To: Laurence H. Dorcy Hawai'ian Foundation
Board of Directors
81 East 7 Street, Suite 125
St. Paul, MN 55101

Together We Build

Attn: Tammy Davis Cownie
tammy@dorcyfdn.org

From: Patrick Hurney, Executive Director
Habitat for Humanity Hawai'i Island
P.O. Box 4619
Kailua Kona, Hawai'i 96745

Habitat for Humanity Hawai'i Island Grant Request for FY 2023-2024

Our Organization
Habitat for Humanity Hawai'i Island (HFHHI) is a 501 (C) (3) non-profit, faith-based organization. HFHHI is a locally governed affiliate of Habitat for Humanity International. We are a non-profit organization committed to eliminating substandard housing through the building of safe, decent, affordable homes with our partner families.

Habitat for Humanity has had a presence on Hawai'i Island since 1989 when Hale O Aloha Habitat for Humanity Hilo was founded. Habitat for Humanity West Hawai'i was founded on the Big Island in 2002, and in 2017 the two affiliates merged to become Habitat for Humanity Hawai'i Island.

Our Vision
As an affiliate of Habitat for Humanity International, Habitat for Humanity Hawai'i Island shares the global vision of a world where everyone has a decent place to live.

Our Mission
Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope.

Guiding Principles and Values
Habitat for Humanity was founded on Christian values and the conviction that every man, woman, and child should have a simple, sustainable place to live in dignity and safety, and that decent homes should be a matter of conscience and action for all. We welcome all who believe that everyone deserves a decent place to live, to help build homes, or to apply for a home regardless of race, religion, age, gender, political views, or any of the other distinctions that too often divide people.

Our Governance-The Habitat Hawai'i Island Board of Directors
The Board of Directors consists of a diverse group of highly qualified and dedicated individuals. The Board members including officers volunteer their time and service. Those serving on the Board have vast amounts of experience and expertise in areas such as estate management, real estate, law, family services, banking/finance, ministry, and more. The Board has 4 officers and 10 regular members. Of the 10 regular board members, 3 represent Habitat families and live in Habitat homes.

The Board is responsible for the oversight of policy and decision-making for this affiliate to guide the administrative implementation efforts to meet the mission and goals set forth in the strategic plan. The Board meets monthly for regular meetings with the Habitat Hawai'i Island staff. ***We are proud to report that the Habitat Hawai'i Island Board of Directors has met a 100% contribution goal through cash contributions and In-kind goods and services!***

Our Team
At Habitat Hawai'i Island, we have a strong team of dedicated core employees working in alignment with our mission and goals. The Executive Director oversees the administration and implementation of

programs and services as well as the ReStore retail operations with the support of the Director of Finance and other crucial staff. Habitat for Humanity relies heavily on its dedicated volunteers, especially those who return week after week to donate their time and expertise. Volunteers are needed in not only the construction of new homes, but also in the ReStores, and the completion of critical home repairs as part of our Neighborhood Revitalization program.

The Habitat Hawai'i Island core administrative team consists of the following 6 administrative staff:

- Patrick Hurney Executive Director-Since 2009
- Chris Patulski, Finance Director-Since 2018
- Margo Takata, Community Outreach and Marketing Manager-Since 2009
- Jane Mireles, Family Services Manager, Mortgage Specialist-Since 2018
- Adrienne Eisele, Family Services Supervisor Hilo_Since 2018
- Anita Stalb, Bookkeeping/Executive Assistant-Since 2017

Who We Serve/Demographics

Habitat for Humanity Hawai'i Island serves a specific target population on the Big Island of Hawai'i as noted below:

1. Hardworking low-income families earning between 30% and 80% of the Area Median Income (AMI) with priority to families making less than 60% AMI and residing in Hawai'i County.
2. Native Hawai'ian families eligible for land through Hawai'ian Homelands and earning between 30% and 80% of the Area Median Income (AMI) with priority to families making less than 60% AMI and residing in Hawai'i County.
3. Habitat has also determined that it will give priority to families that are subject to the following:
    a. homeless or at risk of homelessness
    b. have young children that need safe and stable housing
    c. elderly in need of a safe home.
    d. families who are willing to share in the responsibility of building their own home through Habitat for Humanity's sweat equity program and meeting Habitat criteria.

Our Success

To date, HFHHI has successfully completed the construction of **61** new affordable homes and **58** critical home repairs for families in need on the Big Island of Hawai'i. This success was made possible with the help of **1,262** volunteers and **32** "Global Village Teams" completing more than **46,799** hours of labor and service.

We funded these projects and our operations with **59%** coming from Habitat/ReStore revenue and our partners contributing **21%** in grants revenue, **13%** from donations, **6%** from Habitat Global Village Teams, and **1%** revenue from special events.

Other noted points of accomplishment in the last several years include :

- Merger with Hale O Aloha Hilo Habitat for Humanity in 2017 expanded the geographic service area of our affiliate to serve all of Hawai'i Island.
- 3 ReStore locations in Kona, Hilo, and Waimea contribute more than $800,000 dollars annually in revenue to our operations and affordable housing programs, as well as keep reusable items from entering the landfill that can be resold.
- 2012 Blitz Build- 5 homes in 10 days
- 2017 Blitz Build- 10 homes in 10 days
- 2018 Kilauea Disaster Response –
    - Participated in 30 micro-transitional shelters build
    - 28 home repairs during disaster recovery
    - Involved in ongoing disaster recovery efforts in affected neighborhoods
    - Awarded County of Hawai'i Kilauea Recovery Grant of $500,000 to build 5 homes in Nanawale Estates for families who were displaced by the volcanic eruption.

- 2020 Habitat Hawai'i Island was forced to make unprecedented adjustments to operate with challenges presented by Hawai'i County's Covid-19 Pandemic. One significant change was the addition of Habitat's participation in mortgage and rental assistance programs. Typically, Habitat does not participate in these programs but the pandemic caused shutdowns of construction projects, ReStore operations, and fundraising activities. Also, the pandemic hit Hawai'i's overall economy hard as tourism and travel were shut down with a slow return as seen today.

Our Primary Goal FY 2023-2024

Habitat Hawai'i Island is now in the process of implementing the next phase of the strategic plan: ***building 14 new permanent family homes for low-income, hardworking families over the next year-housing an estimated 42-70 individuals*** *(depending on family size)* ***in need.***

To meet this ambitious yet necessary goal, we need the help of foundations, corporations, and government agencies as well as caring individual donors: a multi-sector approach. Our collaborative efforts come to life when Habitat staff, families, Board members, and teams of community volunteers come together to begin building. This year, diverse teams of action-oriented volunteers have begun building 5 of the 14 homes with partner families Island wide.

Challenges and Opportunities

Habitat Hawai'i Island is a locally governed affiliate of Habitat for Humanity International. While we occasionally receive donations from individual donors through Habitat International our affiliate does not receive assistance with operating costs from them. Each affiliate is tasked with raising funds and generating revenue to operate the administration, and the ReStores, and assist families with the construction of affordable homes. Habitat International helps these efforts by providing name recognition, a framework of best practices, policies, procedures, and guidelines, connections to companies willing to donate materials, training, and other excellent opportunities.

Unfortunately with the rise of the Covid-19 pandemic and the downturn in tourism and travel coupled with the temporary shutdown of our 3 ReStores, construction projects, and fundraising activities, Habitat Hawai'i Island was forced to lay off many employees for a period of time. During the shutdown, our retail sales dramatically dropped creating a significant shortage of operating revenue. As a result, HFHHI was only able to build:

- 4 units in 2020
- 1 unit in 2021, and
- 1 unit in 2022.

Habitat Hawai'i Island is now in a position of need to rebuild its capacity to provide services and affordable homes to low-income hardworking families. We were able to re-open our ReStores along with other businesses and services in the local area but economic recovery will take time as the entire State of Hawai'i faces unprecedented inflation and increased housing costs. Now, more than ever, families need our help.

As Habitat Hawai'i Island rebuilds the capacity to serve deserving families in need, there is an opportunity for the Laurence H. Dorcy Hawaiian Foundation to partner with Habitat Hawai'i Island in filling this critical need. In doing so, the Laurence H. Dorcy Foundation joins a multi-sector approach to provide affordable permanent homes for hardworking low-income families on the Big Island. Together we can improve communities, build affordable energy-efficient homes, and strengthen families.

Specific Purpose of the Laurence H. Dorcy Hawaiian Foundation Grant Request

This year, by forming a collaborative partnership, we are asking the Laurence H. Dorcy Hawaiian Foundation to consider Habitat Hawai'i Island for a grant in the amount of $25,000 for general operating support. If awarded, the Foundation's generous contribution will help those in need of a Habitat home, and have a lasting impact on the community overall. We believe success is possible in reaching our goal of 14 homes with partners like the Laurence H. Dorcy Hawai'ian Foundation leading the way for others to follow.

Financial Support for Operations

As a 501 (c) (3) non-profit organization, Habitat Hawai'i Island relies heavily on volunteer labor, grants, donations (both monetary and in-kind goods and services), sponsorships, and the revenue generated by our 3 ReStore retail locations. We are re-building our capacity to serve more families island-wide since the Covid-19 pandemic impact on our economy and subsequent extreme loss of revenue. Below is an outline of our administrative costs associated with this grant request.

1	Expansion of the construction staffing levels	$240,000.00
2	Tools and equipment (needed for the increase in construction staff)	$20,000.00
3	Technology-computers and software (to help administration and staff more efficiently perform tasks)	$5,000.00
4	Improved Signage for ReStores (signage has aged and needs refreshing)	$5,000.00
	TOTAL COSTS	**$270,000.00**

Note: The request of $25,000 from the Laurence H. Dorcy Hawai'ian Foundation is approximately 1% of the overall estimated operating budget needed to meet the FY 2023-2024 construction goal.

The Community Need

There is an affordable/sustainable housing crisis in Hawai'i. This issue is complicated by a high poverty rate, an economy affected by Covid-19, and rapidly rising inflation. These circumstances create a cycle of poverty and homelessness that is virtually inescapable. Many hard-working families find themselves caught in this cycle with only the dream of owning a home. Together, we can change this by assisting families to build simple, affordable, energy-efficient homes that they can then purchase at a lower cost.

Throughout the Big Island, Habitat for Humanity Hawai'i Island helps low-income families rise above the cycle of poverty and homelessness using a unique self-help approach. To meet the increasing need for affordable homes on the Island of Hawai'i, we have stepped up to the challenge and the next level of affordable home construction: developing sustainable neighborhood communities for low-income families. This year our ambitious goal is: to help 14 low-income families build safe, affordable, energy-efficient homes.

Habitat's Successful Model

Habitat for Humanity Hawai'i Island has a unique approach to making a real and lasting impact on poverty and homelessness. Habitat offers ***a "hand-up", not a "hand-out"***. We help families to help themselves. Together, we build new homes and set families up for success with an affordable mortgage and support through home ownership/maintenance, financial management, budgeting, and life skills training. Habitat families collaborate to build their homes, and a new future on which they can improve their lives, and the lives of their children. Habitat for Humanity's main approach ***to homelessness*** is to provide ***a permanent solution ... of homeownership***.

Intended Results

When a home is complete and a family moves in, they can start a new life with a stable, energy-efficient, affordable home. Habitat families move into a home that they helped build: a home with sweat equity built into it. The equity in the home is an asset that families can build on for a better financial future and quality of life for themselves and their children.

More specifically, the following are the intended measurable results expected by the end of the project period:

- 14 families (42-70 individuals depending on family size) selected and qualify as Habitat homeowners.
- 14 families complete a minimum of 500 sweat equity hours working on their respective homes.
- 14 Families complete homeownership training.
- Construction of 14 new, safe, affordable homes completed.
- 14 families complete and close on their respective mortgages with affordable payments.

Program Evaluation
We evaluate the success of our homebuilding program by maintaining a close relationship with our families for the duration of their mortgage. By helping meet their basic needs, Habitat helps them become more self-sufficient. The impact of homeownership is dramatic and is evidenced both in the health of the families and in the health of the community in which they live.

Our Habitat families have a chance to experience stability, build equity wealth, and have something tangible to pass on to their children. Studies show that students with a stable home environment have higher grades in school, and increased participation in social activities. Children are healthier and safer. Homeowners improve communities because they tend to be more active in their communities and pay into the tax base. While these are longer-term measures, the pride of ownership and dignity of our homeowner families are seen and felt immediately.

Success Measures
We measure our success using qualitative and quantitative data collection methods.

Qualitative Results:

- Homeowners participate in a 5-year longitudinal survey to report on the quality of life after becoming an affordable homeowner.
- Families participate in telling their stories to help create awareness and the effective results of the Habitat model of affordable home building and ownership.

Quantitative Results:

- Number of families served
- Number of individuals served-depends on size of family
- Number of constructed homes
- Number of mortgages closed
- Percentage of mortgage repayment/default rate.

Plans for Acknowledging The Laurence Dorcy Hawaiian Foundation
If awarded, Habitat Hawai'i Island will acknowledge the Foundation's contribution as deemed appropriate and agreed upon by both the Foundation and the Habitat Hawai'i Island affiliate.

Please feel free to contact me by phone at my office at 808-331-8010 ext.103 or my mobile phone at 808-937-7443 or by Email at pat@habitathawaiiisland.org.

Respectfully submitted,
Patric F. Hurney, Executive Director

Signature — Date 1/27/23

Please see attached enclosures:

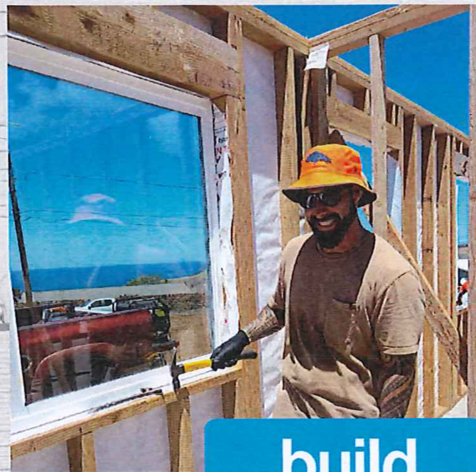
1. IRS tax exemption 501(c)(3) determination letter.
2. Most recent un-audited financial statement.
3. Copy of our most recent IRS Form 990 filed.
4. Information regarding primary funding sources.

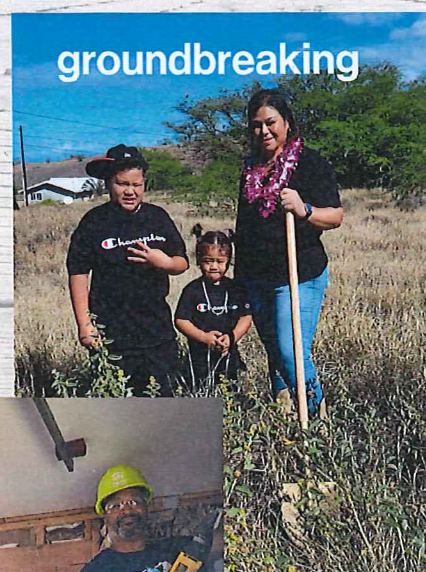
Listing of Habitat for Humanity Hawaii Island's Primary Funding Sources

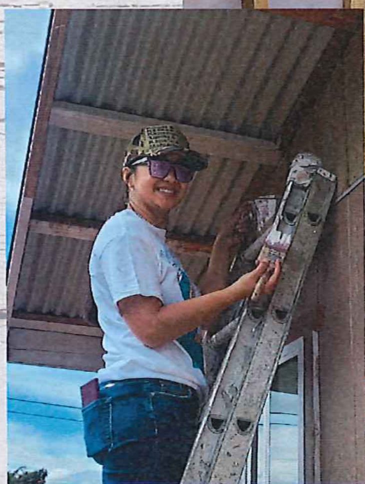
The following is a list of the primary funding sources HFHHI received in support of programs and services for FY2023-2024:

1. ReStore sales from 3 retail locations: Kailua Kona, Waimea, and Hilo
2. HUD - Native American Housing Assistance and Self Determination Act (NASHADA) Department of Hawaiian Home Lands (DHHL)
3. HUD - HOME Investment Partners
4. USDA - Home Preservation Grant
5. State of Hawaii - Grant In Aid
6. County of Hawaii
7. Habitat for Humanity International - Government Grant Program
8. Community Foundations
9. Individual and Corporate Donations

through shelter, we empower







build days & critical home repair around the island

Habitat for Humanity®
Hawai'i Island

Habitat for Humanity®

We build strength, stability, self-reliance *and* shelter.

01/12/2023

Hawai'i Island, HFH (HI)
P.O. Box 4619
Kailua-Kona, Hawaii 96745

RE: Confirmation of Tax-Exempt Statue of Hawai'i Island, HFH (HI) EIN 99-0355149 and information on COVID-19 related delays in updates

Dear Sir/Madam:

The purpose of this letter is to confirm the tax exempt status of Hawai'i Island, HFH (HI) with EIN **99-0355149** is a tax exempt subordinate of Habitat for Humanity International, Inc. ("HFHI") under HFHI's Group Exemption Number 8545 ("GEN").

During the past 12 months the IRS Group Entity Division has been understaffed and/or closed as a result of the pandemic. As a result, many of the updates HFHI has requested with the IRS are still pending. We have discussed this with other charities and outside counsel who represents charities, and this experience seems to be sector-wide. The IRS themselves have posted a notice of delays going back to April 2020: https://www.irs.gov/charities-non-profits/exempt-organizations-business-master-file-extract-eo-bmf. Furthermore, after several phone calls with the IRS, we have been told that updates are made once a month on the 2nd Monday of each month except for January. Therefore, even under normal circumstances, there may be up to a 60-day wait time for updates.

Based on the attached advice, the central organization which holds the group exemption (the "Parent") determines who is exempt under its group ruling. Therefore, HFHI as the Parent and holder of the GEN, is authorized to issue letters of affirmation to Affiliates and donors. Additionally, we have been told by the IRS that it relies on the Parent's ability to issue this letter to fill in the interim periods when a status is being updated. We understand that many donors and financial institutions are used to relying on the IRS' online resources for convenience, but we hope in these difficult and unique times that they will make use of the Parent's affirmation letter as requested by the IRS.

Please be assured that HFHI has provided the necessary information to the IRS. Thus, while Hawai'i Island, HFH (HI) is an exempt entity under HFHI's group exemption, as a result of the IRS' circumstances, Hawai'i Island, HFH's listing within the IRS tax exempt database is either missing or is not up to date.

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
December 1, 2021
Employer ID number:
91-1914868
Person to contact:
Name: K Gleason
ID number: 0203083
Telephone: 877-829-5500

HABITAT FOR HUMANITY INTERNATIONAL INC
HABITAT FOR HUMANITY INTRNL PARENT
% LEGAL DEPARTMENT
322 W LAMAR STREET
AMERICUS, GA 31709

Dear Sir or Madam:

This is in response to your request dated February 17, 2021, for information about your tax-exempt status.

We issued a determination letter to you on January 1987, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

For information about filing requirements visit www.irs.gov/charities. Specifically, IRC Section 6033(j) provides that if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

If you have questions, you can call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Keep a copy of this letter for your records.

Sincerely,

Stephen a. Martin

Stephen A. Martin
Director, Exempt Organizations Rulings and Agreements

4:52 PM
01/26/23
Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of June 30,2022

	Jun 30, 22
ASSETS	
Current Assets	
Checking/Savings	
1000 · Cash & Equivalents	
1100 · Banking	
1110 · Unrestricted Banking	
1110.1 · FHB Operating**5201	549,506.92
1110.2 · FHB-Vendor Checks**5228	9,330.38
1110.3 · Capacity Building Fund *0450	100.00
1110.6 · FHB-Automated Diburse *3697	21.01
Total 1110 · Unrestricted Banking	558,958.31
1120 · Restricted Banking	
1120.2 · FHB Escrow**6730	
1120.2P · FHB Escrow Checking x6730	3,999.59
1120.2 · FHB Escrow**6730 - Other	7,833.91
Total 1120.2 · FHB Escrow**6730	11,833.50
1120.3 · FHB Restricted**6749	207,608.18
Total 1120 · Restricted Banking	219,441.68
1130 · Restore	
1130.2 · Cash on Hand-Register	250.00
1130.3 · Cash on Hand Register 2 Kona	250.00
1130.4 · Cash on Hand Register Waimea	250.00
1130.9 · Change-for Drawer ReStore	49.17
1134 · Kona ReStore Checking HICFCU	583.73
1135 · Hilo ReStore Checking FHB*2113	1,902.93
1136 · Waimea ReStore Checking BOH*054	5,018.26
Total 1130 · Restore	8,304.09
1140 · Petty Cash-Office	127.64
1145 · Petty Cash Waimea ReStore 2	47.06
1146 · Petty Cash Hilo ReStore 3	277.53
1147 · Petty Cash-Construction	68.45
1170 · Home Depot Gift Cards	
1170.1 · Home Depot Gift Cards	1.01
Total 1170 · Home Depot Gift Cards	1.01
Total 1100 · Banking	787,225.77
1120.5 · County of HI RMAP Program *1767	56,480.27
1160 · Costco Cash Cards	
1160.1 · Regular	16.79
Total 1160 · Costco Cash Cards	16.79
Total 1000 · Cash & Equivalents	843,722.83
1050P · POB Const*0843 BOH	5,265.11
Total Checking/Savings	848,987.94
Accounts Receivable	
1200 · Receivables	

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of June 30,2022

1230 · NRI Receivables (Homeowners)	
1230.1 · Critical Home Repair	15,865.86
1200 · Receivables - Other	7,243.90
Total 1200 · Receivables	23,109.76
Total Accounts Receivable	23,109.76
Other Current Assets	
12000 · Undeposited Funds	2,671.07
1240 · Other Receivables	
1240.1 · Employee Receivable-	2,191.15
1240.2 · Homeowner Receivable	8,872.05
1240.3 · Housing Preservation Grant (HPG	21,777.06
1240.9 · Other Receivable	481.76
Total 1240 · Other Receivables	33,322.02
1290 · Due To/From Affiliate	578,369.37
1290P · Due To/From Affiliate-POB/NMTC	-578,369.37
1300 · Current Assets	
1310 · Prepaid Expenses	
1310.1 · Prepaid Expenses-GL/Bus. Ins.	0.00
1310.2 · Prepaid Expense-WC Ins	-7,563.28
1310.3 · Prepaid Expenses-Auto Insurance	1,213.24
1310.9 · Prepaid Expenses-Other	5,000.00
Total 1310 · Prepaid Expenses	-1,350.04
1320 · Security/Refundable Deposits	14,453.96
1330 · Inventory Assets	
1330.1 · Restore Inventory	90,965.50
1330.2 · Land & Lots	89,852.90
1330.3 · Restricted Land & Lots	46,610.85
Total 1330 · Inventory Assets	227,429.25
1340 · Work in Progress (WIP)	807,058.72
1300 · Current Assets - Other	89,643.12
Total 1300 · Current Assets	1,137,235.01
1300P · POB Work in Process	514,078.69
Total Other Current Assets	1,687,306.79
Total Current Assets	2,559,404.49
Fixed Assets	
1400 · Fixed Assets	
1430 · Computers/Software/Electronics	8,242.22
1440 · Tenant Improvements-New Space	322,769.23
1441 · Tenant Improvements-ReStore Wai	43,925.74
1442 · Tenant Improvements-ReStore Hil	8,941.07
1450 · Tools & Equipment	
1450.1 · Construction Equipment & Tools	12,376.95
1450.2 · ReStore Equipment & Tools	9,320.00
1450.3 · ReStore Forklifts	63,350.76
Total 1450 · Tools & Equipment	85,047.71

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of June 30,2022

1460 · Vehicles	
1460.10 · 2013 Chevy Silverado (499HDX)	19,200.00
1460.12 · 2006 Dodge Ram (347HDK)	20,000.00
1460.13 · 2011 Ford 15 Pass Van (HMG 269)	22,000.00
1460.14 · 1999 Ford "Old Box Van" (599TPE	10,000.00
1460.16 · 2015 Isuzu Box Truck (451HEB)	46,719.40
1460.2 · 2013 Isuzu Truck (Used)	41,256.53
1460.5 · 2014 Nissan Titan 4WD (ZHD171)	23,609.03
1460.8 · Trailer	9,451.58
Total 1460 · Vehicles	192,236.54
1490 · Accumulated Depreciation	-381,377.26
Total 1400 · Fixed Assets	279,785.25
Total Fixed Assets	279,785.25
Other Assets	
1200P · Other Assets	
1250P · POB Affiliate Expense Reserve	30,284.00
1260P · Accumulated Affiliate Exp Rsvr	-31,365.24
Total 1200P · Other Assets	-1,081.24
1500 · Mortgage Loan Receivable	
1510 · Mortgage Loan Receivables-Notes	735,876.06
1510P · Mortgage Loan Receivables-POB	1,395,491.06
1520 · Unamortized Mortgage Discount	-331,558.72
1520P · Unamortized POB Mortgage Discou	-209,906.49
1530P · Leveraged Mortage Receivable Contra	-1,018,841.66
Total 1500 · Mortgage Loan Receivable	571,060.25
1510.1 · Notes Receivable - Current Port	-89,643.12
1600 · Invest in HFHI NMTC Lev Lender	414,660.20
Total Other Assets	894,996.09
TOTAL ASSETS	3,734,185.83
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	178,427.66
Total Accounts Payable	178,427.66
Credit Cards	
2300 · FHB Credit Card	
2320 · FHB New Credit Card **	
2320.1 · Hurney, Patrick **6555	6,723.18
Total 2320 · FHB New Credit Card **	6,723.18
Total 2300 · FHB Credit Card	6,723.18
Other Current Liabilities	
2000P · POB CURRENT LIABILITIES	
2010P · Accrued Interest Payable	686.55
Total 2000P · POB CURRENT LIABILITIES	686.55

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of June 30,2022

2030 · HI GE Tax Payable	2,039.57
2100*OE · Current Liabilities	
2102 · Employee Payable	18,458.93
2110 · Payroll Liabilities{594}	
2110.5 · State Withholding	-1,773.66
2110 · Payroll Liabilities{594} - Other	346.79
Total 2110 · Payroll Liabilities{594}	-1,426.87
2130 · Homeowner Liability	
2130.1 · Escrow Deposits	-4,252.01
2130.1P · Escrow Deposits POB	-1,142.88
2130.2 · Impound Deposits	19,150.00
2130.3 · Homeowner Leveraged Paymts Held	-2,949.54
Total 2130 · Homeowner Liability	10,805.57
2140 · Hale Ohana Aloha Program	1,784.11
2180 · Notes Payable - Current Portion	74,003.14
Total 2100*OE · Current Liabilities	103,624.88
2114 · ERAP 2 Disbursement Proceeds	56,899.59
2170 · Security Deposit Liability	5,085.60
2500 · Deferred Revenue DHHL	178,037.05
Total Other Current Liabilities	346,373.24
Total Current Liabilities	531,524.08
Long Term Liabilities	
2100P · POB LONG TERM LIABILITES	
2110P · QLICI Due to HFHI NMTC	603,209.00
2120P · HFHI Structuring Fee less Accum	-17,036.33
2125P · NMTC Closing Costs less Accum	-14,843.94
Total 2100P · POB LONG TERM LIABILITES	571,328.73
2200 · Long Term Liabilities	
2150 · First Hawaiian Bank	11.84
2240 · SSO Habitat Loans	
2220 · Grant in Aid Loans Payable	260,750.00
2230 · OHA Funding Payable	244,750.00
2240 · SSO Habitat Loans - Other	113,250.00
Total 2240 · SSO Habitat Loans	618,750.00
2260 · Truck Loan *9001 Bank of Hawaii	2,700.26
2270 · PPP CARES Act Loan #1	-1.00
2200 · Long Term Liabilities - Short Term Portion	-74,003.14
Total 2200 · Long Term Liabilities	547,457.96
2290 · Discount on Notes Payable	-262,714.00
8400 · Deferred Revenue	-17,305.16
Total Long Term Liabilities	838,767.53
Total Liabilities	1,370,291.61
Equity	
30000 · Opening Balance Equity	2,166,750.57
3100 · Net Assets	-289,524.76

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Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of June 30,2022

3200 · Retained Earnings	326,783.59
3300 · Temporarily Restricted Net Assets	252,000.00
3210P · POB Retained Earnings	-457,310.50
Net Income	365,195.32
Total Equity	2,363,894.22
TOTAL LIABILITIES & EQUITY	3,734,185.83

I certify, to the best of my knowledge, that these unaudited financial statements, before any audit adjustments, are true and accurate as of the date indicated.

Patrick I. H______________________ Date: 1/27/23

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01/26/2023
Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2021 through June 2022

	Jul 21- Jun 22
Ordinary Income/Expense	
Income	
4000 · Income	
4100 · Unrestricted Income	
4110 · Unrestricted Income	
4110.2 · Corporations-Unrestricted	22,948.54
4110.3 · Foundations-Unrestricted	95,725.96
4110.4 · Individuals-Unrestricted	78,609.63
4110.5 · Churches-Unrestricted	250.00
4110.6 · Other-Unrestricted	186,594.19
4110.7 · Employee Giving-Unrestricted	1,462.50
Total 4110 · Unrestricted Income	385,590.82
4120 · Grants-Operating	98,936.79
Total 4100 · Unrestricted Income	484,527.61
4200 · Unrestricted Fundraising/Events	
4210 · Unrestricted Fundraising	
4210.6 · Fundraising Other	24,301.00
4210.7 · <Less Costs> Fundraising Other	-15,236.33
Total 4210 · Unrestricted Fundraising	9,064.67
4240 · Women's Build	
4240.1 · Women's Build Income	9,607.96
4240.9 · <less costs> Women's Build	-3,339.30
Total 4240 · Women's Build	6,268.66
Total 4200 · Unrestricted Fundraising/Events	15,333.33
4300 · Restricted Income	
4320 · Grant Income	
4320.1 · Construction Grants	252,148.82
4320 · Grant Income - Other	1,595,714.03
Total 4320 · Grant Income	1,847,862.85
4330 · Home Sponsorships	
4330.4 · Home Sponsorships-Individual	6,109.80
Total 4330 · Grant Income	6,109.80
4340 · Restricted Other	
4340.2 · Restricted Other-Corporation	4,000.00
4340.4 · Restricted Other-Individuals	11,250.00
Total 4340 · Restricted Other	15,250.00
Total 4300 · Restricted Income	1,869,222.65
4700 · Sales{118}	
4710 · Sales-ReStore 1-Kona	241,903.42
4720 · Sales-ReStore 2-Waimea	176,611.93
4730 · Sales-ReStore 3-Hilo	454,693.51
Total 4700 · Sales{118}	873,208.86

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2021 through June 2022

4800 · Rental Income	34,529.25
Total 4000 · Income	3,276,821.70
4050 · Deferred Revenue NMTC Amortiz	2,163.18
5350P · POB Mortgage Amortization Incom	7,153.01
Total Income	3,286,137.89
Cost of Goods Sold	
5400P · Amortization Expense POB	4,326.24
Total 5000P · COGS/Direct Expenses	4,326.24
5351 · Program Assistance Disbursement	1,595,714.03
Total COGS	1,600,040.27
Gross Profit	1,686,097.62
Expense	
6000 · Expenses	
6050 · Advertising & Marketing Expense	14,996.00
6100 · Vehicle Expense	
6101 · Fuel Expense	8,927.03
6106 · Auto Insurance	4,548.51
6107 · Vehicle Repairs & Maint.	27,438.95
6108 · Vehicle License/Registration	4,384.48
Total 6100 · Vehicle Expense	45,298.97
6205 · Bank Service Charge	200.93
6220 · Credit Card Machine	
6220.1 · Credit Card Merchant Fees	24,975.99
Total 6220 · Credit Card Machine	24,975.99
6230 · Computer Expense	
6230 · Computer Expense - Other	3,872.31
Total 6230 · Computer Expense	3,872.31
6245 · Dues & Subscriptions	19,214.61
6250 · Education/Seminars/Development	6,239.64
6255 · Equipment Rental	
6255 · Equipment Rental - Other	3,098.11
Total 6255 · Equipment Rental	3,098.11
6280 · Forklift Expense	1,352.00
6295 · Insurance Expense	
6295.1 · General Liability Ins.	2,210.49
6295.11 · Health Insurance	60,947.55
6295.2 · Property Including Crime	5,525.70
6295.3 · Builder's Risk Insurance	2,722.26
6295.4 · Umbrella	4,636.20
6295.5 · Director/Officer Liability Ins.	1,440.00
6295.6 · Accidental Medical	743.31
6295.7 · Volunteer Disability	348.57
6295.8 · Disability Insurance-TDI	1,142.62
6295.9 · Worker's Comp. Insurance	35,385.79
Total 6295 · Insurance Expense	115,102.49

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2021 through June 2022

6305 · Interest Expense	
6305.1 · Interest Expense-Loans	575.33
6305.2 · Interest Expense-Other	356.30
Total 6305 · Interest Expense	931.63
6330 · Meals & Entertainment	2,510.56
6335 · Mileage Reimbursements	10,960.80
6350 · Office Expense	
6350.3 · Water Cooler & Delivery	719.38
6350.4 · Janitorial Supplies	1,218.42
6350 · Office Expense - Other	7.33
Total 6350 · Office Expense	1,945.13
6355 · Office Supplies	1,243.61
6360 · Other Misc. Expense	2,892.12
6365 · Postage and Delivery	1,284.58
6375 · Printing & Stationary	2,107.85
6380 · Professional Fees	
6380.1 · Accounting Fees	14,135.00
6380.2 · Legal Fees	750.00
6380.4 · Payroll Processing Service Fee	344.85
6380.6 · Professional Fee-Other	911.30
Total 6380 · Professional Fees	16,141.15
6390 · Rent Expense	163,486.67
6395 · Repairs & Maintenance	
6395.1 · Pest Control	1,966.94
6395.2 · Security Services	151.84
6395.3 · Fire Extinguisher Maint.	654.46
6395.4 · Building/Land Maintenance	9,751.96
6395.5 · Equipment Maintenance	88.68
6395.6 · Garbage Pick Up/Drop off	17,715.67
6395 · Repairs & Maintenance - Other	73.90
Total 6395 · Repairs & Maintenance	30,403.45
6416 · Safety/First Aid	139.72
6425 · Taxes & License	
6425.1 · GE Taxes	41,463.86
6425.3 · Property Tax	3,294.39
Total 6425 · Taxes & License	44,758.25
6430 · Travel Expense	
6430.1 · Airfare	4,284.60
6430.2 · Auto Rental/Parking/Fuel	179.77
6430.4 · Hotel Accommodations	4,025.86
Total 6430 · Travel Expense	8,490.23
6435 · Utilities	
6435.1 · Gas & Electric	17,974.39
6435.2 · Telephone & Fax	
6435.21 · Landline	2,736.96

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2021 through June 2022

6435.2 · Telephone & Fax - Other	3,081.48
Total 6435.2 · Telephone & Fax	5,818.44
6435.3 · Water & Sewer	2,242.04
Total 6435 · Utilities	26,034.87
6445 · Volunteer Appreciation	2,234.92
6999 · Cash Over/Short	227.77
Total 6000 · Expenses	550,144.36
6000P · OVERHEAD EXPENSES	
6100P · Interest Expense	1,401.48
6100P · Interest Expense - Other	4,119.50
Total 6100P · Interest Expense	5,520.98
6200P · Bank Fees	232.00
Total 6000P · OVERHEAD EXPENSES	5,752.98
6001 · NMTC Professional Expenses	2,163.18
6307 · Late Fees/Penalties	110.00
6410.1 · Officer/Director Salaries	
6410.10 · Construction Supervision	2,868.12
6410.12 · Family Services	187.26
6410.13 · Fund Raising	9,044.85
6410.14 · Restore	12,032.42
6410.15 · General Administration (G&A)	62,529.75
6410.16 · RMAP/ERAP Administration	1,363.72
6410.1 · Officer/Director Salaries - Other	200.00
Total 6410.1 · Officer/Director Salaries	88,226.12
6410.2 · Salaries & Wages-Other	
6410.20 · Construction Supervision	29,810.72
6410.21 · Construction	7,699.64
6410.22 · Family Services	26,190.97
6410.23 · Fund Raising	80,361.16
6410.24 · Restore	218,066.48
6410.25 · General Administration (G&A)	158,287.35
6410.26 · RMAP/ERAP Administration	63,658.70
6410.2 · Salaries & Wages-Other - Other	8,000.00
Total 6410.2 · Salaries & Wages-Other	592,075.02
6410.4 · Payroll Taxes	68,148.71
6410.5 · Payroll Employer Paid Benefits	8,452.45
6410.8 · Contracted Labor	8,119.52
66000 · *Payroll Expenses	18,677.85
Total Expense	1,341,870.19
Net Ordinary Income	344,227.43
Other Income/Expense	
Other Income	
8000 · Other Income	
8050 · Interest Income Unamortized	4,118.50
8075 · Cash Rewards Income (Credits)	733.12

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Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2021 through June 2022

8200 · Gain/Loss on Sale of Assets	16,000.00
8300 · In Kind Contributions	
8320 · In Kind Contributions Materials	116.27
Total 8300 · In Kind Contributions	116.27
Total 8000 · Other Income	20,967.89
Total Other Income	20,967.89
Net Other Income	20,967.89
Net Income	365,195.32

I certify, to the best of my knowledge, that these unaudited financial statements, before any audit adjustments, are true and accurate as of the date indicated.

Patrick 7. H Date: 1/27/23

Patrick Hurney, Executive Director

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	
1000 · Cash & Equivalents	
1100 · Banking	
1110 · Unrestricted Banking	
1110.1 · FHB Operating**5201	397,368.12
1110.2 · FHB-Vendor Checks**5228	1,375.23
1110.3 · Capacity Building Fund *0450	-2,976.92
1110.6 · FHB-Automated Diburse *3697	21.01
Total 1110 · Unrestricted Banking	395,787.44
1120 · Restricted Banking	
1120.2 · FHB Escrow**6730	
1120.2P · FHB Escrow Checking x6730	1,343.96
1120.2 · FHB Escrow**6730 - Other	12,466.12
Total 1120.2 · FHB Escrow**6730	13,810.08
1120.3 · FHB Restricted**6749	263,102.37
Total 1120 · Restricted Banking	276,912.45
1130 · Restore	
1130.2 · Cash on Hand-Register	250.00
1130.3 · Cash on Hand Register 2 Kona	250.00
1130.4 · Cash on Hand Register Waimea	250.00
1130.9 · Change-for Drawer ReStore	49.17
1134 · Kona ReStore Checking HICFCU	14,221.48
1135 · Hilo ReStore Checking FHB*2113	16,089.05
1136 · Waimea ReStore Checking BOH*054	12,016.12
Total 1130 · Restore	43,125.82
1140 · Petty Cash-Office	218.36
1145 · Petty Cash Waimea ReStore 2	3.93
1146 · Petty Cash Hilo ReStore 3	527.53
1170.1 · Home Depot Gift Cards	1.01
Total 1100 · Banking	716,576.54
1120.5 · County of HI RMAP Program *1767	1,058.39
1160 · Costco Cash Cards	
1160.1 · Regular	393.05
Total 1000 · Cash & Equivalents	718,027.98
1050P · POB Const*0843 BOH	7,459.38
Total Checking/Savings	725,487.36
Accounts Receivable	
1200 · Receivables	
1210 · Grants Receivable	
1210.9 · State of Hawaii DHHL Receivable	10,641.11
Total 1210 · Grants Receivable	10,641.11
1230 · NRI Receivables (Homeowners)	
1230.1 · Critical Home Repair	15,865.86

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Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of December 31, 2022

1200 · Receivables - Other	[illegible]
Total 1200 · Receivables	37,664.43
Total Accounts Receivable	37,664.43
Other Current Assets	
1240 · Other Receivables	
1240.1 · Employee Receivable-	852.37
1240.2 · Homeowner Receivable	8,572.05
1240.3 · Housing Preservation Grant (HPG	17,215.06
1240.9 · Other Receivable	481.76
Total 1240 · Other Receivables	27,121.24
1290 · Due To/From Affiliate	591,707.15
1290P · Due To/From Affiliate-POB/NMTC	-591,707.15
1300 · Current Assets	
1310 · Prepaid Expenses	
1310.1 · Prepaid Expenses-GL/Bus. Ins.	-8,271.00
1310.2 · Prepaid Expense-WC Ins	-215.76
1310.3 · Prepaid Expenses-Auto Insurance	1,261.24
1310.9 · Prepaid Expenses-Other	5,000.00
Total 1310 · Prepaid Expenses	-2,225.52
1320 · Security/Refundable Deposits	14,453.96
1330 · Inventory Assets	
1330.1 · Restore Inventory	90,965.50
1330.2 · Land & Lots	89,852.90
1330.3 · Restricted Land & Lots	46,610.85
Total 1330 · Inventory Assets	227,429.25
1340 · Work in Progress (WIP)	1,072,152.06
1300 · Current Assets - Other	89,643.12
Total 1300 · Current Assets	1,401,452.87
1300P · POB Work in Process	526,123.54
1304 · Repayment	
1305 · Employee Loan Repayment	1,138.78
Total Other Current Assets	1,955,836.43
Total Current Assets	2,718,988.22
Fixed Assets	
1400 · Fixed Assets	
1430 · Computers/Software/Electronics	12,668.14
1440 · Tenant Improvements-New Space	322,769.23
1441 · Tenant Improvements-ReStore Wai	43,925.74
1442 · Tenant Improvements-ReStore Hil	8,941.07
1450 · Tools & Equipment	
1450.1 · Construction Equipment & Tools	12,376.95
1450.2 · ReStore Equipment & Tools	9,320.00
1450.3 · ReStore Forklifts	63,350.76
Total 1450 · Tools & Equipment	85,047.71
1460 · Vehicles	
1460.10 · 2013 Chevy Silverado (499HDX)	19,200.00

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Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of December 31, 2022

1460.12 · 2006 Dodge Ram (347HDK)	[illegible]
1460.13 · 2011 Ford 15 Pass Van (HMG 269)	22,000.00
1460.14 · 1999 Ford "Old Box Van" (599TPE	10,000.00
1460.16 · 2015 Isuzu Box Truck (451HEB)	46,719.40
1460.2 · 2013 Isuzu Truck (Used)	41,256.53
1460.5 · 2014 Nissan Titan 4WD (ZHD171)	23,609.03
1460.8 · Trailer	9,451.58
Total 1460 · Vehicles	192,236.54
1490 · Accumulated Depreciation	-381,377.26
Total 1400 · Fixed Assets	284,211.17
Total Fixed Assets	284,211.17
Other Assets	
1200P · Other Assets	
1250P · POB Affiliate Expense Reserve	30,284.00
1260P · Accumulated Affiliate Exp Rsvr	-31,365.24
Total 1200P · Other Assets	-1,081.24
1500 · Mortgage Loan Receivable	
1510 · Mortgage Loan Receivables-Notes	709,388.56
1510P · Mortgage Loan Receivables-POB	1,391,678.72
1520 · Unamortized Mortgage Discount	-331,558.72
1520P · Unamortized POB Mortgage Discou	-209,906.49
1530P · Leveraged Mortage Receivable Contra	-1,020,113.82
Total 1500 · Mortgage Loan Receivable	539,488.25
1510.1 · Notes Receivable - Current Port	-89,643.12
1600 · Invest in HFHI NMTC Lev Lender	413,367.27
Total Other Assets	862,131.16
TOTAL ASSETS	3,865,330.55
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	210,118.17
Total Accounts Payable	210,118.17
Credit Cards	
2300 · FHB Credit Card	
2320 · FHB New Credit Card **	
2320.1 · Hurney, Patrick **6555	4,610.52
Total 2320 · FHB New Credit Card **	4,610.52
Total 2300 · FHB Credit Card	4,610.52
2000P · POB CURRENT LIABILITIES	
2010P · Accrued Interest Payable	686.55
Total 2000P · POB CURRENT LIABILITIES	686.55
2030 · HI GE Tax Payable	4,491.62
2100*OE · Current Liabilities	
2102 · Employee Payable	18,458.93
2110 · Payroll Liabilities{594}	

Habitat for Humanity Hawaii Island, Inc.
Balance Sheet
As of December 31, 2022

2110.5 · State Withholding	[illegible]
2110 · Payroll Liabilities{594} - Other	0.03
Total 2110 · Payroll Liabilities{594}	-1,773.63
2130 · Homeowner Liability	
2130.1 · Escrow Deposits	-7,550.29
2130.1P · Escrow Deposits POB	-4,379.45
2130.2 · Impound Deposits	19,150.00
2130.3 · Homeowner Leveraged Paymts Held	-6,947.41
Total 2130 · Homeowner Liability	272.85
2140 · Hale Ohana Aloha Program	1,784.11
2180 · Notes Payable - Current Portion	74,003.14
Total 2100*OE · Current Liabilities	92,745.40
2113 · ERAP Disbursement Proceeds	68,552.16
2114 · ERAP 2 Disbursement Proceeds	18,839.61
2170 · Security Deposit Liability	2,800.00
2500 · Deferred Revenue DHHL	371,135.74
24000 · *Payroll Liabilities	-660.16
Total Other Current Liabilities	558,590.92
Total Current Liabilities	773,319.61
Long Term Liabilities	
2100P · POB LONG TERM LIABILITES	
2110P · QLICI Due to HFHI NMTC	603,209.00
2120P · HFHI Structuring Fee less Accum	-17,036.33
2125P · NMTC Closing Costs less Accum	-14,843.94
Total 2100P · POB LONG TERM LIABILITES	571,328.73
2200 · Long Term Liabilities	
2150 · First Hawaiian Bank	11.84
2240 · SSO Habitat Loans	
2220 · Grant in Aid Loans Payable	250,750.00
2230 · OHA Funding Payable	234,250.00
2240 · SSO Habitat Loans - Other	110,250.00
Total 2240 · SSO Habitat Loans	595,250.00
2260 · Truck Loan *9001 Bank of Hawaii	918.33
2270 · PPP CARES Act Loan #1	-1.00
2200 · Long Term Liabilities - Short Term Portion	-74,003.14
Total 2200 · Long Term Liabilities	522,176.03
2290 · Discount on Notes Payable	-262,714.00
8400 · Deferred Revenue	-17,305.16
Total Long Term Liabilities	813,485.60
Total Liabilities	1,586,805.21
Equity	
30000 · Opening Balance Equity	2,166,750.57
3100 · Net Assets	-289,524.76
3200 · Retained Earnings	585,276.44
3300 · Temporarily Restricted Net Assets	252,000.00
3210P · POB Retained Earnings	-460,236.71

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Accrual Basis

Habitat for Humanity Hawaii Island, Inc.

Balance Sheet

As of December 31, 2022

Net Income	[illegible]
Total Equity	2,278,525.34
TOTAL LIABILITIES & EQUITY	3,865,330.55

I certify, to the best of my knowledge, that these unaudited financial statements, before any audit adjustments, are true and accurate as of the date indicated.

Patrick F. H[illegible] Date: 1/26/23

10:16 PM
01/26/23
Accrual Basis

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2022 through December 2022

	Jul 22- Dec 22
Ordinary Income/Expense	
Income	
4000 · Income	
4100 · Unrestricted Income	
4110 · Unrestricted Income	
4110.2 · Corporations-Unrestricted	270.64
4110.3 · Foundations-Unrestricted	46,909.00
4110.4 · Individuals-Unrestricted	109,628.69
4110.5 · Churches-Unrestricted	250.00
4110.6 · Other-Unrestricted	3,660.00
4110.7 · Employee Giving-Unrestricted	682.50
Total 4110 · Unrestricted Income	161,400.83
4120 · Grants-Operating	2,425.00
Total 4100 · Unrestricted Income	163,825.83
4200 · Unrestricted Fundraising/Events	
4210.7 · <Less Costs> Fundraising Other	-10,226.76
Total 4210 · Unrestricted Fundraising	-10,226.76
4230 · Golf Event	
4230.3 · Mulligans	1,220.00
Total 4230 · Golf Event	1,220.00
Total 4200 · Unrestricted Fundraising/Events	-9,006.76
4300 · Restricted Income	
4320 · Grant Income	
4320.1 · Construction Grants	46,078.98
4340 · Restricted Other	
4340.3 · Restricted Other-Foundations	53,000.00
4340.4 · Restricted Other-Individuals	6,000.00
Total 4340 · Restricted Other	59,000.00
Total 4300 · Restricted Income	105,078.98
4700 · Sales{118}	
4710 · Sales-ReStore 1-Kona	106,583.25
4720 · Sales-ReStore 2-Waimea	51,929.62
4730 · Sales-ReStore 3-Hilo	264,752.70
Total 4700 · Sales{118}	423,265.57
4800 · Rental Income	22,066.20
Total 4000 · Income	705,229.82
Cost of Goods Sold	
5200 · ReStore COGS	
5200.2 · ReStore Product for Resale	462.82
Total 5200 · ReStore COGS	462.82
Total 5000 · COGS	462.82
Gross Profit	704,767.00
Expense	

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2022 through December 2022

6000 · Expenses	
6050 · Advertising & Marketing Expense	240.00
6100 · Vehicle Expense	
6101 · Fuel Expense	4,310.37
6102 · Vehicle Rental	477.51
6105 · Towing Expense{439}	175.00
6106 · Auto Insurance	2,260.50
6107 · Vehicle Repairs & Maint.	14,850.92
6108 · Vehicle License/Registration	305.45
Total 6100 · Vehicle Expense	22,379.75
6215 · Conferences/Conventions/Mtgs.	26.13
6220 · Credit Card Machine	
6220.1 · Credit Card Merchant Fees	12,448.96
Total 6220 · Credit Card Machine	12,448.96
6230 · Computer Expense	
6230 · Computer Expense - Other	6,140.10
Total 6230 · Computer Expense	6,140.10
6245 · Dues & Subscriptions	11,581.50
6250 · Education/Seminars/Development	349.00
6255 · Equipment Rental	
6255.3 · Other Equipment Rental	1,425.68
6255 · Equipment Rental - Other	11,719.48
Total 6255 · Equipment Rental	13,145.16
6275 · Finance Charges/Late Fees	126.03
6280 · Forklift Expense	325.31
6295 · Insurance Expense	
6295.1 · General Liability Ins.	4,510.98
6295.11 · Health Insurance	34,078.20
6295.2 · Property Including Crime	2,823.96
6295.3 · Builder's Risk Insurance	994.02
6295.4 · Umbrella	1,745.52
6295.5 · Director/Officer Liability Ins.	720.00
6295.6 · Accidental Medical	250.56
6295.7 · Volunteer Disability	111.96
6295.8 · Disability Insurance-TDI	1,958.29
6295.9 · Worker's Comp. Insurance	9,903.48
Total 6295 · Insurance Expense	57,096.97
6305 · Interest Expense	
6305.1 · Interest Expense-Loans	54.07
6305.2 · Interest Expense-Other	281.60
Total 6305 · Interest Expense	335.67
6310 · International Tithe Expense	2,500.00
6330 · Meals & Entertainment	1,314.48
6335 · Mileage Reimbursements	3,521.57
6350 · Office Expense	
6350.1 · Copier Expense	81.34

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2022 through December 2022

6350.2 · Office Cleaning	2,617.82
6350.3 · Water Cooler & Delivery	394.36
6350.4 · Janitorial Supplies	487.50
6350 · Office Expense - Other	64.41
Total 6350 · Office Expense	3,645.41
6355 · Office Supplies	407.05
6360 · Other Misc. Expense	265.15
6365 · Postage and Delivery	200.11
6375 · Printing & Stationary	825.94
6380 · Professional Fees	
6380.4 · Payroll Processing Service Fee	450.40
6380.6 · Professional Fee-Other	2,816.75
Total 6380 · Professional Fees	3,267.15
6390 · Rent Expense	88,778.04
6395 · Repairs & Maintenance	
6395.1 · Pest Control	1,024.08
6395.3 · Fire Extinguisher Maint.	499.48
6395.4 · Building/Land Maintenance	5,107.91
6395.5 · Equipment Maintenance	558.08
6395.6 · Garbage Pick Up/Drop off	1,711.12
6395 · Repairs & Maintenance - Other	3,921.08
Total 6395 · Repairs & Maintenance	12,821.75
6416 · Safety/First Aid	104.60
6425 · Taxes & License	
6425.1 · GE Taxes	18,467.09
6425.3 · Property Tax	1,493.00
Total 6425 · Taxes & License	19,960.09
6430 · Travel Expense	
6430.1 · Airfare	2,270.94
6430.2 · Auto Rental/Parking/Fuel	694.38
6430.3 · Meals-Per Diem & Reimbursement	265.32
6430.4 · Hotel Accommodations	499.44
Total 6430 · Travel Expense	3,730.08
6435 · Utilities	
6435.1 · Gas & Electric	11,271.87
6435.2 · Telephone & Fax	
6435.21 · Landline	1,369.52
6435.2 · Telephone & Fax - Other	1,508.55
Total 6435.2 · Telephone & Fax	2,878.07
6435.3 · Water & Sewer	1,345.39
Total 6435 · Utilities	15,495.33
6445 · Volunteer Appreciation	1,678.79
6999 · Cash Over/Short	13.13
Total 6000 · Expenses	282,723.25
6000P · OVERHEAD EXPENSES	
6100P · Interest Expense	1,293.06

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2022 through December 2022

	Jul - Dec 22
6200P · Bank Fees	
Total 6000P · OVERHEAD EXPENSES	1,384.06
6307 · Late Fees/Penalties	2,588.60
6410.1 · Officer/Director Salaries	
6410.10 · Construction Supervision	3,762.89
6410.13 · Fund Raising	5,425.17
6410.14 · Restore	2,722.52
6410.15 · General Administration (G&A)	31,880.85
6410.16 · RMAP/ERAP Administration	240.72
6410.1 · Officer/Director Salaries - Other	200.00
Total 6410.1 · Officer/Director Salaries	44,232.15
6410.2 · Salaries & Wages-Other	
6410.20 · Construction Supervision	13,491.05
6410.21 · Construction	14,655.15
6410.22 · Family Services	22,690.04
6410.23 · Fund Raising	40,533.98
6410.24 · Restore	126,728.58
6410.25 · General Administration (G&A)	91,228.68
6410.26 · RMAP/ERAP Administration	9,405.77
6410.2 · Salaries & Wages-Other - Other	6,350.00
Total 6410.2 · Salaries & Wages-Other	325,083.25
6410.4 · Payroll Taxes	35,749.04
6410.5 · Payroll Employer Paid Benefits	5,068.58
6410.8 · Contracted Labor	426.00
66000 · *Payroll Expenses	9,712.72
Total Expense	706,967.65
Net Ordinary Income	-2,200.65
Other Income/Expense	
Other Income	
8000 · Other Income	
8075 · Cash Rewards Income (Credits)	283.59
8200 · Gain/Loss on Sale of Assets	7,000.00
8300 · In Kind Contributions	
8320 · In Kind Contributions Materials	1,376.95
Total 8300 · In Kind Contributions	1,376.95
8000 · Other Income - Other	4,560.00
Total 8000 · Other Income	13,220.54
Total Other Income	13,220.54
Net Other Income	13,220.54
Net Income	11,019.89

I certify, to the best of my knowledge, that these unaudited financial statements, before any audit adjustments, are true and accurate as of the date indicated.

Habitat for Humanity Hawaii Island, Inc.
Profit Loss
July 2022 through December 2022

Patrick F. Hurney Date: 1/24/23

Patrick Hurney, Executive Director

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 4619

City or town, state or province, country, and ZIP or foreign postal code
KAILUA-KONA, HI 96745

D Employer identification number
99-0355149

E Telephone number
(808)331-8010

G Gross receipts $ 1,800,173.

F Name and address of principal officer: PATRICK HURNEY
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.HABITATHAWAIIISLAND.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2001 M State of legal domicile: HI

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: HABITAT FOR HUMANITY HAWAII ISLAND WORKS IN PARTNERSHIP WITH PEOPLE IN NEED TO BUILD AND		
2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	194.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	506,870.	628,032.
	9	Program service revenue (Part VIII, line 2g)	109,570.	280,829.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,137.	4,122.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	405,946.	492,917.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,026,523.	1,405,900.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	279,440.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	496,802.	481,940.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 348,757.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	622,760.	429,912.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,119,562.	1,191,292.
	19	Revenue less expenses. Subtract line 18 from line 12	-93,039.	214,608.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,045,917.	4,067,029.
	21	Total liabilities (Part X, line 26)	1,405,354.	2,162,367.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,640,563.	1,904,662.

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.

Sign Here

▶ Signature of officer | Date

▶ PATRICK HURNEY, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
ALEX J. SMITH				P00994702

Firm's name ▶ ALEX J. SMITH, CPA | Firm's EIN ▶ 46-5002021

Firm's address ▶ 1403 FRANK STREET HONOLULU, HI 96816 | Phone no. 808-927-1725

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THROUGH THE USE OF ORGANIZATION RESOURCES, COMBINED WITH VOLUNTEER LABOR, BUILD DECENT, SIMPLE, AFFORDABLE HOUSING OR MAKE CRITICAL REPAIRS TO EXISTING HOUSING. THE NEW HOUSES ARE THEN SOLD TO THOSE IN NEED AT NO PROFIT AND WITH NO INTEREST CHARGED, WHILE HOMEOWNERS OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 $ 29,032. including grants of $) (Revenue $)
CONSTRUCTION CONTINUED ON HOMES - COMPLETED 0 HOMES AND 1 CRITICAL HOME REPAIRS DURING FY 21, BRINGING THE TOTAL OF NEW HOMES COMPLETED SINCE 2002 TO 60, AND OVER 55 HOUSEHOLDS SERVED WITH CRITICAL HOME REPAIRS TO ADDRESS ISSUES OF HEALTH AND SAFETY. COVID-19 PANDEMIC HALTED PROGRESS OF CONSTRUCTION FOR THE FISCAL YEAR.

4b (Code:) (Expenses $ 142,360. including grants of $) (Revenue $ 3,485.)
WORK CLOSELY WITH FAMILIES FROM SELECTION, THROUGH BUILD PROCESS, AND CONTINUING THROUGH MORGTGAGE PAY OFF, OFFERING SUPPORT AND EDUCATION TO SELECTED FAMILIES FOR THEIR ENTIRE FIRST TIME HOME OWNERSHIP EXPERIENCE. HOMEOWNERS PARTICIPATION INCLUDES 500 SWEAT EQUITY HOURS WITH THE ORGANIZATIOIN AND EDUCATIONAL CLASSES INCLUDING HOMEOWNER FINANCIAL LITERACY EDUCATION.

4c (Code:) (Expenses $ 279,440. including grants of $ 279,440.) (Revenue $)
ADDITIONALLY IN THIS FISCAL YEAR, THE ORGANIZATION ASSISTED IN ADMINISTERING THE COUNTY OF HAWAII RENTAL & MORTGAGE ASSISTANCE PROGRAM (RMAP) BY PROCESSING 323 APPLICATIONS, OF WHICH 191 QUALIFIED AND RECEIVED ASSISTANCE THROUGH THE PROGRAM. IN APRIL, THE ORGANIZATION ALSO STARTED TO ASSIST IN ADMINISTERING THE COUNTY OF HAWAII EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP).

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

4e Total program service expenses ▶ 450,832.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV | Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	127			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 10. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent — 1b: 10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶HI

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 [X] Upon request [ ] Other *(explain on Schedule O)*

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

THE ORGANIZATION - (808)331-8010

73-4161 ULU WINI PLACE, BAY 1, KAILUA-KONA, HI 96740

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

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

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

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

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

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

☐ 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FATHER RICHARD TARDIFF PRESIDENT	1.00	X		X				0.	0.	0.
(2) TONY CANN VICE-PRESIDENT	0.30	X		X				0.	0.	0.
(3) DR. ANN MARIE MURAMOTO SECRETARY	0.30	X		X				0.	0.	0.
(4) HOBBS LOWSON TREASURER	0.30	X		X				0.	0.	0.
(5) LEIOLA AUGUSTINE DIRECTOR	0.30	X						0.	0.	0.
(6) EDWINA FUJIMOTO DIRECTOR	0.30	X						0.	0.	0.
(7) NAPUA KEKAUOHA-CHARTRAND DIRECTOR	0.30	X						0.	0.	0.
(8) GAIL NOEAU DIRECTOR	0.30	X						0.	0.	0.
(9) APRIL BATES DIRECTOR	0.30	X						0.	0.	0.
(10) LINDEN POHLAND DIRECTOR	0.30	X						0.	0.	0.
(11) PATRICK HURNEY EXECUTIVE DIRECTOR	40.00			X				81,726.	0.	2,386.

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Subtotal ▶								81,726.	0.	2,386.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								81,726.	0.	2,386.

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
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 NONE	(B) Description of services	(C) Compensation

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 ☐

Section	Line	Description	Box	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	628,032.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 1,089.				
	h	**Total.** Add lines 1a-1f ▶			628,032.			
Program Service Revenue			Business Code					
	2 a	ORIGINAL DISC. ON NOTE	522292		271,063.			271,063.
	b	AMORT. OF NOTE DISC.	522292		9,766.			9,766.
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			280,829.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			4,122.			4,122.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a	(i) 41,402.				
	b	Less: rental expenses	6b	(i) 0.				
	c	Rental income or (loss)	6c	(i) 41,402.				
	d	Net rental income or (loss) ▶			41,402.			41,402.
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a	520.				
	b	Less: direct expenses	8b	62.				
	c	Net income or (loss) from fundraising events ▶			458.			458.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	10a	841,783.				
	b	Less: cost of goods sold	10b	394,211.				
	c	Net income or (loss) from sales of inventory ▶			447,572.			447,572.
Miscellaneous Revenue			Business Code					
	11 a	OTHER INCOME	900099		3,485.	3,485.		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			3,485.			
	12	**Total revenue.** See instructions ▶			1,405,900.	3,485.	0.	774,383.

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	279,440.	279,440.		
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	90,667.	40,801.	22,666.	27,200.
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	311,712.	48,455.	209,022.	54,235.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,248.	14,553.	21,008.	6,687.
10 Payroll taxes	37,313.	5,898.	25,624.	5,791.
11 Fees for services (nonemployees):				
a Management				
b Legal	750.	750.		
c Accounting	5,060.		5,060.	
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	5,958.	36.	5,039.	883.
13 Office expenses	31,936.	7,586.	9,877.	14,473.
14 Information technology	7,507.	209.	3,291.	4,007.
15 Royalties				
16 Occupancy	211,124.	19,782.	37,532.	153,810.
17 Travel	3,142.	531.	1,184.	1,427.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,407.	66.	591.	750.
20 Interest	14,726.	13,304.	1,422.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,493.	4,920.	11,873.	42,700.
23 Insurance	23,646.	3,518.	5,469.	14,659.
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 DUES AND SUBSCRIPTIONS	25,388.	1,012.	24,261.	115.
b VEHICLE EXPENSE	21,723.	1,350.	1,431.	18,942.
c CONSTRUCTION/RENOVATION	7,682.	7,682.		
d OTHER PROGRAM EXPENSES	3,012.	882.	284.	1,846.
e All other expenses	7,358.	57.	6,069.	1,232.
25 **Total functional expenses.** Add lines 1 through 24e	1,191,292.	450,832.	391,703.	348,757.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		134,617.	1	1,669,200.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,479.	4	18,312.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,139,176.	7	620,103.
	8	Inventories for sale or use		82,500.	8	82,500.
	9	Prepaid expenses and deferred charges		46,013.	9	31,373.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 650,273.			
	b	Less: accumulated depreciation	10b 401,268.	278,033.	10c	249,005.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,346,099.	15	1,396,536.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,045,917.	16	4,067,029.
Liabilities	17	Accounts payable and accrued expenses		318,875.	17	166,418.
	18	Grants payable			18	
	19	Deferred revenue		14,500.	19	844,714.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		22,135.	21	26,844.
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		445,948.	23	520,495.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		603,896.	25	603,896.
	26	**Total liabilities.** Add lines 17 through 25		1,405,354.	26	2,162,367.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,388,563.	27	1,721,379.
	28	Net assets with donor restrictions		252,000.	28	183,283.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,640,563.	32	1,904,662.
	33	Total liabilities and net assets/fund balances		3,045,917.	33	4,067,029.

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	1,405,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,191,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	214,608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,640,563.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	49,491.
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	1,904,662.

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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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
2020
Open to Public Inspection

Name of the organization	Employer identification number
HABITAT FOR HUMANITY HAWAII ISLAND, INC.	99-0355149

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).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____________

10 [ ] 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	935,707.	2,198,882.	961,570.	506,870.	348,593.	4,951,622.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	935,707.	2,198,882.	961,570.	506,870.	348,593.	4,951,622.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						4,951,622.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	935,707.	2,198,882.	961,570.	506,870.	348,593.	4,951,622.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,197.	5,483.	4,167.	4,137.	4,122.	22,106.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	785,215.	489,313.	538,216.	405,218.	489,432.	2,707,394.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-554.	-960.	17,242.	728.	3,485.	19,941.
11 **Total support.** Add lines 7 through 10						7,701,063.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 2,095,924.

13 **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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 | 64.30 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 | 64.80 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [X]

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2020.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-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**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2020**	**(iii)** **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
HABITAT FOR HUMANITY HAWAII ISLAND, INC.	99-0355149

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	DENNIS MICHAEL STEELE P.O. BOX 4619 KAILUA-KONA, HI 96745	$ 25,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	THE WILLIAM G. IRWIN CHARITY FOUNDATION 235 MONTGOMERY ST # 711 SAN FRANCISCO, CA 94104	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ATHERTON FAMILY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	FATHER RICHARD TARDIFF 81-6627 KEKAA PLACE KEALAKEKUA, HI 96750	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

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

(e) Transfer of gift

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

(e) Transfer of gift

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

(e) Transfer of gift

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

(e) Transfer of gift

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

2020

Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 ▶ $

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		375,636.	228,436.	147,200.
d Equipment		29,939.	17,773.	12,166.
e Other		244,698.	155,059.	89,639.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				249,005.

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)		
Total. (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)		
Total. (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) HOMES/RENOVATIONS UNDER CONSTRUCTION	722,981.
(2) INVESTMENT IN JOINT VENTURE	412,601.
(3) DONATED LAND AND COSTS	136,464.
(4) DEBT ISSUANCE COSTS	111,776.
(5) RENTAL SECURITY DEPOSIT	12,714.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,396,536.

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) NMTC LOAN PAYABLE	603,896.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	603,896.

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

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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:

PART IV, LINE 2B - HOMEOWNER'S INSURANCE AND PROPERTY TAX, IF APPLICABLE, ARE PAID BY THE HOMEOWNER TO WEST HAWAII HABITAT, PRO-RATA ON A MONTHLY BASIS, WITH THE PROMISSORY NOTE PAYMENTS. IN ORDER TO PROTECT THE HOME, WEST HAWAII HABITAT THEN PAYS ON THE HOMEOWNERS' BEHALF WHEN THE APPLICABLE BILL BECOMES DUE. DEPOSITS FOR HOMES IN PROGRESS ARE ALSO HELD IN ESCROW UNTIL APPLIED TO HOMEOWNER'S NOTE RECEIVABLE.

PART X, LINE 2:

HABITAT HAWAII ISLAND FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC (ASC 740), INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

Part XIII Supplemental Information *(continued)*

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES, DISCLOSURE, AND TRANSITION. MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TAX POSITION EXISTS FOR HABITAT HAWAII ISLAND.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RESTORE ACTIVITY SHOWN NET.

FUNDRAISING ACTIVITY SHOWN NET.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESTORE ACTIVITY SHOWN NET.

FUNDRAISING ACTIVITY SHOWN NET.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number
99-0355149

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE.	55	258,725.	0.		
UTILITIES SUPPORT.	26	20,715.	0.		

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

PART I, LINE 2:

ERAP APPLICATIONS ARE REVIEWED TO ENSURE THOSE THAT ARE AWARDED FUNDS ARE ELIGIBLE.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RENOVATE DECENT, AFFORDABLE HOUSING. THE NEW HOUSES THEN ARE SOLD TO THOSE IN NEED AT NO PROFIT AND WITH NO INTEREST CHARGED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSES WHERE CRITICAL REPAIRS ARE CONDUCTED SIGN A PROMISSORY NOTE FOR THE COST OF THE REPAIRS WITH NO INTEREST CHARGED.

FORM 990, PART VI, SECTION A, LINE 1:
MEMBERS OF THE EXECUTIVE COMMITTEE: FATHER RICHARD TARDIFF - PRESIDENT, TONY CANN - VICE PRESIDENT, DR. ANN MARIE MURAMOTO - SECRETARY, AND HOBBS LOWSON - TREASURER.

FORM 990, PART VI, SECTION B, LINE 11B:
DUE TO BEING CLOSE TO THE DEADLINE, THE EXECUTIVE DIRECTOR REVIEWS AN ELECTRONIC COPY OF THE 990 PRIOR TO BEING SIGNED BY AN OFFICER AND SUBMITTED TO THE IRS. THE FULL BOARD WILL REVIEW THE 990 AT THEIR NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER WILL SIGN THEIR AGREEMENT WITH THE POLICY AT THE ANNUAL MEETING. THE EXECUTIVE COMMITTEE MONITORS AND ENFORCES COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:
THE PRESIDENT OF THE BOARD OVERSEES THE EVALUATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. COMPENSATION IS BASED ON PERFORMANCE,

Name of the organization: HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number: 99-0355149

ACHIEVEMENTS AND BUDGET. HABITAT FOR HUMANITY INTERNATIONAL IS ALSO CONSULTED FOR COMPARISON COMPENSATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A CASE BY CASE BASIS UPON REQUEST.