

# Selden Fox

Accounting for your future

One Parkview Plaza, Suite 710 | Oakbrook Terrace, IL 60181 | [www.seldenfox.com](http://www.seldenfox.com)  
p 630.954.1400 | f 630.954.1327 | [email@seldenfox.com](mailto:email@seldenfox.com)

November 16, 2023

Ms. Keri Asevedo, Executive Director  
Rockford Area Habitat for Humanity  
5183 Harlem Road, Suite 3  
Loves Park, IL 61111

Dear Ms. Asevedo:

The federal income tax return for the year ended December 31, 2022 for Rockford Area Habitat for Humanity has been electronically filed; accordingly we are providing the following:

FORM 8879-TE IRS e-file SIGNATURE AUTHORIZATION FOR A TAX  
EXEMPT ENTITY

12/31/22 U.S. RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
FORM 990

12/31/22 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION  
ANNUAL REPORT – FORM AG990-IL (*Original enclosed*)

Please return the signed authorization to Selden Fox, Ltd. as soon as possible.

Also enclosed are the original and one copy of the state income tax return. The original return should be signed, dated, and filed in accordance with the filing instructions.

The provided paper client copy is for your use and should be retained for your files.

Upon an audit of any return, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.



Andrew S. Bogren  
Audit Manager

ASB/njc

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2022

<b>Prepared for</b>	ROCKFORD AREA HABITAT FOR HUMANITY 5183 HARLEM ROAD LOVES PARK, IL 61111
<b>Prepared by</b>	SELDEN FOX, LTD. ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	RETURN FORM 8879-TE TO US BY AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

2022

Department of the Treasury Internal Revenue Service

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

Name of filer

ROCKFORD AREA HABITAT FOR HUMANITY

EIN or SSN

36-3592066

Name and title of officer or person subject to tax KERI ASEVEDO EXECUTIVE DIRECTOR

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 amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize SELDEN FOX, LTD. to enter my PIN 60523. ERO firm name. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy 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 aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36321043215

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

[Handwritten signature]

Date

11/16/2023

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

# Return of Organization Exempt From Income Tax

**2022**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>		<b>D</b> Employer identification number <b>36-3592066</b>
	Doing business as		<b>E</b> Telephone number <b>815-636-4573</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>5183 HARLEM ROAD</b>		<b>G</b> Gross receipts \$ <b>4,279,329.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOVES PARK, IL 61111</b>		
<b>F</b> Name and address of principal officer: <b>KERI ASEVEDO</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>ROCKFORDHABITAT.ORG</b>		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>IL</b>
<b>H(c)</b> Group exemption number			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HABITAT FOR HUMANITY BUILDS AND REHABS HOMES AND SELLS THEM TO LOW-INCOME BUYERS AT NO PROFIT WITH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 791,599.	<b>Current Year</b> 1,729,429.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,590,628.	1,905,658.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,763.	7,364.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257,232.	12,050.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,673,222.	3,654,501.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		739,709.	946,568.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		114,605.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,247,011.	2,316,774.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,986,720.	3,263,342.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	686,502.	391,159.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 3,945,644.	<b>End of Year</b> 5,454,593.
	<b>21</b> Total liabilities (Part X, line 26)	146,123.	1,319,333.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,799,521.	4,135,260.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN T. WOJCIK</b>	Preparer's signature <i>John T. Wojcik</i>	Date 11/16/2023	Check if self-employed <input type="checkbox"/>	PTIN <b>P01331805</b>
	Firm's name <b>SELDEN FOX, LTD.</b>	Firm's EIN <b>36-2985770</b>			
	Firm's address <b>ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181</b>			Phone no. <b>630-954-1400</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO ADVOCATE ON BEHALF OF THOSE IN NEED OF DECENT SHELTER BY BUILDING AND RENOVATING AFFORDABLE HOUSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,730,091. including grants of \$ ) (Revenue \$ 511,767.) PROVIDE HOUSING FOR ECONOMICALLY DISADVANTAGED FAMILIES. FOR THE YEAR ENDED DECEMBER 31, 2022, 6 HOMES WERE COMPLETED.

4b (Code: ) (Expenses \$ 1,171,782. including grants of \$ ) (Revenue \$ 1,405,941.) HABITAT OPERATES A RESALE SHOP, CALLED RESTORE, WHERE CLIENTS CAN PURCHASE A VARIETY OF NEW OR GENTLY USED BUILDING MATERIALS AND FURNITURE. MANY OF THE ITEMS SOLD ARE DONATIONS FROM THE GENERAL PUBLIC.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,901,873.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KERI ASEVEDO - 815-636-4573**  
**5183 HARLEM ROAD, LOVES PARK, IL 61111**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERI ASEVEDO EXECUTIVE DIRECTOR	40.00			X			98,500.	0.	8,526.	
(2) PETER SCHMELING PRESIDENT	2.00	X		X			0.	0.	0.	
(3) GLASA GOTTSCHALK VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) PETE RUNDQUIST TREASURER	2.00	X		X			0.	0.	0.	
(5) GEORGE LICARI DIRECTOR	2.00	X					0.	0.	0.	
(6) DAVID BLACK DIRECTOR	2.00	X					0.	0.	0.	
(7) ERIK JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(8) LATRICIA JONES DIRECTOR	2.00	X					0.	0.	0.	
(9) MIKE HOTOPP DIRECTOR	2.00	X					0.	0.	0.	
(10) JASON CROUCH DIRECTOR	2.00	X					0.	0.	0.	
(11) NORMA JOSEPH DIRECTOR	2.00	X					0.	0.	0.	
(12) KATRINA BOYKINS DIRECTOR	2.00	X					0.	0.	0.	
(13) BARB CHIDLEY DIRECTOR	2.00	X					0.	0.	0.	
(14) TRETARA FLOWERS DIRECTOR	2.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							98,500.	0.	8,526.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							98,500.	0.	8,526.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,729,429.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 138,579.					
	<b>h Total.</b> Add lines 1a-1f .....		1,729,429.				
<b>Program Service Revenue</b>	<b>2 a</b> RESTORE SALES	Business Code 424000	1,405,941.	1,405,941.			
	<b>b</b> TRANSFERS TO HOMEOWNER	236000	314,653.	314,653.			
	<b>c</b> MORTGAGE DISCOUNT AMOR	531390	185,064.	185,064.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		1,905,658.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,722.			8,722.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	623,470.			
			(ii) Other				
				624,828.			
				-1,358.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
<b>c</b> Gain or (loss) .....	<b>7c</b>						
<b>d</b> Net gain or (loss) .....			-1,358.		-1,358.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code 900099	12,050.	12,050.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			12,050.			
<b>12 Total revenue.</b> See instructions .....			3,654,501.	1,917,708.	0.	7,364.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,026.	53,513.	21,405.	32,108.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	692,112.	585,797.	58,509.	47,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	147,430.	117,944.	14,743.	14,743.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	360.	360.		
c Accounting	41,387.	5,010.	36,377.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	173,095.	142,311.	18,761.	12,023.
14 Information technology	16,270.	6,909.	7,545.	1,816.
15 Royalties				
16 Occupancy	446,454.	416,654.	29,800.	
17 Travel	7,555.	4,997.	1,994.	564.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,013.	24,111.	4,162.	2,740.
20 Interest	979.		979.	
21 Payments to affiliates	9,967.	9,967.		
22 Depreciation, depletion, and amortization	44,570.	43,368.	1,202.	
23 Insurance	71,331.	52,776.	18,555.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COSTS OF HOMES	1,362,989.	1,362,989.	0.	0.
b MISCELLANEOUS	64,682.	32,246.	29,631.	2,805.
c BANK CHARGES	33,165.	29,964.	3,201.	0.
d REAL ESTATE TAXES	12,957.	12,957.	0.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,263,342.	2,901,873.	246,864.	114,605.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	184,405.	<b>1</b>	83,834.
	<b>2</b> Savings and temporary cash investments .....	318,732.	<b>2</b>	362,102.
	<b>3</b> Pledges and grants receivable, net .....	25,000.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....	23,239.	<b>4</b>	32,997.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,407,979.	<b>7</b>	1,513,954.
	<b>8</b> Inventories for sale or use .....	60,931.	<b>8</b>	91,238.
	<b>9</b> Prepaid expenses and deferred charges .....	28,450.	<b>9</b>	28,812.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 349,287.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 199,063.		
	<b>11</b> Investments - publicly traded securities .....	532,788.	<b>11</b>	235,874.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,702.	<b>12</b>	21,511.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,182,929.	<b>15</b>	2,934,047.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,945,644.	<b>16</b>	5,454,593.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,130.	<b>17</b>	135,400.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	64,993.	<b>21</b>	27,523.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,156,410.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	146,123.	<b>26</b>	1,319,333.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,553,880.	<b>27</b>	3,520,105.
	<b>28</b> Net assets with donor restrictions .....	245,641.	<b>28</b>	615,155.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,799,521.	<b>32</b>	4,135,260.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,945,644.	<b>33</b>	5,454,593.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,654,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,263,342.
3	Revenue less expenses. Subtract line 2 from line 1	3	391,159.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,799,521.
5	Net unrealized gains (losses) on investments	5	-53,601.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-1,819.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,135,260.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,307,908.	1,499,703.	843,879.	791,599.	854,429.	5,297,518.
<b>2</b> 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	1,046,719.	394,735.	1,222,468.	1,590,628.	1,905,658.	6,160,208.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,354,627.	1,894,438.	2,066,347.	2,382,227.	2,760,087.	11,457,726.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						11,457,726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	2,354,627.	1,894,438.	2,066,347.	2,382,227.	2,760,087.	11,457,726.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,903.	948.	12,758.	33,763.	8,722.	59,094.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,903.	948.	12,758.	33,763.	8,722.	59,094.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		136,028.	24,667.	257,232.	12,050.	429,977.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,357,530.	2,031,414.	2,103,772.	2,673,222.	2,780,859.	11,946,797.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	95.91 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	95.45 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.49 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	.50 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

ROCKFORD AREA HABITAT FOR HUMANITY

Employer identification number

36-3592066

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization  <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>	Employer identification number  <b>36-3592066</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF NORTHERN ILLINOIS  946 N. SECOND ST  ROCKFORD, IL 61101	\$ 43,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THRIVENT FINANCIAL  1411 OPUS PL  DOWNERS GROVE, IL 60515	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LARSON LAND TRUST  2333 EASTBROOK DRIVE  BROOKINGS, SD 57006	\$ 176,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF ROCKFORD  425 EAST STATE STREET  ROCKFORD, IL 61104	\$ 875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMED  123 ENERGY AVE  ROCKFORD, IL 61109	\$ 46,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US BANK FOUNDATION  1107 E STATE ST  ROCKFORD, IL 61104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>	Employer identification number  <b>36-3592066</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	APEX ROOFING  376 PRAIRIE HILL RD UNIT F  SOUTH BELOIT, IL 61080	\$ 35,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>	Employer identification number  <b>36-3592066</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	LABOR TO SHINGLE 5 HOMES . _____ _____ _____	\$ 35,000 .	06/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>	Employer identification number  <b>36-3592066</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: ROCKFORD AREA HABITAT FOR HUMANITY; Employer identification number: 36-3592066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 Term 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 |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		40,661.	16,768.	23,893.
d Equipment		308,626.	182,295.	126,331.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				150,224.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part 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 value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	1,690,687.
(2) LAND HELD FOR DEVELOPMENT	86,950.
(3) OPERATING RIGHT OF USE ASSET	1,156,410.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,156,410.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,599,081.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-53,601.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-53,601.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,652,682.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,819.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,819.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,654,501.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,263,342.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,263,342.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,263,342.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE ORGANIZATION HOLDS FUNDS FOR REAL ESTATE TAXES, INCURANCE AND MAINTENANCE FEES IN ESCROW. THE ORGANIZATION REMITS SUCH FUNDS TO TAXING AUTHORITIES, INSURANCE COMPANIES AND MAINTENANCE PROVIDERS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ROCKFORD AREA HABITAT FOR HUMANITY**  
Employer identification number: **36-3592066**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( <b>CONSTRUCTION SUP</b> )	X	100	73,359.	FAIR VALUE
26	Other ( <b>TRADE LABOR</b> )	X	5	65,220.	FAIR VALUE
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ROCKFORD AREA HABITAT FOR HUMANITY

Employer identification number

36-3592066

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ZERO-INTEREST MORTGAGE LOANS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR WILL REVIEW THE 990 WITH THE FINANCE COMMITTEE. THE  
TREASURER WILL REVIEW THE 990 WITH THE FULL BOARD OF DIRECTORS AND THE  
BOARD WILL VOTE TO APPROVE.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AT LEAST AN ANNUAL BASIS, EACH BOARD MEMBER MUST SIGN A STATEMENT  
ACKNOWLEDGING THE TERMS OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE BOARD MEMBERS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR  
ON AN ANNUAL BASIS AND MAKE RECOMMENDATIONS TO THE FULL BOARD. THE FULL  
BOARD OF DIRECTORS THEN VOTE ON AN AGREED UPON COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL  
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ROCKFORD AREA HABITAT FOR HUMANITY** Employer identification number **36-3592066**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 91-1914868, 121 HABITAT STREET, AMERICUS, GA 31709-3498	TO PROVIDE DECENT, AFFORDABLE HOUSING	GEORGIA	501(C)(3)	PUBLIC CHARITY			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HABITAT FOR HUMANITY INTERNATIONAL, INC.	B	9,967.	FAIR MARKET VALUE
(2) HABITAT FOR HUMANITY INTERNATIONAL, INC.	C	176,000.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 11/08/2023 12:13:58  FORM 990	

Product: **Exempt Extension**

Category:

IRS Center: **Ogden**

Name: **ROCKFORD AREA HABITAT FOR HUMANITY**

e-Postmark: **05/09/2023 4:54:32**

FEIN: **\*\*\*\*\*2066**

Plan Number:

Notification:

Fiscal Year Begin Date: **1/1/2022**

Fiscal Year End Date: **12/31/2022**

eSigned:

IRS Message:

### Return History

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/09/2023	22X:61370-01:V1	Upload Started				
05/09/2023	22X:61370-01:V1	Ready to Release by Customer				
05/09/2023	22X:61370-01:V1	Released for Transmission - Validation in Progress			438-wrona	
05/09/2023	22X:61370-01:V1	Ready to transmit - Validation Complete				
05/09/2023	22X:61370-01:V1	Transmitted to FD	363210202312903b3e76			
05/09/2023	22X:61370-01:V1	Accepted by FD on 5/9/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING  
DECEMBER 31, 2022

<b>Prepared for</b>	ROCKFORD AREA HABITAT FOR HUMANITY 5183 HARLEM ROAD LOVES PARK, IL 61111
<b>Prepared by</b>	SELDEN FOX, LTD. ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181
<b>Amount due or refund</b>	BALANCE DUE OF \$100.00
<b>Make check payable to</b>	ILLINOIS CHARITY BUREAU FUND
<b>Mail tax return and check (if applicable) to</b>	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 115 SOUTH LASALLE STREET CHICAGO, IL 60603
<b>Return must be mailed on or before</b>	AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  THE FORM AG990-IL MUST BE SIGNED BY TWO DIFFERENT OFFICERS OR BY TWO BOARD MEMBERS. A FORM AG990-IL WITHOUT TWO OF THE PREVIOUSLY MENTIONED REQUIRED SIGNATURES IS CONSIDERED AN INCOMPLETE FILING.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General KWAME RAOUL State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-01030339**

**Report for the Fiscal Period:**

**Beginning** 01/01/2022

**& Ending** 12/31/2022  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

**Check all items attached:**  
 Copy of IRS Return  
 Audited Financial Statements  
 Copy of Form IFC  
 \$15.00 Annual Report Filing Fee  
 \$100.00 Late Report Filing Fee  
MO DAY YR

Federal ID # 36-3592066

Are contributions to the organization tax deductible?

Yes  No

Date Organization was created:

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	ROCKFORD AREA HABITAT FOR HUMANITY 5183 HARLEM ROAD LOVES PARK, IL 61111	Year-end amounts	
		A) ASSETS	A) \$ 5,454,593.
		B) LIABILITIES	B) \$ 1,319,333.
		C) NET ASSETS	C) \$ 4,135,260.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		99.469%	D) \$ 3,635,087.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		0.531%	F) \$ 19,414.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	G) \$ 3,654,501.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>			
H) OPERATING CHARITABLE PROGRAM EXPENSE		88.923%	H) \$ 2,901,873.
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		88.923%	J) \$ 2,901,873.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		88.923%	L) \$ 2,901,873.
M) MANAGEMENT AND GENERAL EXPENSE		7.565%	M) \$ 246,864.
N) FUNDRAISING EXPENSE		3.512%	N) \$ 114,605.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100%	O) \$ 3,263,342.
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
<b>PROFESSIONAL FUNDRAISERS:</b>			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100%	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ 0.
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>			
T) NAME, TITLE: KERI ASEVEDO, EXECUTIVE DIRECTOR			T) \$ 98,500.
U) NAME, TITLE: JACK TURNER, CONSTRUCTION MANAGER			U) \$ 61,007.
V) NAME, TITLE: CAITLYN BAYLOR, HOMEOWNER SERVICES			V) \$ 55,363.
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: BUILDING AFFORDABLE HOMES FOR FAMILIES			W) # 300
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

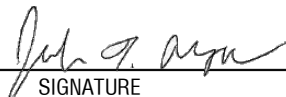
	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>NORTHWEST BANK OF ROCKFORD, 3106 NORTH ROCKTON AVE, ROCKFORD, IL 61101</u> <u>STIFEL PRESTIGE, 6952 ROTE ROAD, SUITE 100, ROCKFORD, IL 61107</u> <u>THRIVENT INVESTMENT MANAGEMENT, 4321 N. BALLARD RD., APPLETON, WI 54919</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KERI ASEVEDO - 815-636-4573</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
<b>JOHN T. WOJCIK</b>		11/16/2023
_____ PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE

# Selden Fox

Accounting for your future

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com  
p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

June 23, 2023

Office of the Attorney General  
Charitable Trust Bureau  
Attn: Annual Report Section  
100 West Randolph Street, 11<sup>th</sup> Floor  
Chicago, IL 60601-3175

Re: Form AG990-IL Extension  
Rockford Area Habitat for Humanity  
5183 Harlem Road, Suite 3  
Loves Park, Illinois 61111  
EIN: 36-3592066  
CO#: 01-030339  
Tax Period: For the year ended December 31, 2022

Ladies or Gentlemen:

We hereby request an extension of time to file the Illinois Charitable Organization Annual Report (Form AG990-IL) for Rockford Area Habitat for Humanity. This extension is requested so that necessary information can be obtained from third parties. We request an extension of time until August 31, 2023. The federal Form 990 has been extended until November 15, 2023.

This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.



Andrew S. Bogren  
Audit Manager

ASB/njc

# Selden Fox

Accounting for your future

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com  
p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

August 29, 2023

Office of the Attorney General  
Charitable Trust Bureau  
Attn: Annual Report Section  
100 West Randolph Street, 11<sup>th</sup> Floor  
Chicago, IL 60601-3175

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Rockford Area Habitat for Humanity  
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This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

Please see the following enclosed:

- Draft of the AG990-IL that contains preliminary figures which may be amended when filed;
- Draft of the financial statements including a balance sheet and income statement;
- A check for \$15 for the filing fee;
- A copy of the IRS extension requesting a filing date of November 15, 2023.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.



Andrew S. Bogren  
Audit Manager

ASB/po

**Rockford Area Habitat for Humanity, Inc.**  
**Audit Report**  
**For the Year Ended December 31, 2022**

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# Selden Fox

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One Parkview Plaza, Suite 710 | Oakbrook Terrace, IL 60181 | www.seldenfox.com  
p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Rockford Area Habitat for Humanity of Humanity, Inc.  
Rockford, Illinois

### Opinion

We have audited the accompanying financial statements of **Rockford Area Habitat for Humanity, Inc.**, which comprise the statement of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Rockford Area Habitat for Humanity, Inc. as of December 31, 2022 and 2021, and the change in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Rockford Area Habitat for Humanity, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Change in Accounting Principle

As discussed in Note to the financial statements, the Company has adopted Financial Accounting Standards Board Accounting Standard Codification 842, Leases. Our opinion is not modified with respect to that matter.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Responsibilities of Management for the Financial Statements (cont'd)**

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rockford Area Habitat for Humanity, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Rockford Area Habitat for Humanity, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rockford Area Habitat for Humanity, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Selden Fox, Ltd.*

November 15, 2023

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Financial Position**  
**December 31,**

<b>Assets</b>	<b>2022</b>	<b>2021</b>
Cash	\$ 418,237	\$ 437,968
Investments	257,385	558,490
Mortgages receivable, net	1,513,954	1,407,979
Grants receivable	-	25,000
Other receivables	32,997	23,239
Construction in progress	1,690,687	1,100,240
Merchandise inventory	7,659	5,798
Donated materials inventory	83,579	55,133
Land held for development	86,950	82,689
Property and equipment, net	150,224	155,489
Operating ROU assets	1,156,410	-
Prepaid expenses	28,812	28,450
Escrow	27,699	65,169
<b>Total assets</b>	<b>\$ 5,454,593</b>	<b>\$ 3,945,644</b>
<b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable	\$ 48,689	\$ 15,764
Accrued payroll and related taxes	26,469	28,590
Accrued expenses	60,242	36,776
Real estate escrow payable	27,523	64,993
Operating lease liabilities	1,156,410	-
<b>Total liabilities</b>	<b>1,319,333</b>	<b>146,123</b>
Net assets:		
Without donor restrictions:		
Board designated	21,511	25,702
Undesignated	3,498,594	3,528,178
With donor restrictions	615,155	245,641
<b>Total net assets</b>	<b>4,135,260</b>	<b>3,799,521</b>
<b>Total liabilities and net assets</b>	<b>\$ 5,454,593</b>	<b>\$ 3,945,644</b>

See accompanying notes.

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Activities**  
**For the Year Ended December 31,**

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, gains and other support:			
Contributions:			
Individuals and memorials	\$ 329,173	\$ 386,677	\$ 715,850
In-kind contributions	138,579	-	138,579
Transfers to homeowners, net of mortgage discount	314,653	-	314,653
Mortgage discount amortization	185,064	-	185,064
State tax credit	-	-	-
ReStore sales of donated inventory	1,405,941	-	1,405,941
Critical home repair	-	875,000	875,000
Investment income (loss)	(48,056)	-	(48,056)
Paycheck Protection Program	-	-	-
Miscellaneous income	12,050	-	12,050
Net assets released from restrictions	892,163	(892,163)	-
<b>Total revenues, gains and other support</b>	<b>3,229,567</b>	<b>369,514</b>	<b>3,599,081</b>
Expenses:			
Program services	2,901,873	-	2,901,873
Management and general	246,864	-	246,864
Fund-raising	114,605	-	114,605
<b>Total expenses</b>	<b>3,263,342</b>	<b>-</b>	<b>3,263,342</b>
<b>Change in net assets</b>	<b>(33,775)</b>	<b>369,514</b>	<b>335,739</b>
Net assets, beginning of year,	3,553,880	245,641	3,799,521
<b>Net assets, end of year</b>	<b>\$ 3,520,105</b>	<b>\$ 615,155</b>	<b>\$ 4,135,260</b>

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, gains and other support:			
Contributions:			
Individuals and memorials	\$ 432,326	\$ 115,203	\$ 547,529
In-kind contributions	133,970	-	133,970
Transfers to homeowners, net of mortgage discount	81,612	-	81,612
Mortgage discount amortization	132,927	-	132,927
State tax credit	244,622	-	244,622
ReStore sales of donated inventory	1,376,089	-	1,376,089
Critical home repair	-	-	-
Investment income (loss)	33,763	-	33,763
Paycheck Protection Program	110,100	-	110,100
Miscellaneous income	12,610	-	12,610
Net assets released from restrictions	25,000	(25,000)	-
<b>Total revenues, gains and other support</b>	<b>2,583,019</b>	<b>90,203</b>	<b>2,673,222</b>
Expenses:			
Program services	1,689,861	-	1,689,861
Management and general	169,741	-	169,741
Fund-raising	127,118	-	127,118
<b>Total expenses</b>	<b>1,986,720</b>	<b>-</b>	<b>1,986,720</b>
<b>Change in net assets</b>	<b>596,299</b>	<b>90,203</b>	<b>686,502</b>
Net assets, beginning of year,	2,957,581	155,438	3,113,019
<b>Net assets, end of year</b>	<b>\$ 3,553,880</b>	<b>\$ 245,641</b>	<b>\$ 3,799,521</b>

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2022**

	Program Services				Management and Fund-raising		Total
	Housing Assistance	ReStore Operations	Total		General	Fund-raising	
Salaries and wages	\$ 223,759	\$ 415,552	\$ 639,310	\$ 79,914	\$ 79,914	\$ 799,138	
Payroll taxes and benefits	41,280	76,664	117,944	14,743	14,743	147,430	
Cost of homes	761,873	-	761,873	-	-	761,873	
Tithing to Habitat International	9,967	-	9,967	-	-	9,967	
Cost of goods sold	-	21,656	21,656	-	-	21,656	
Operating lease cost	-	356,577	356,577	29,800	-	386,377	
Equipment rental	-	1,492	1,492	-	-	1,492	
Insurance	14,017	38,759	52,776	18,555	-	71,331	
Professional fees	3,165	2,205	5,370	36,377	-	41,747	
Supplies	-	5,406	5,406	-	-	5,406	
Postage	-	-	-	4,331	-	4,331	
Printing	6,623	54,034	60,657	367	10,553	71,577	
Promotion	-	-	-	-	-	-	
Dues and subscriptions	1,625	-	1,625	95	1,470	3,190	
Seminars and training	6,655	1,571	8,226	1,457	1,082	10,765	
Telephone	-	4,662	4,662	8,697	-	13,359	
Office materials	-	-	-	5,271	-	5,271	
Repairs and maintenance	11,239	57,230	68,469	-	-	68,469	
Meals and entertainment	12,936	2,949	15,885	2,705	1,658	20,248	
Travel	3,417	1,580	4,997	1,994	564	7,555	
Computers	5,551	1,358	6,909	7,545	1,816	16,270	
Bank charges	-	29,964	29,964	3,201	-	33,165	
Utilities	100	59,977	60,077	-	-	60,077	
Depreciation and amortization	2,112	41,256	43,368	1,202	-	44,570	
Interest expense	-	-	-	979	-	979	
Real estate taxes	12,957	-	12,957	-	-	12,957	
Critical home repair	579,460	-	579,460	-	-	579,460	
Miscellaneous	33,355	(1,109)	32,246	29,631	2,805	64,682	
	<u>\$ 1,730,091</u>	<u>\$ 1,171,782</u>	<u>\$ 2,901,873</u>	<u>\$ 246,864</u>	<u>\$ 114,605</u>	<u>\$ 3,263,342</u>	

See accompanying notes.

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2021**

	Program Services		
	Housing Assistance	ReStore Operations	Total
Salaries and wages	\$ 178,201	\$ 310,209	\$ 488,410
Payroll taxes and benefits	33,858	59,432	93,290
Cost of homes	341,493	-	341,493
Tithing to Habitat International	10,596	-	10,596
Cost of goods sold	-	16,646	16,646
Rent	-	353,971	353,971
Equipment rental	-	946	946
Insurance	6,145	21,975	28,120
Professional fees	16,021	7,944	23,965
Supplies	-	6,693	6,693
Postage	-	2,750	2,750
Printing	5,324	51,111	56,435
Promotion	-	-	-
Dues and subscriptions	-	45	45
Seminars and training	1,870	1,050	2,920
Telephone	-	5,461	5,461
Office materials	-	-	-
Repairs and maintenance	15,437	61,675	77,112
Meals and entertainment	5,901	2,321	8,222
Travel	2,335	1,066	3,401
Computers	7,117	6,519	13,636
Bank charges	-	27,542	27,542
Utilities	-	43,073	43,073
Depreciation and amortization	2,258	26,111	28,369
Interest expense	-	-	-
Real estate taxes	9,775	-	9,775
Critical home repair	11,492	-	11,492
Miscellaneous	35,498	-	35,498
	<u>\$ 683,321</u>	<u>\$ 1,006,540</u>	<u>\$ 1,689,861</u>

	Management and		Total
	General	Fund-raising	
	\$ 59,575	\$ 68,674	\$ 616,659
	13,542	16,218	123,050
	-	-	341,493
	-	-	10,596
	-	-	16,646
	22,500	-	376,471
	-	-	946
	10,322	-	38,442
	29,522	24,837	78,324
	-	-	6,693
	3,577	-	6,327
	548	8,540	65,523
	-	1,091	1,091
	420	1,605	2,070
	900	900	4,720
	7,046	-	12,507
	5,331	-	5,331
	-	-	77,112
	769	153	9,144
	705	532	4,638
	5,848	1,826	21,310
	-	-	27,542
	-	-	43,073
	1,369	-	29,738
	3,922	-	3,922
	-	-	9,775
	-	-	11,492
	3,845	2,742	42,085
	<u>\$ 169,741</u>	<u>\$ 127,118</u>	<u>\$ 1,986,720</u>

See accompanying notes.

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Cash Flows**  
**December 31,**

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
Change in net assets	\$ 335,739	\$ 686,502
Adjustments to reconcile change in net assets to net cash from operating activities:		
Net gain on investments	(73,839)	(28,450)
Amortization of ROU asset	275,482	-
Depreciation and amortization	44,570	29,738
Mortgage discount amortization	(185,064)	(132,927)
New mortgages	(214,912)	(81,612)
Cash provided by (applied to) other operating activities:		
Grants receivable	25,000	25,000
Other receivable	(9,758)	(21,460)
Prepaid expenses	(362)	286
Construction in progress	(590,447)	(482,406)
Merchandise inventory	(1,861)	(2,041)
Donated materials inventory	(28,446)	30,944
Land held for development	(4,261)	(43,579)
Accounts and real estate escrow payable	(4,545)	6,223
Accrued expenses	21,345	23,038
Operating lease liabilities	(275,482)	-
<b>Net cash from operating activities</b>	<b>(686,841)</b>	<b>9,256</b>
Cash flows from investing activities:		
Purchase of investments	(906,141)	(492,608)
Proceeds from sale of investments	1,281,085	239,688
Purchase of property and equipment	(39,305)	(41,164)
Principal repayments on mortgages receivable	294,001	310,349
<b>Net cash from investing activities</b>	<b>629,640</b>	<b>16,265</b>

(cont'd)

**Rockford Area Habitat for Humanity, Inc.**  
**Statement of Cash Flows (cont'd)**  
**December 31,**

	<u>2022</u>	<u>2021</u>
Cash flows from financing activities:		
Repayments of notes payable	<u>\$ -</u>	<u>\$ (150,000)</u>
<b>Net cash from financing activities</b>	<u>-</u>	<u>(150,000)</u>
<b>Net change in cash and restricted cash</b>	<b>(57,201)</b>	<b>(124,479)</b>
Cash and restricted cash, beginning of the year	<u>503,137</u>	<u>627,616</u>
Cash and restricted cash, end of the year	<u><b>\$ 445,936</b></u>	<u><b>\$ 503,137</b></u>
<b>Supplemental Disclosure of Cash Flow Information:</b>		
Cash paid during the year for interest	<u>\$ -</u>	<u>\$ 3,922</u>

See accompanying notes.

## Rockford Area Habitat for Humanity, Inc. Notes to the Financial Statements

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### 1. Organization and Purpose

Rockford Area Habitat for Humanity, Inc. (Habitat) is an Illinois not-for-profit organization. It is an affiliate of Habitat for Humanity International (Habitat International), a nondenominational Christian non-profit housing organization. The organization is seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope. Rockford Area Habitat for Humanity, Inc. began in 1988 and serves portions of Winnebago County.

Habitat's work is accomplished at the community level by affiliates – independent, locally run, non-profit organizations. Each affiliate coordinates all aspects of homebuilding in its local area – fund-raising, property acquisition, loan origination, house construction and mortgage servicing. Families and individuals in need of a hand up partner with Habitat to build or improve a place they can call home. Habitat homeowners help build their own homes alongside volunteers and pay a zero-interest mortgage. By volunteering, providing financial support and raising awareness, everyone can help families achieve the strength, stability and self-reliance they need to build better lives for themselves. Through shelter, we empower.

As part of its mission, Habitat operates a retail resale establishment called ReStore. The inventory at the ReStore is donated by manufacturers, distributors, builders, retailers and individuals and sold at bargain prices to the general public. Products include cabinets, light fixtures, furniture, doors and appliances.

### 2. Summary of Significant Accounting Policies

**Basis of Presentation** – The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Net assets, revenue, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. This has been accomplished by classification of net assets and transactions into two classes: with donor restrictions and without donor restrictions.

**Net Assets Without Donor Restrictions** – Net assets which are available for fulfillment of Habitat's mission and which may be expended at the discretion of management and the Board of Directors.

**Net Assets With Donor Restrictions** – Net assets which are subject to donor-imposed restrictions. Some restrictions could be temporary in nature, such as those that will be met by the actions of Habitat or the passage of time, while some restrictions could be perpetual in nature, in that a donor has stipulated the funds be maintained in perpetuity.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Basis of Presentation (cont'd)**

Revenues are reported as increases in net assets without donor restrictions, unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Donor-imposed restrictions are released when restrictions expire (i.e., the donor-imposed stipulated purpose has been fulfilled or the stipulated time period has elapsed). Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value.

**Use of Estimates** – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues, expenses, gains, losses, and other changes in net assets during the reporting period. Accordingly, actual results could differ from those estimates.

**Income Tax Status** – Habitat is a not-for-profit entity, as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from income taxes, except to the extent of any unrelated business income. There was no unrelated business income for the years ended December 31, 2022 and 2021. Accordingly, no provision for income taxes is included in the financial statements. Habitat's tax returns for the years ended December 31, 2019, 2020 and 2021, are open for purposes of Internal Revenue Service or Illinois Department of Revenue examinations.

**Cash** – Cash consists of bank deposits in federally insured accounts and cash on hand at the ReStore. At December 31, 2022 and 2021, the uninsured balance approximated \$227,193 and \$179,621, respectively. Management believes there is minimal risk associated with its cash accounts.

**Investments** – Investments consist of all funds held in brokerage accounts and are recorded at fair value with unrealized gains and losses included in the net return on investments in the statement of activities. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is categorized in three levels based on the reliability of observable inputs as follows:

**Level 1** – Valuations are based on unadjusted quoted prices in active markets for identical assets or liabilities that Habitat has the ability to access at the measurement date.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Level 2** – Valuations are based on quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations whose significant inputs are observable.

**Level 3** – Valuations are based on unobservable inputs for the asset or liability that reflect Habitat's own data and assumptions that market participants would use in pricing the asset or liability. These unobservable inputs are significant to the fair value measurement.

Investments are subject to various risks, including interest rate, market, and credit risks. Due to these risks, it is at least reasonably possible that subsequent changes to the value of individual investments may occur and materially affect the fair value of investments and net assets reported on the statement of financial position.

**Sales to Homeowners and Mortgages Receivable** – Habitat recognizes revenue from the sale of its homes at the fair value of the first mortgages it receives plus the required down payments. The first mortgages are non-interest-bearing and require monthly payments, typically over a 30-year period. The amount of a first mortgage is determined by Habitat such that, when considering real estate taxes and insurance, the required mortgage payment is affordable to the homeowner in accordance with Habitat's policies. The difference between the face amount of each mortgage and its present value is accounted for as a discount. The original discount on the mortgage issued is recorded as reduction of revenue in the year the mortgage closes, based on the prevailing interest rates for low-income housing. The discount rate is then amortized and recorded as income over the life of the mortgage on a straight-line basis, which is not materially different from the effective interest method.

Management's periodic evaluation to determine if an allowance for uncollectible accounts is necessary is based upon its past history, industry and economic conditions, and known risks or adverse situations that may affect the borrower's ability to repay. As of December 31, 2022 and 2021, no allowance for loan losses was deemed necessary.

In June 2016, the Financial Accounting Standards Board issued new standards relating to accounting for credit losses on financial instruments. Under current GAAP, recognizing credit losses is delayed until a probable loss has been incurred. The new standard will require Habitat to recognize current expected credit losses (CECL) in its loan portfolio that do not meet the 'probable' threshold. The standard will be effective for Habitat in calendar year 2023. Habitat has not determined the effect of adopting the new standard.

**Land Held for Development and Construction-in-Progress** – Direct costs of homes constructed are capitalized when incurred and accumulated as construction-in-progress, an asset, until the homes are transferred to the homeowner. At that time, the accumulated costs are charged to program services, along with the recording of a mortgage receivable. Indirect costs related to construction are charged to program service costs as incurred.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Donated Materials and Equipment** – Materials and equipment received as donations are recorded as in-kind revenue and expense, or capitalized if capital in nature, at fair value at the date of receipt.

**Warranties** – Habitat provides a limited one-year warranty in the deed of trust on the sale of a home which is generally for defects in materials and workmanship. Warranty costs are estimated on the date of home sale. Warranty costs have not been significant and no warranty costs have been recognized during fiscal years 2022 and 2021, respectively.

**Revenue Recognition** – Habitat's activities are primarily supported through sales of homes, contributions from individual, corporate, and foundation donors, store product sales, grants, and fund-raising activities.

Habitat did not have any impairment or credit losses on any receivables or contract assets arising from contracts with customers. There are also no incremental costs of obtaining a contract. There are no significant changes in the judgments affecting the determination of the amount and timing of revenue from contracts with customers.

Habitat reports gifts of cash and other assets as restricted support, if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Habitat uses the allowance method to determine uncollectible unconditional promises. The allowance is based on prior years' experience and management's analysis of specific promises made. No allowance was deemed necessary as of December 31, 2022 and 2021.

Habitat reports gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations regarding how long those long-lived assets must be maintained, Habitat reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Revenue Recognition (cont'd)**

Habitat recognizes revenue from home sales when a closing occurs. A closing is considered to occur, and performance obligation satisfied when title, possession, and other attributes of ownership have been transferred to the buyer; and Habitat is not obligated to perform significant activities after the sale. Revenue from the sale of homes is recorded on the statement of activities as transfers to homeowners. Transfers to homeowners are recorded at the gross mortgage amount plus down payment received, less the calculated discount.

ReStore sales are recognized as revenue at the time merchandise is transferred to the customer, the single performance obligation. Sales returns have not been significant.

Support funded by government contracts, which qualify as conditional promises to give, are recognized when the condition of performing the contracted services is met. Revenue is, therefore, recognized as eligible expenses are incurred. These expenditures are subject to audit and acceptance by the respective granting agency and, as a result of such, audit adjustments could be required. Management does not anticipate any material adjustments for revenue shown at December 31, 2022 or 2021.

Support funded by government contracts, which qualify as conditional promises to give, are recognized when the condition of performing the contracted services is met. Revenue is, therefore, recognized as eligible expenses are incurred. These expenditures are subject to audit and acceptance by the respective granting agency and, as a result of such audit, adjustments could be required. Management does not anticipate any material adjustments for revenue shown at December 31, 2021 and 2021.

**Donated Services and In-Kind Contributions** – Contributed services are recognized at fair value if the services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. For contributions of tangible assets, it is the Society's policy to record the estimated fair value of certain in-kind donations as an expense, or an asset for donations related to the collection, in its financial statements, and similarly increase donation revenue by a like amount.

**Reclaimed Homes** – Reclaimed homes are recorded as real estate owned at the lesser of fair value or the outstanding mortgage balance at the date of reclamation. Added to these amounts are additional costs necessary to ready the homes for resale. Any write-down based on the home's fair value at the date of transfer is charged to the allowance for loan losses. No homes were reclaimed during the years ended December 31, 2022 and 2021.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Property and Equipment** – Property and equipment are recorded at historical cost or fair value if donated. Depreciation and amortization is provided over the estimated useful lives of the respective assets ranging from 3 to 7 years, calculated using the straight-line method.

**Paycheck Protection Program Revenue** – In February 2021, Habitat received \$110,100, of proceeds in the form of a potentially forgivable loan under the Paycheck Protection Program (PPP) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Under the terms of the PPP, as subsequently modified by the Paycheck Program Flexibility Act (PPPFA) principal and interest payments were deferred until a forgiveness determination made and any amounts not forgiven would be repaid over two years at an annual interest rate of 1%.

Habitat elected to account for the loan proceeds as a grant under ASC Subtopic 958-605, which allows for revenue to be recognized when conditions surrounding the cancellation of a liability, such as a forgivable loan have been substantially met or have been explicitly waived by the resource provider. Conditions of forgiveness include incurring qualified expenditures within an 8-week or maximum 24-week timeframe beginning with the date the loan proceeds are received, maintaining payroll levels on an employee-by-employee basis, and maintaining headcount, within PPP parameters. Such conditions were met and the revenue was recognized during the year ended December 31, 2021.

In April 2022, Habitat received formal notification that their application for forgiveness had been approved and \$110,100 was forgiven.

**Functional Allocation of Expenses** – The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and are detailed by function and natural classification in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefitted based on time records, square footage and estimate by Habitat's management. All direct costs of the programs are charged to the programs, and all remaining costs are considered administrative expenses.

**Advertising** – Advertising costs are expensed as incurred and are included in selling, general and administrative expenses. Advertising expenses totaled \$51,717 and \$47,475 for the years ended June 30, 2022 and 2021, respectively.

**New Accounting Pronouncement** – Habitat adopted ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The new standard relates to the presentation and disclosures by not-for-profit entities (NFPs) for contributed nonfinancial assets (i.e. property and equipment, use of property and equipment, materials, supplies, intangibles and services). The standard requires contributed nonfinancial assets to be presented separate from other contributions on the statement of activities.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**New Accounting Pronouncement (cont'd)** – In the notes to the financial statements, the standard requires a disaggregation by category of contributed nonfinancial asset, information about how those assets are used, restrictions placed by the donor or grantor and how those assets are valued. Habitat adopted this standard for the year ended December 31, 2022. See Note 17 for additional disclosures.

**New Accounting Pronouncement – Leases** – Habitat adopted Financial Accounting Standards Board (FASB) ASC 842, *Leases*, using the optional transition method, which allows for Habitat to initially apply the new lease standard at the adoption date and recognize a cumulative adjustment to the opening balance of net assets in the period of adoption, if applicable. As a result, the comparative period presented in the financial statements is in accordance with FASB ASC 840. In addition, Habitat elected to adopt the package of practical expedients available under the transition guidance permitting Habitat to not reassess historical lease classification included in leases in effect at the point of adoption, prior conclusions relating to initial direct costs, and whether any expired or existing contracts contain leases. Upon adoption of ASC 842, which was effective on January 1, 2022, Habitat recognized an operating lease ROU asset, net of prepaid lease payments, lease incentives and deferred rent, if any, of \$1,443,026 and operating lease liability of \$1,418,378. Adoption did not have a material effect on the results of operations or cash flows.

**Lease Accounting Standard** – As of January 1, 2022, management evaluates contracts at their inception to determine if an arrangement contains a lease based on whether Habitat has the right to control the asset during the contract period and other facts and circumstances. Leases are classified as either financing or operating, with classification affecting the pattern of expense recognition in the statement of activities.

As a lessee, Habitat records a right-of-use (“ROU”) asset and a lease liability on the statement of financial position for all leases with terms longer than 12 months. For leases with a term of less than 12 months (short-term leases), Habitat does not record a ROU asset and lease liability and the payments will be recognized in results of operations over the lease term. ROU assets and lease liabilities are recognized at commencement date based on the present value of the future lease payments over the lease term. Habitat includes lease extensions in the lease term when it is reasonably certain that it will exercise the extension. Habitat elected the private company expedient to use the risk-free rate based on the term of the lease as the discount rate for all leases. For lease agreements with both lease and non-lease components, management has elected the practical expedient to account for them as a single lease component. The ROU asset also includes initial direct costs and prepaid lease payments made less lease incentives and deferred rent, if any. Habitat’s lease agreements do not contain any material residual value guarantees or material restrictive covenants.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**3. Cash and Restricted Cash**

For purposes of the statement of financial position and the statement of cash flows, cash consists of bank deposits in federally insured accounts and cash on hand at the ReStores. Restricted cash consists of those amounts required by a contractual agreement with a grantor and a financial institution to be set aside for a specific use.

The following table provides a reconciliation of cash and restricted cash reported with the statement of financial position and the statement of cash flows as of December 31:

	<b>2022</b>	2021
Cash	\$ <b>418,237</b>	\$ 437,968
Cash held in escrow	<b>27,699</b>	65,169
	<b>\$ 445,936</b>	\$ 503,137

**4. Investments**

A significant portion of our investment assets are classified within Level 1 because they comprise open-end mutual funds with readily determinable fair values based on daily redemption values. Habitat has an investment fund with Community Foundation of Northern Illinois (CFNIL). CFNIL values the investment based on the underlying securities. This investment is considered to be Level 3 measurements.

Habitat's investments at December 31, 2022, consisted of following:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 120,829	\$ -	\$ -	\$ <b>120,829</b>
Mutual and exchange traded funds:				
Bond funds	31,400	-	-	<b>31,400</b>
Equity funds	83,645	-	-	<b>83,645</b>
Endowment	-	-	21,511	<b>21,511</b>
	\$ 235,874	\$ -	\$ 21,511	\$ <b>257,385</b>

Habitat's investments at December 31, 2021, consisted of following:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 8,259	\$ -	\$ -	\$ 8,259
Mutual and exchange traded funds:				
Bond funds	318,861	-	-	318,861
Equity funds	205,668	-	-	205,668
Endowment	-	-	25,702	25,702
	\$ 532,788	\$ -	\$ 25,702	\$ 558,490

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**4. Investments (cont'd)**

Investment income (loss) for the years ended December 31, consisted of:

	<b>2022</b>	2021
Interest and dividends	\$ <b>8,722</b>	\$ 7,226
Net gain on investments	<b>(54,959)</b>	28,450
Portfolio management fees	<b>(1,819)</b>	(1,913)
	<b>\$ (48,056)</b>	\$ 33,763

**5. Contract Revenue and Balances**

Revenue for the year ended December 31, 2022, consisted of the following:

	Contract Revenue			Other Revenue Sources	Total
	Earned at a Point in Time	Earned Over Time			
Transfers to homeowners, net of mortgage discount	\$ 314,653	\$ -	\$ -	\$ -	\$ <b>314,653</b>
ReStore sales of donated inventory	1,405,941	-	-	-	<b>1,405,941</b>
Contributions	-	-	854,429	-	<b>854,429</b>
Critical home repair program	-	-	875,000	-	<b>875,000</b>
Net return on investments	-	-	(48,056)	-	<b>(48,056)</b>
Mortgage discount amortization	-	-	185,064	-	<b>185,064</b>
Other	-	-	12,050	-	<b>12,050</b>
	\$ 1,720,594	\$ -	\$ 1,878,487	\$ -	\$ <b>3,599,081</b>

Revenue for the year ended December 31, 2021, consisted of the following:

	Contract Revenue			Other Revenue Sources	Total
	Earned at a Point in Time	Earned Over Time			
Transfers to homeowners, net of mortgage discount	\$ 81,612	\$ -	\$ -	\$ -	\$ 81,612
ReStore sales of donated inventory	1,376,089	-	-	-	1,376,089
Special events, net	-	-	681,499	-	681,499
Contributions	-	-	244,622	-	244,622
PPP	-	-	110,100	-	110,100
Net return on investments	-	-	33,763	-	33,763
Mortgage discount amortization	-	-	132,927	-	132,927
Other	-	-	12,610	-	12,610
	\$ 1,457,701	\$ -	\$ 1,215,521	\$ -	\$ <b>2,673,222</b>

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**5. Contract Revenue and Balances (cont'd)**

Contracts receivable at December 31, affecting the cash flow of these revenue sources consisted of the following:

	<b>2022</b>	2021
Contracts receivable:		
Mortgage receivable, net	<b>\$ 1,513,954</b>	\$ 1,407,979
Other	<b>10,882</b>	843
	<b>\$ 1,524,836</b>	\$ 1,408,822

**6. Mortgages Receivable**

Mortgages receivable as of December 31, are composed of the following:

	Mortgage Receivable	Unamortized Discount	Net Mortgage Receivable
Balance, December 31, 2020	\$ 3,039,322	\$ (1,535,533)	\$ 1,503,789
New homes transferred to homeowners	297,000	(215,388)	81,612
Payments received	(310,349)	-	(310,349)
Discount earned	-	132,927	132,927
Balance, December 31, 2021	3,025,973	(1,617,994)	1,407,979
<b>New homes transferred to homeowners</b>	<b>498,320</b>	<b>(283,408)</b>	<b>214,912</b>
<b>Payments received</b>	<b>(294,001)</b>	<b>-</b>	<b>(294,001)</b>
<b>Discount earned</b>	<b>-</b>	<b>185,064</b>	<b>185,064</b>
<b>Balance, December 31, 2022</b>	<b>\$ 3,230,292</b>	<b>\$ (1,716,338)</b>	<b>\$ 1,513,954</b>

Future principal collections on these mortgages at December 31, 2022, are estimated as follows:

2023	\$ 223,119
2024	219,310
2025	216,380
2026	212,600
2027	205,923
Thereafter	2,152,960
	<b>\$ 3,230,292</b>

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**6. Mortgages Receivable (cont'd)**

Fourteen mortgage loans were over 90 days delinquent at December 31, 2021, totaling \$473,668 (five mortgage loans were over 90 days delinquent at December 31, 2021, totaling \$175,767).

**7. Construction in Progress**

Construction in progress as of December 31, is composed of the following:

	<u>2022</u>	<u>2021</u>
Balance, January 1	\$ 1,100,240	\$ 617,834
Additional costs incurred on homes in progress	1,340,833	804,454
Homes completed and transferred to homeowners	<u>(750,386)</u>	<u>(322,048)</u>
<b>Balance, December 31</b>	<b><u>\$ 1,690,687</u></b>	<b><u>\$ 1,100,240</u></b>

Depreciation is not provided for homes and improvements since they are sold to program participants upon completion.

**8. Land Held for Development**

Habitat has parcels of land in which construction had either not begun or could not begin due to governmental limits on the specific land plots. As such, these plots are reflected as land held for development on the statement of financial position and are carried at original cost to purchase the parcel, or fair value if contributed.

**9. Property and Equipment**

Property and equipment at December 31, consisted of the following:

	<u>2022</u>	<u>2021</u>
Leasehold improvements	\$ 40,661	\$ 40,661
Construction & warehouse equipment	29,204	29,204
Vehicle	126,287	86,981
Office furniture & equipment	18,467	18,467
ReStore assets	<u>134,668</u>	<u>134,668</u>
	<b>349,287</b>	<b>309,981</b>
Accumulated depreciation and amortization	<u>(199,063)</u>	<u>(154,492)</u>
	<b><u>\$ 150,224</u></b>	<b><u>\$ 155,489</u></b>

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**9. Property and Equipment (cont'd)**

Depreciation and amortization expense for the year ended December 31, 2022, was \$44,570 (\$29,738 for the year ended December 31, 2021).

**10. Liquidity and Availability**

Assets available to meet cash needs for general expenditures within one year, without contractual or donor restrictions, consist of the following:

	<b>2022</b>	2021
Cash	\$ 418,237	\$ 437,968
Investments	257,385	558,490
Current portion of mortgages receivable	233,119	217,861
Current portion of grants receivable	-	25,000
Less: Board designated net assets	(21,511)	(25,702)
Less: net assets with donor restrictions	(615,155)	(245,641)
	<b>\$ 272,075</b>	<b>\$ 967,976</b>

Habitat regularly monitors liquidity required to meet its operating needs, while also striving to maximize the investment of its available funds. For purposes of analyzing resources available to meet general expenditures over a 12-month period, management considers all expenditures related to program, administrative and fund-raising activities to be general expenses. Habitat's principle sources of income to meet general expenditures and other cash requirements are contributions. Such support has historically funded annual program and supporting service needs. Habitat can also draw upon the bank line of credit as described in Note 12 to meet its obligations.

**11. Notes Payable**

In June 2020, Habitat obtained a \$150,000 Economic Injury Disaster Loan (EIDL) from the United States Small Business Administration. The loan was secured by a continuing interest in substantially all of Habitat's assets and was due in monthly installments of \$641, including interest at 2.75%, from June 2022 through May 2052. Habitat repaid the EIDL loan in full on June 11, 2021.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

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**12. Line of Credit**

In April 2020, Habitat entered into a revolving line of credit agreement with a financial institution to provide for short-term cash requirements. The maximum borrowing under this line is \$300,000, on which interest accrues at a variable rate of 1.5% plus the Wall Street Journal Prime Rate, 9.00% per annum at December 31, 2022. The line is due on demand and was scheduled to mature in April 2021, if no demand for payment is made. The line is secured by substantially all assets of Habitat. There were no amounts outstanding under this line of credit agreement at December 31, 2022. The line was renewed in June 2023, and the maturity date was extended to June 15, 2024.

**13. Leases**

Habitat leases office, retail, and warehouse space under noncancelable operating leases that expire at various dates through December 2027 and generally provide for renewal options for periods from 1 to 5 years at the fair rental value at the time of renewal. Under the terms of the leases, Habitat is obligated to pay escalating rentals and certain operating expenses and real estate taxes.

Operating lease costs are recognized on a straight-line basis over the lease term and approximated \$304,000 in 2022, which is included in program services expense on the statement of activities. Also, variable lease expense of approximately \$82,000 was recognized in 2022, which is included in program services expense on the statement of activities.

The statement of financial position as of December 31, 2022, presents operating lease ROU assets and operating lease liabilities of \$1,156,410.

The weighted average life for Habitat's operating lease agreements is 4.16 years at December 31, 2022. The weighted average discount rate for Habitat's operating lease agreements is 1.36% at December 31, 2022.

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**13. Leases (cont'd)**

Future minimum lease payments for each of the next five years due under noncancelable operating leases with initial or remaining lease terms in excess of one year consisted of the following:

Year Ending	Amount
December 31, 2023	\$ 297,753
December 31, 2024	271,927
December 31, 2025	274,450
December 31, 2026	276,974
December 31, 2027	69,401
Total minimum lease payments	1,190,505
Less: imputed interest	(34,095)
Present value of operating lease liabilities	<b>\$ 1,156,410</b>

At December 31, 2021, future minimum rental payments under ASC 840 were \$315,956 in 2022, \$282,303 in 2023, \$271,926 in 2024, \$274,450 in 2025, \$276,974 in 2026 and \$69,401 in 2027. Rent expense for the year ended December 31, 2021, was \$376,471.

**14. Related Party Transactions**

Habitat annually remits a portion of its contributions to Habitat International. These funds are then used to construct homes in economically depressed areas around the world. Habitat contributed \$9,967 and \$10,596 to Habitat International for the years ended December 31, 2022 and 2021, respectively.

**15. Retirement Plan**

Habitat has a defined contribution retirement plan for its employees, which was established as a Simple IRA. As described in the plan document, substantially all employees are eligible to participate in the plan. Discretionary contributions may be made at the option of the Board of Directors. Habitat made contributions to employee accounts in the amount of \$11,600 and \$8,530 for the years ended December 31, 2022 and 2021.

**16. Net Assets**

Net assets with donor restrictions at December 31, consist of the following:

	2022	2021
Subject to expenditure for specified purpose	<b>\$ 615,155</b>	\$ 220,641
Subject to the passage of time - contributions receivable for future operations in:		
2022	-	25,000
	<b>\$ 615,155</b>	\$ 245,641

**Rockford Area Habitat for Humanity, Inc.  
Notes to the Financial Statements (cont'd)**

**16. Net Assets (cont'd)**

As of December 31, 2022, of the \$615,155 subject to expenditure for specified purpose, the specified purposes are as follows:

- \$38,255 is donor restricted for payment and debt assistance for Habitat borrowers.
- \$207,327 is donor restricted for the construction of certain future Habitat projects.
- \$74,033 is donor restricted for energy efficiency improvements and upgrades to future housing projects.
- \$295,540 is donor restricted for Habitat's Critical Home Repair program.

As of December 31, 2021, of the \$220,641 subject to expenditure for specified purpose, the specified purposes are as follows:

- \$89,703 is donor restricted for the purchase of land for future Habitat projects.
- \$15,755 is donor restricted for payment and debt assistance for Habitat borrowers.
- \$87,366 is donor restricted for the construction of certain future Habitat projects.
- \$27,817 is donor restricted for energy efficiency improvements and upgrades to future housing projects.

The following is a reconciliation of the Board designated investments (CFNI) in which unobservable market-based inputs (Level 3) were used in determining fair value:

	<u>2022</u>	<u>2021</u>
Balance as of January 1	\$ 25,702	\$ 23,151
Contributions	-	-
Distributions	(1,088)	(1,044)
Investment performance, net	(3,103)	3,595
Balance as of December 31	<u>\$ 21,511</u>	<u>\$ 25,702</u>

The Board designated investment funds are held and managed by the Community Foundation of Northern Illinois (CFNI). These funds are designated by the Board to help ensure the long-term health of the organization. Habitat receives periodic distributions of income from these investment funds.

The amount appropriated by Habitat for spending is determined by CFNI and is comprised of CFNI's annual distribution to Habitat. Based on the initial agreement, the annual distribution to Habitat is defined as distributable income from the fund, less the usual and customary fees of CFNI. Distributable income means the value of the fund, determined from time to time by CFNI, multiplied by CFNI's current payout rate.

Net assets released from donor restrictions for the years ended December 31, through Habitat's satisfaction of the related purpose restrictions, consisted of the following:

	<u>2022</u>	<u>2021</u>
Subject to the passage of time	\$ 25,000	\$ 25,000
Subject to expenditure for specified purpose	867,163	-
	<u>\$ 892,163</u>	<u>\$ 25,000</u>

**Rockford Area Habitat for Humanity, Inc.**  
**Notes to the Financial Statements (cont'd)**

**17. Gifts In Kind**

In addition to receiving cash contributions, Habitat receives in-kind contributions from various donors. It is Habitat's policy to record the estimated fair value of certain in-kind donations as an expense, or an asset for donations related to homes under construction, in its financial statements, and similarly increase donations by a like amount.

In-kind contributions consisted of the following for the year ended June 30:

Type	2022	2021
Donated construction materials	\$ 67,409	\$ 118,096
Donated labor, trade	65,220	-
Donated other	5,950	-
Donated equipment	-	15,874
Donated inventory	1,405,941	1,376,089
	\$ 1,544,520	\$ 1,510,059

Habitat's policy related to gifts in kind is to utilize donated construction materials, equipment and vehicles given to carry out the mission of the Habitat. Donated inventory represents materials donated to the ReStores that are sold at its fair market value.

The donated construction materials, trade labor, equipment, inventory, vehicles and other amounts are valued based on comparable prices at local hardware stores if new, or thrift value if used, or based on quoted market rates for new and used equipment and vehicles. All gifts in kind received by Habitat for the years ended December 31, 2022 and 2021, were considered without donor restrictions and able to be used by Habitat as it determined in its mission with the exception of the donated land which is to be used for the construction of a home.

**18. Subsequent Events**

Subsequent events have been evaluated through November 15, 2023, which is the date the financial statements were available to be issued.

**19. Uncertainty**

Habitat previously received federal assistance in the form of a forgivable loan from the United States Small Business Administration (SBA). In 2021, Habitat received forgiveness of the loan from the SBA, however, Habitat's forgiveness applicable remains subject to audit and any disallowed claims may become a liability to Habitat.

# Return of Organization Exempt From Income Tax

**2022**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCKFORD AREA HABITAT FOR HUMANITY</b>		<b>D</b> Employer identification number <b>36-3592066</b>
	Doing business as		<b>E</b> Telephone number <b>815-636-4573</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>5183 HARLEM ROAD</b>		<b>G</b> Gross receipts \$ <b>4,279,329.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOVES PARK, IL 61111</b>		
<b>F</b> Name and address of principal officer: <b>KERI ASEVEDO</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>ROCKFORDHABITAT.ORG</b>		<b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>IL</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HABITAT FOR HUMANITY BUILDS AND REHABS HOMES AND SELLS THEM TO LOW-INCOME BUYERS AT NO PROFIT WITH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>791,599.</b>	<b>1,729,429.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,590,628.</b>	<b>1,905,658.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>33,763.</b>	<b>7,364.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>257,232.</b>	<b>12,050.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,673,222.</b>	<b>3,654,501.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>739,709.</b>	<b>946,568.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>114,605.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,247,011.</b>	<b>2,316,774.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,986,720.</b>	<b>3,263,342.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>686,502.</b>	<b>391,159.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,945,644.</b>	<b>5,454,593.</b>
		<b>146,123.</b>	<b>1,319,333.</b>
		<b>3,799,521.</b>	<b>4,135,260.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN T. WOJCIK</b>	Preparer's signature <i>John T. Wojcik</i>	Date <b>11/13/2023</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01331805</b>
	Firm's name <b>SELDEN FOX, LTD.</b>	Firm's EIN <b>36-2985770</b>			
	Firm's address <b>ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181</b>			Phone no. <b>630-954-1400</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ADVOCATE ON BEHALF OF THOSE IN NEED OF DECENT SHELTER BY BUILDING AND RENOVATING AFFORDABLE HOUSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,730,091. including grants of \$ ) (Revenue \$ 511,767.) PROVIDE HOUSING FOR ECONOMICALLY DISADVANTAGED FAMILIES. FOR THE YEAR ENDED DECEMBER 31, 2022, 6 HOMES WERE COMPLETED.

4b (Code: ) (Expenses \$ 1,171,782. including grants of \$ ) (Revenue \$ 1,405,941.) HABITAT OPERATES A RESALE SHOP, CALLED RESTORE, WHERE CLIENTS CAN PURCHASE A VARIETY OF NEW OR GENTLY USED BUILDING MATERIALS AND FURNITURE. MANY OF THE ITEMS SOLD ARE DONATIONS FROM THE GENERAL PUBLIC.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,901,873.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KERI ASEVEDO - 815-636-4573**  
**5183 HARLEM ROAD, LOVES PARK, IL 61111**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERI ASEVEDO EXECUTIVE DIRECTOR	40.00			X			98,500.	0.	8,526.	
(2) PETER SCHMELING PRESIDENT	2.00	X		X			0.	0.	0.	
(3) GLASA GOTTSCHALK VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) PETE RUNDQUIST TREASURER	2.00	X		X			0.	0.	0.	
(5) GEORGE LICARI DIRECTOR	2.00	X					0.	0.	0.	
(6) DAVID BLACK DIRECTOR	2.00	X					0.	0.	0.	
(7) ERIK JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(8) LATRICIA JONES DIRECTOR	2.00	X					0.	0.	0.	
(9) MIKE HOTOPP DIRECTOR	2.00	X					0.	0.	0.	
(10) JASON CROUCH DIRECTOR	2.00	X					0.	0.	0.	
(11) NORMA JOSEPH DIRECTOR	2.00	X					0.	0.	0.	
(12) KATRINA BOYKINS DIRECTOR	2.00	X					0.	0.	0.	
(13) BARB CHIDLEY DIRECTOR	2.00	X					0.	0.	0.	
(14) TRETARA FLOWERS DIRECTOR	2.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,729,429.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 138,579.					
	<b>h Total.</b> Add lines 1a-1f .....		1,729,429.				
<b>Program Service Revenue</b>	<b>2 a</b> RESTORE SALES	Business Code 424000	1,405,941.	1,405,941.			
	<b>b</b> TRANSFERS TO HOMEOWNER	236000	314,653.	314,653.			
	<b>c</b> MORTGAGE DISCOUNT AMOR	531390	185,064.	185,064.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		1,905,658.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,722.			8,722.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	623,470.			
			(ii) Other				
				624,828.			
				-1,358.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....			-1,358.		-1,358.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code 900099	12,050.	12,050.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		12,050.				
<b>12 Total revenue.</b> See instructions .....		3,654,501.	1,917,708.	0.	7,364.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,026.	53,513.	21,405.	32,108.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	692,112.	585,797.	58,509.	47,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	147,430.	117,944.	14,743.	14,743.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	360.	360.		
c Accounting	41,387.	5,010.	36,377.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	173,095.	142,311.	18,761.	12,023.
14 Information technology	16,270.	6,909.	7,545.	1,816.
15 Royalties				
16 Occupancy	446,454.	416,654.	29,800.	
17 Travel	7,555.	4,997.	1,994.	564.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,013.	24,111.	4,162.	2,740.
20 Interest	979.		979.	
21 Payments to affiliates	9,967.	9,967.		
22 Depreciation, depletion, and amortization	44,570.	43,368.	1,202.	
23 Insurance	71,331.	52,776.	18,555.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COSTS OF HOMES	1,362,989.	1,362,989.	0.	0.
b MISCELLANEOUS	64,682.	32,246.	29,631.	2,805.
c BANK CHARGES	33,165.	29,964.	3,201.	0.
d REAL ESTATE TAXES	12,957.	12,957.	0.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,263,342.	2,901,873.	246,864.	114,605.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	184,405.	<b>1</b>	83,834.
	<b>2</b> Savings and temporary cash investments .....	318,732.	<b>2</b>	362,102.
	<b>3</b> Pledges and grants receivable, net .....	25,000.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....	23,239.	<b>4</b>	32,997.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,407,979.	<b>7</b>	1,513,954.
	<b>8</b> Inventories for sale or use .....	60,931.	<b>8</b>	91,238.
	<b>9</b> Prepaid expenses and deferred charges .....	28,450.	<b>9</b>	28,812.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 349,287.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 199,063.		
	<b>11</b> Investments - publicly traded securities .....	532,788.	<b>11</b>	235,874.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,702.	<b>12</b>	21,511.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,182,929.	<b>15</b>	2,934,047.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,945,644.	<b>16</b>	5,454,593.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,130.	<b>17</b>	135,400.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	64,993.	<b>21</b>	27,523.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,156,410.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	146,123.	<b>26</b>	1,319,333.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,553,880.	<b>27</b>	3,520,105.
	<b>28</b> Net assets with donor restrictions .....	245,641.	<b>28</b>	615,155.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,799,521.	<b>32</b>	4,135,260.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,945,644.	<b>33</b>	5,454,593.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,654,501.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,263,342.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	391,159.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,799,521.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-53,601.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-1,819.
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,135,260.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: ROCKFORD AREA HABITAT FOR HUMANITY
Employer identification number: 36-3592066

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,307,908.	1,499,703.	843,879.	791,599.	854,429.	5,297,518.
<b>2</b> 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	1,046,719.	394,735.	1,222,468.	1,590,628.	1,905,658.	6,160,208.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,354,627.	1,894,438.	2,066,347.	2,382,227.	2,760,087.	11,457,726.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						11,457,726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	2,354,627.	1,894,438.	2,066,347.	2,382,227.	2,760,087.	11,457,726.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,903.	948.	12,758.	33,763.	8,722.	59,094.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,903.	948.	12,758.	33,763.	8,722.	59,094.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		136,028.	24,667.	257,232.	12,050.	429,977.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,357,530.	2,031,414.	2,103,772.	2,673,222.	2,780,859.	11,946,797.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	95.91 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	95.45 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.49 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	.50 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ROCKFORD AREA HABITAT FOR HUMANITY** Employer identification number **36-3592066**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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 July 25, 2006, 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 organization 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 easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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, 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Term 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		40,661.	16,768.	23,893.
<b>d</b> Equipment		308,626.	182,295.	126,331.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				150,224.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part 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 value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	1,690,687.
(2) LAND HELD FOR DEVELOPMENT	86,950.
(3) OPERATING RIGHT OF USE ASSET	1,156,410.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,934,047.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,156,410.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,156,410.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,599,081.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-53,601.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-53,601.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,652,682.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,819.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,819.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,654,501.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,263,342.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,263,342.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,263,342.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE ORGANIZATION HOLDS FUNDS FOR REAL ESTATE TAXES, INCURANCE AND MAINTENANCE FEES IN ESCROW. THE ORGANIZATION REMITS SUCH FUNDS TO TAXING AUTHORITIES, INSURANCE COMPANIES AND MAINTENANCE PROVIDERS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ROCKFORD AREA HABITAT FOR HUMANITY**  
Employer identification number: **36-3592066**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( <b>CONSTRUCTION SUP</b> )	X	100	73,359.	FAIR VALUE
26	Other ( <b>TRADE LABOR</b> )	X	5	65,220.	FAIR VALUE
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ROCKFORD AREA HABITAT FOR HUMANITY

Employer identification number

36-3592066

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ZERO-INTEREST MORTGAGE LOANS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR WILL REVIEW THE 990 WITH THE FINANCE COMMITTEE. THE  
TREASURER WILL REVIEW THE 990 WITH THE FULL BOARD OF DIRECTORS AND THE  
BOARD WILL VOTE TO APPROVE.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AT LEAST AN ANNUAL BASIS, EACH BOARD MEMBER MUST SIGN A STATEMENT  
ACKNOWLEDGING THE TERMS OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE BOARD MEMBERS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR  
ON AN ANNUAL BASIS AND MAKE RECOMMENDATIONS TO THE FULL BOARD. THE FULL  
BOARD OF DIRECTORS THEN VOTE ON AN AGREED UPON COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL  
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ROCKFORD AREA HABITAT FOR HUMANITY** Employer identification number **36-3592066**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 91-1914868, 121 HABITAT STREET, AMERICUS, GA 31709-3498	TO PROVIDE DECENT, AFFORDABLE HOUSING	GEORGIA	501(C)(3)	PUBLIC CHARITY			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HABITAT FOR HUMANITY INTERNATIONAL, INC.	B	9,967.	FAIR MARKET VALUE
(2) HABITAT FOR HUMANITY INTERNATIONAL, INC.	C	176,000.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

**Forms included in Electronic Filing**

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 11/08/2023 12:13:58  FORM 990	

Product: **Exempt Extension**

Category:

IRS Center: **Ogden**

Name: **ROCKFORD AREA HABITAT FOR HUMANITY**

e-Postmark: **05/09/2023 4:54:32**

FEIN: **\*\*\*\*\*2066**

Plan Number:

Notification:

Fiscal Year Begin Date: **1/1/2022**

Fiscal Year End Date: **12/31/2022**

eSigned:

IRS Message:

### Return History

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/09/2023	22X:61370-01:V1	Upload Started				
05/09/2023	22X:61370-01:V1	Ready to Release by Customer				
05/09/2023	22X:61370-01:V1	Released for Transmission - Validation in Progress			438-wrona	
05/09/2023	22X:61370-01:V1	Ready to transmit - Validation Complete				
05/09/2023	22X:61370-01:V1	Transmitted to FD	363210202312903b3e76			
05/09/2023	22X:61370-01:V1	Accepted by FD on 5/9/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID