	Total liabilities and net assets/fund balances	538,124	J-4	604,239

4	990 (2018) Habitat for Humanity Champaign	34-193644	Pa	age 12	
Pa	rt.XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		265,9	994
2	Total expenses (must equal Part IX, column (A), line 25)	2		202,9	
3	Revenue less expenses Subtract line 2 from line 1	3		63,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	522,853		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			-
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	!	585,9	913
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	2. 0 "	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ĺ

EEA

· SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

Open to Public

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

		t for Humanity Champaign					34-19364	44			
Pa		Reason for Public Charity				<u>·</u>) See instruction	S			
The	orga	nization is not a private foundation beca									
1	Ц	A church, convention of churches, or)(A)(i).		1			
2	Ц	A school described in section 170(b)	(1)(A)(ii) . (Attach S	chedule E (Form 990 or 9	990-EZ))			ha			
3	Ш	A hospital or a cooperative hospital se	ervice organization (described in section 170	(b)(1)(A)(ii	ii).		/)			
4		A medical research organization opera	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the	\cup			
		hospital's name, city, and state						·			
5		An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in				
		section 170(b)(1)(A)(iv). (Complete P	art II)								
6		A federal, state, or local government of	or governmental uni	it described in section 17	70(b)(1)(A)	(v).					
7		An organization that normally receives					n the general public				
		described in section 170(b)(1)(A)(vi).	(Complete Part II)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9	П	An agricultural research organization of			ed in conju	inction with	a land-grant college				
	_	or university or a non-land-grant colleg									
		university	g g			,,	o or and demography				
10	\mathbb{X}	An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns memb	ership fees, and gross				
	تغنة	receipts from activities related to its ex						•			
		support from gross investment income	•	•		•					
		acquired by the organization after Juni					om businesses				
11	П	An organization organized and operati									
12	H	An organization organized and operat					corn, out the number				
		of one or more publicly supported orga	. •								
		Check the box in lines 12a through 12		, ., .							
	а	Type I. A supporting organization									
	u										
		the supported organization(s) the			ly of the dir	ectors or ti	ustees of the				
	L	supporting organization You mus			4		-t(-) by b				
	b	Type II. A supporting organization									
		control or management of the sup		•	rsons that o	control or n	nanage the supported	1			
		organization(s) You must compi									
	С	Type III functionally integrated.		· ·				•			
		its supported organization(s) (see	•	•							
	d	Type III non-functionally integra		*			· ·	·			
		that is not functionally integrated		•		-	t and an attentivenes:	S			
		requirement (see instructions) You	="								
	е	Check this box if the organization				a Type I, 1	Type II, Type III				
		functionally integrated, or Type III						F*****			
	f	Enter the number of supported organi		• • • • • • • • • • • • • • • • • • • •							
	g	Provide the following information about	ut the supported org	ganization(s)	,		T				
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization	1 ' '	rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	docum	ur governing nent?	support (see instructions)	other support (see instructions)			
							,	,			
					Yes	No					
(A)											
											
(B)											
						ļ					
(C)											
											
(D)											
(D)					ļ						
(E)											
(E)						<u> </u>					
Total											

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

instructions

18

90 or 990-EZ) 2018 Habitat for Humanity Champaign Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	58,879	65,142	136,689	41,754	E0 202	261 747
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,819	65,142	130,069	41,754	59,283	361,747
3	Gross receipts from activities that are not an unrelated trade or business under section 513					,	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · ·	58,879	65,142	136,689	41,754	59,283	361,747
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · ·						
8	line 6)		. ,	~~			361,747
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	58,879	65,142	136,689	41,754	59,283	361,747
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,136	27,896	30	151	357	32,570
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·	4,136	27,896	30	151	357	32,570
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				·		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	9,440	9,397	9,917	1,070	147,071	176,895
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · ·	72,455	102,435	146,636	42,975	206,711	571,212
	First five years. If the Form 990 is for the org organization, check this box and stop here						▶ 📋
Se	ction C. Computation of Public Su				······································		
15	Public support percentage for 2018 (line 8, co					15	63.33 %
16	Public support percentage from 2017 Schedu					16	84.47 %
	ction D. Computation of Investmen				1	1	
17	Investment income percentage for 2018 (line					17	6.00 %
18	Investment income percentage from 2017 Sci				_	18	9.00 %
	33 1/3% support tests - 2018. If the organiza 17 is not more than 33 1/3%, check this box a	and stop here. The o	organization qualifi	es as a publicly sup	ported organization	n	▶ 🏻
	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b	oox and stop here . T	The organization qu	alifies as a publicly	supported organiz		
20	Britista foundation. If the organization did no	t anaak a hay an linc	3 14 103 or 10h 4	nack this hav and	caa inctriictiane		🗩 🗆

Part.IV

Supporting Organizations

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

Section A. All Supporting Organ	izations
---------------------------------	----------

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

	Yes	No
1		
		.
1		
. 1		
2		1
3b		
3c]
4a		
4b		
,.		
4c		
		~-
<u> </u>	•	·
5a		
5b		
5c		
6	-	
7		
8		
9a		
9b		
9c		
•		
10a		
10b		

Pa	t.IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			^
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	į		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1 . 1
	controlled the organization's activities. If the organization had more than one supported organization,	٠,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	•		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,]
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	'		
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		,	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	*		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ا
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			{
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			اــــا
<u>C</u>	supported organizations played in this regard	3		<u></u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions)	,
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/000 ir	otruo	tional
Ç	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test Answer (a) and (b) below.	(See II	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•	' '	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			i
	that these activities constituted substantially all of its activities			
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	·		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		.]
	reasons for the organization's position that its supported organization(s) would have engaged in these		·	.
	activities but for the organization's involvement	2b		ئــــا
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		ئــــا

1

2

3

<u>4</u>

Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Sched	36444 Page 7						
Pal	rt.V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	ations (continued)	· · · · · · · · · · · · · · · · · · ·			
Sec	Current Year						
_1	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3							
	 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 						
5	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	e organization is respons	sive				
	(provide details in Part VI) See instructions						
_9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI) See						
	instructions						
	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from						
	Section D, line 7 \$						
	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2019 Add lines 3j						
	and 4c						
	Breakdown of line 7						
а	Excess from 2014		,				
b	Excess from 2015						

c Excess from 2016

d Excess from 2017e Excess from 2018

. . . .

. . . .

	n 990 or 990-E2) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
	III line 12 Port N. Control A. Import 9. Ob On the Asia Service Control and Asia Service Control
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	29 and 20 Part VI and 10 Part VI and 17 Part VI and 20 Part VI and
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	ines 2, 3, and 6 7435 complete this part for any additional information (See instructions)
-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization	Employer identification number
Hak	oitat for Humanity Champaign	34-1936444
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nservation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	· 2b
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	sements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
D.	organization's accounting for conservation easements	har Cimilar Accets
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Ot	ner Similai Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	d b alanca abank
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in full	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in full	rtnerance or
	public service, provide the following amounts relating to these items	▶ #
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1	
b_	Assets included in Form 990, Part X	····· ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3
collection items (check all that apply) a Public exhibition d Loan or exchange programs b Scholarly research o Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5
Public exhibition Discription of the organization of lother Debra Debr
b Scholarly research C Preservation for future generations 4 Provide a description of future generations 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII 5 Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No
c Preservation for future generations
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds cather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, fursitese, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1
Summy Summ
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Yes No
Sasets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Endowment Funds. Segments of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Diff "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance Contributions C Net investment earnings, gains, and losses G Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment P Permanent endowment P Permanent P Perm
b If "Yes," explain the arrangement in Part XIII and complete the following table Amount Ic
c Beginning balance
C Beginning balance 1c d Additions during the year 1d
d Additions during the year Distributions during the year 1e 1e 1f
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back
Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
b Contributions
d Grants or scholarships e Other expenditures for facilities and programs
d Grants or scholarships e Other expenditures for facilities and programs
e Other expenditures for facilities and programs
programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment % Permanent endowment % Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by
a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No
organization by Yes No
(i) unrelated organizations
\(\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)
Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
Description of property (a) Cost of other basis (b) Cost of other basis (c) Accumulated (d) book value
(investment) (other) depreciation
1a Land
1a Land 1,116 b Buildings 1,116
1a Land
1a Land 1,116 b Buildings 1,116 c Leasehold improvements 1,116

Schedule D (Form 990) 2018 Habitat for Part.VII Investments - Other Securities.	Humanity Champaign	34-193	6444 Page :
Complete if the organization answ	ered "Yes" on Form 990, Par	rt IV, line 11b See Form 990,	Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va)
(1) Financial derivatives		out of the or year market is	740
(2) Closely-held equity interests		·	
(3) Other			
(A)			
(B)			
(C)			-
(D)			
(E)			
(F) (G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col. (B) line 12			
Part VIII Investments - Program Related.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answ	ered "Yes" on Form 990, Par	rt IV, line 11c. See Form 990, l	Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	1
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answ	ered "Yes" on Form 990, Par	rt IV, line 11d See Form 990,	Part X, line 15
	(a) Description		(b) Book value
(1) Mortgages			424,87
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		424,87
Part X Other Liabilities.			
Complete if the organization answ	ered "Yes" on Form 990, Par	rt IV, line 11e or 11f See Form	ı 990, Part X,
line 25			-
1. (a) Description of liability	(b) Book value	-	*
(1) Federal income taxes	6 526	-	* '
(2) Escrow Payable	6,536	┥ ,	•
(3) Sales Tax Payable	1,790	-,-	- x 4
(4) (5)		1	• • •
(6)		1	
(7)		· .	· · · · · · · · · · · · · · · · · · ·
(8)			• •
(0)		T	•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

8,326

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

Da	rt.XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Dotum	raye 4
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	Return.	
	Total revenue, gains, and other support per audited financial statements	T 4 T	
-		1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	· ·	
a	Net unrealized gains (losses) on investments	- ; -, ;	
b		[: [6:]	
C	Recoveries of prior year grants	1000	
d	Add lines 2a through 2d		
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
		`.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	- .	
b	Add lines 4a and 4b	 _ _	
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c 5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ber Return.	
_		T 4 T	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a	Donated services and use of facilities		
b	Other losses · · · · · · · · · · · · · · · · · ·	-	
ر ا	Other (Describe in Part XIII)	- ^ -	
d	Add lines 2a through 2d		
e	Subtract line 2e from line 1	2e	
3	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	"	
a	Investment expenses not included on Form 990, Part VIII, line 7b	┤: . │	
b	Other (Describe in Part XIII)	- 	
c		4c	
5 D a	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	ide 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	V 1	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	I A, IIIIe	
۷, ۳۵	and Al, lines 20 and 40, and Fart All, lines 20 and 40 Also complete this part to provide any additional information		

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a	abitat for Humanity Champa:	ıgn	the erecui		Wash as I	34-19	36444
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services Yes No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual (iii) Did fundraiser have custody or control of contributions? (iv) Amount pad to (or retained by fundraiser) (vi) Amount pad to (or retained by fundraiser) Yes No Yes No (vi) Amount pad to (or retained by fundraiser have custody or control of contributions? Yes No In a solicitation of non-government grants Yes No (vi) Amount pad to (or retained by fundraiser) (vi) Amount pad to (or retained by fundraiser) Yes No (vi) Amount pad to (or retained by fundraiser) (vi) Amount pad to (or retained by fundraiser) (vi) Amount pad to (or retained by fundraiser) Yes No (vi) Amount pad to (or retained by fundraiser) (vi) Am					swered tes on t	-orm 990, Part IV,	line 17.
b Internet and email solicitations f Solicitation of government grants c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser have custody or control of contributions? Yes No Yes No (iv) Gross receipts from activity fundraiser have custody or control of contributions? (iv) Amount paid to (iv) Amount paid t					ities Check all that ap	ply	·
c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser have custody or control of confibutions?) (iv) Amount paid to (or retained by) fundraiser is individual or entity (fundraiser) Yes No (vi) Amount paid to (or retained by) fundraiser is individual or entity (fundraiser) Yes No (vi) Amount paid to (or retained by) fundraiser is individual or entity (fundraiser) It is not activity (fundraiser) Yes No (vi) Amount paid to (or retained by) fundraiser is individual or entity (fundraiser) It is not activity (fundraiser) Yes No (vi) Amount paid to (or retained by) fundraiser is individual or entity (fundraiser) It is not activity (fundraiser)	a 🔲 Mail solicitations		e 🗌	Solicitation	of non-government gra		
d n-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?					-		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No (ii) Name and address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No Yes No 1 (iv) Gross receipts from activity from activity from activity from activity from activity from activity organization.	=		g ∐	Special fund	draising events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No Yes No (iv) Amount paid to (or retained by) fundraiser listed in col (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	_ '			مان ما الممان ما		lavata a	
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No You No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	_	-	•		•		s 🗆 No
compensated at least \$5,000 by the organization (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No (iv) Gross receipts from activity fundraiser listed in col (i) (vi) Amount pad to (or retained by) fundraiser listed in col (i) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (ii) (vi) Amount pad to (or retained by) fundraiser listed in col (iii) (vi) Amount pad to (or retained by) fun					_	-	_
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(ii) Name and address of individual or entity (fundraiser) (iii) Activity (iv) Gross receipts from activity (iv) Gross		1		-			r
Yes No Yes No Ital List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from		(II) Activity	custody or	control of		(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
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Part II

		gross receipts greater than 5	£5.000			
		gross rescipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts · · · · · · · ·				<u> </u>
u.	2	Less Contributions Gross income (line 1 minus		-		
		line 2)				
	4	Cash prizes · · · · · · · ·				
	5	Noncash prizes				
uses	6	Rent/facility costs · · · · · · · ·				
Direct Expenses	7	Food and beverages · · · · · ·				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	10 11 irt i	Direct expense summary Add lines 4 Net income summary Subtract line 1 Gaming. Complete if the or than \$15,000 on Form 990	0 from line 3, column (d) ganization answered			nore
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue · · · · · · · ·		1		
	ı					
es	2	Cash prizes · · · · · · · ·				
Expenses	3					
Direct Expenses		Cash prizes · · · · · · · · · ·				
Direct Expenses	3	Cash prizes				
	3	Cash prizes	☐ Yes %	☐ Yes%	☐ Yes% No	
	3 4 5	Cash prizes	□ No		=	
	3 4 5	Cash prizes	No through 5 in column (d)	No No	□ No	
	3 4 5 6 7 8 En	Cash prizes	No through 5 in column (d) ict line 7 from line 1, column	mn (d)	□ No	· · · · Tyes No
9 a b b	3 4 5 6 7 8 En is:	Cash prizes	No through 5 in column (d) ict line 7 from line 1, colu on conducts gaming activities in each o	mn (d)	□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	· · · D Yes D No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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

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

Employer identification number

Habitat for Humanity Champaign	34-1936444
01. Form 990 governing body review (Part VI, line 11)	
The Organization's form 990 was presented to the board of directors for t	heir review.
They had the opportunity to ask questions. They were not required to app	rove_the
return.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Any expenditure exceeding \$250 must be approved by the board. The board	of directors are
always on look for any purchase of goods and services provided by a board	member, their
family members or their companies. Such transactions are avoided If the	e purchase of
goods and services is required to be provided a board member, or their re	lations, the
affected board member is prohibited to vote on the approval of the expend	iture.
03. Governing documents, etc, available to public (Part VI, line 19)	
The Organization has a series of files containing all board minutes and Fo	orm 990 presented
to the board for its review. All form 990s filed are included in these f	ıles. These
files are available for inspection by making an appointment with the Organ	nızatıon's
secretary.	
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