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### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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. 2023 Open to Public Inspection

	rnal Revenue		Go to www.irs.gov/Form990 for instructio	ns and the latest	information.	Inspection
Α	For the 2	2023 cal	endar year, or tax year beginning 7/1/2023	, and e	nding 6/30	0/2024
В	Check if ap		c Name of organization Bennington Area Habitat for Huma	nity	D Employer	identification number
$\square$	Address ch	ange	Doing business as	•		
Π	Newse shew		Number and street (or P.O. box if mail is not delivered to street addre	ess) Room/suite	04-3342696	;
므	Name chan	ige	P.O. Box 1159		E Telephone	number
Ш	Initial return	n	City or town State	ZIP code	(802) 367-1	000
П	Final return/te	rminated	Manchester VT	05254		000
吕			Foreign country name Foreign province/state/county	Foreign posta		
Ш	Amended re	eturn			G Gross rece	eipts \$ 1,334,972
Π	Application	pending	F Name and address of principal officer:		H(a) Is this a group return for	or subordinates? Yes X No
			Cindy Luce P.O. Box 1159, Manchester, VT 05254		H(b) Are all subordinate	es included? Yes No
-	Tax-exemp			7(a)(1) or 527	If "No," attach a lis	t. See instructions
÷				7(a)(1) 01 527		9545
<u> </u>	Website:	www	/.benningtoncountyhabitat.org		H(c) Group exemption n	number 8545
К	Form of or	ganization:	X Corporation Trust Association Other	L Ye	ar of formation: 1997	M State of legal domicile: VT
	Part I	Sun	nmary			
	1 E	Briefly de	escribe the organization's mission or most significant act	tivities: See	Schedule O.	
Sce						
nar	-					
ver	2 (	Check th	is box if the organization discontinued its opera	tions or disposed	of more than 25% o	of its net assets.
ĝ			of voting members of the governing body (Part VI, line 1	•	i i i i i i i i i i i i i i i i i i i	3 16
ø			of independent voting members of the governing body (	•		4 16
ies			nber of individuals employed in calendar year 2023 (Pa	,		5 9
Ϊž			nber of volunteers (estimate if necessary)			<b>6</b> 172
Activities & Governance			elated business revenue from Part VIII, column (C), line			7a 0
			ated business taxable income from Form 990-T, Part I,			7b
	~ .				Prior Year	Current Year
-	8 (	Contribu	ions and grants (Part VIII, line 1h).........		278	3,282 272,921
nu	9 F		service revenue (Part VIII, line 2g)			7,586 423,939
Revenue	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d) .			9,945 126,753
Ř	11 (		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			2,536 397,781
			nue—add lines 8 through 11 (must equal Part VIII, column (		1,078	, ,
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0 0
			paid to or for members (Part IX, column (A), line 4).			0 0
S	4- 0		other compensation, employee benefits (Part IX, column (A)		187	7,400 145,463
Expenses	16a F		onal fundraising fees (Part IX, column (A), line 11e) .	. ,		0 0
be	b T		draising expenses (Part IX, column (D), line 25)	69,024		
ŵ	17 (		penses (Part IX, column (A), lines 11a–11d, 11f–24e).		333	3,174 835,655
			enses. Add lines 13–17 (must equal Part IX, column (A		520	0,574 981,118
	<b>19</b> F	Revenue	less expenses. Subtract line 18 from line 12		1	7,775 240,276
P S			· · · ·		Beginning of Current	
Net Assets or	20 1	Total ass	ets (Part X, line 16)		3,456	
t As:	<b>21</b>		ilities (Part X, line 26)			5,679 74,542
Ret	22		ts or fund balances. Subtract line 21 from line 20		3,379	
	art II		nature Block			
			I declare that I have examined this return, including accompanying sche	edules and statements	s, and to the best of my kn	owledge
			t, and complete. Declaration of preparer (other than officer) is based on			-
¢;	gn					
	-	Signa	ture of officer		Date	

Here	Cindy Luce			Executiv	e Director		
	Type or print nam	e and title					
Paid	Print/Type prepa	rer's name	Preparer's signature		Date	Check if	PTIN
Paid Preparer Use Only	Danielle N O'	Neill	Danielle N O'Neill		12/18/2024	self-employed	P02481791
	Firm's name	RHR Smith & Company,	CPA's		Firm's EIN	04-338315	5
	Firm's address	3 Old Orchard Road, Bu	xton, ME 04093		Phone no.	(207) 929-4	1606
May the IRS of	discuss this retu	rn with the preparer showr	n above? See instructions .				X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2023)	Bennington Area Habitat for Humanity	04-3342696	Page <b>2</b>
Pa	rt 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 d See Sch	escribe the organization's mission: edule O.		
2	the prior	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	🗌 Yes	X No
3	services	rganization cease conducting, or make significant changes in how it conducts, any program ?	🗌 Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest program service s. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	-	
4a	During tl started.	) (Expenses \$754,736_ including grants of \$) (Rever e current fiscal year, construction was finished on two houses and two new houses were		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Rever		)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Rever	າue \$	)
4d	(Expens		0)	
4e	Total pro	gram service expenses 754,736		

Form 990 (2023) Bennington Area Habitat for Humanity

Part	V 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,"		v	
2		1 2	Х	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		X
3	candidates for public office? If "Yes," complete Schedule C, Part I.	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	Х	$\vdash$
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	110	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	^	<u> </u>
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.40		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
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. See instructions.	17		Х
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	Х	
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┝──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form **990** (2023)

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Form 990 (2023)

Par	V 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		Х
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		Х
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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		Х
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	t		
D C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
-			~ `	

Form 9	990 (2023) Bennington Area Habitat for Humanity 04-334	2696	Р	age <b>5</b>
Par	rt 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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	40		<u>^</u>
Ň	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
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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         Enter the amount of reserves on hand       13c			
с 14а	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? <i>If "No," provide an explanation on Schedule O</i>	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see the 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
10		10		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and for a "N	0″	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sc		nstruc	t <u>ions</u> .
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 <b>1a</b>	16		
	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 <b>1b</b>	16		
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?	· · · · <b>2</b>	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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v
<b>b</b>	one or more members of the governing body?	<b>7a</b>		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
8	stockholders, or persons other than the governing body?	7b		X
0	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?			
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		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal		e.)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	Х
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	e form? . 11a	1	Х
b	Describe on 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	<b>12</b> a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts? 12t	) X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done			
13	Did the organization have a written whistleblower policy?		-	
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	i0		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis The organization's CEO, Executive Director, or top management official.			
a L	Other officers or key employees of the organization			
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	151		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iua	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?	16t	<b>)</b>	
Sect	ion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (section 501(	;)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on S	Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	· ·		
	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			
		2) 367-1000		
	P.O. Box 1150 Manchester VT 05254			

Form 990 (2023)	Bennington Area Habitat for Humanity	04-3342696	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	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 Employee	es	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the	

organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						n Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Cindy Luce	40.00									
Executive Director	0.00			Х				68,173	0	
(2) John Jacobi	5.00									
President	0.00	Х		Х					0	
(3) Craig Waller	5.00									
Vice President	0.00	Х		Х					0	
(4) Lisa Counsell	3.00									
Secretary	0.00	Х		Х					0	
(5) Kristin Comeau	3.00									
Treasurer	0.00	Х		Х					0	
(6) E. Michael Bacon	1.00									
Director	0.00	Х							0	
(7) Kevin Duffy	3.00									
Director	0.00	Х							0	
(8) Bill Hoyt (President until 12.31.22)	1.00									
Director	0.00	Х							0	
(9) Jacquelyn Hunt	1.00									
Director	0.00	Х							0	
(10) Keld Alstrup (Treasurer until 12.31.22)	1.00									
Director	0.00	Х							0	
(11) Chris Ponessi	1.00									
Director	0.00	Х							0	
(12) Barbara Price	1.00									
Director	0.00	Х							0	
(13) Craig Waller	1.00									
Director	0.00	Х							0	
(14) Olavi Wirkki	1.00									
Director	0.00	Х							0	

	Bennington Area Habitat for Hu									04-334		Page <b>8</b>
P	art VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,			ghes	t Co	ompensated En	ployees (contin	nued)	
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru					an ee)	compensation	<b>(E)</b> Reportable compensation from related	0	(F) ated amount of other apensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	f orgar	rom the nization and organizations
(15)	Monica Knorr	1.00										
Dire		0.00	Х							0		
(16) Dire	Ned Parsons	1.00 0.00	x							0		
	Ryan Miosek	1.00	^							0		
Dire		0.00	Х							0		
(18)												
(19)												
(20)												
(21)												
(22)												
(23)			r									
(24)												
(25)												
1b	Subtotal								68,173	0	-	0
C d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)								0 68,173	-		0
2	Total (add lines 1b and 1c)	mited to those lis	sted a	abov	 /e) v	vho	recei	ved				0
												Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-				-				3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater the organization of the sum o	iter than \$150,00	)0? <i>It</i>	۲"Ye	es,"	corr	nplete	e Sc	hedule J for suc	h		
	individual										4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? <i>If "Ye</i>	•			•			-			5	X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compe	nsated independ	dent (	cont	ract	ore	that r	-	aived more than	\$100.000 of		
•	compensation from the organization. Report co										tax yea	ar.
	(A) Name and business add	ress							<b>(B)</b> Description of ser	vices	<b>(C)</b> Compen	
				_	_	_						0
												0
												0
												0
2	Total number of independent contractors (inclue more than \$100,000 of compensation from the	•	ed to	tho	se l	iste	d abo 0		who received			

	90 (202	/	y				04-33426	96 Page
Part	t VIII	-						
		Check if Schedule O contains a response	e or note to	any line in				· · · 📘
					<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
					Total levellue	function revenue	business revenue	from tax unde
								sections 512-5
3 2	1a	· •	1a	0				
and Other Similar Amounts	b	Membership dues	1b	0				
5 ê	С	Fundraising events	1c	0				
Ā	d	Related organizations	1d	0				
ia I	е	Government grants (contributions)	1e	6,989				
in the second	f	All other contributions, gifts, grants, and						
er (			1f	265,932				
Ē	g	Noncash contributions included in		,				
p	3		1g \$	7,774				
an	h	<b>Total.</b> Add lines 1a–1f		,	272,921			
				ess Code	212,921			
,	22	Home and Land Sales			343,994	343,994		
	2a b				74,023	74.023		
iue						1		
Revenue	C L	Late Payment Fees on Mortgages			1,822	1,822		
je je	d	Model Home Building			4,100	4,100		
<u>,</u>	e				0			
	f	All other program service revenue			0			
	g	Total. Add lines 2a–2f			423,939			
	3	Investment income (including dividends, inte						
		other similar amounts)			126,753	126,753		
	4	Income from investment of tax-exempt bond	proceeds .		0			
	5	Royalties			0			
		(i) Real	(ii) P	ersonal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	с	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securitie		Other				
		sales of assets						
		other than inventory <b>7a</b>	0	0				
ne	b	Less: cost or other basis						
nu	Ň	and sales expenses 7b	0	0				
Š	~	Gain or (loss) 7c	0	0				
ř	C L		-	Ű.	0			
Uther Keven	d	Net gain or (loss)	<u> </u>	· · ·	0			
5	oa							
		events (not including \$						
		of contributions reported on line 1c).	0.5	40.040				
		See Part IV, line 18		46,642				
	b	· ·	8b	35,565				
	c	Net income or (loss) from fundraising events	<u> </u>		11,077			
	9a	- 5 5						
		· · · · · · · · · · · · · · · · · · ·	9a	0				
	b	· ·	9b	0				
	С	Net income or (loss) from gaming activities.	<u></u>		0			
	10a							
		returns and allowances	10a	197,195				
	b	Less: cost of goods sold	10b	78,013				
	С	Net income or (loss) from sales of inventory			119,182			
		· · · · · · · · · · · · · · · · · · ·		ess Code				
Ð	11a	Efficiency Vermont			11,914	11,914		
nu	b	Cars for Homes			13,500			
Revenue	c				236,750			1
Revenue	ч Ч				5,358			
	u	Total. Add lines 11a–11d.         .			267,522			
	•							

Statement of Functional Expenses Part IX

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

Do not include amoun 8b, 9b, and 10b of Par	ts reported on lines 6b, 7b, t VIII.	<b>(A)</b> Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	ssistance to domestic organizations		expenses	general expenses	expenses
	rnments. See Part IV, line 21.	0			
0	ssistance to domestic	0			
	rt IV, line 22	0			
	ssistance to foreign	0			
	gn governments, and foreign				
•		0			
	rt IV, lines 15 and 16	0			
	for members	0			
-	urrent officers, directors,				
	mployees	0		0	
	included above to disqualified				
	d under section 4958(f)(1)) and				
-	in section 4958(c)(3)(B)	0			
	wages	120,467	25,597	65,692	29,178
	als and contributions (include				
	403(b) employer contributions)	0			
9 Other employee be	nefits	11,696	1,850	9,297	54
D Payroll taxes		13,300	5,957	5,215	2,12
1 Fees for services (I					
		0			
-		0			
•		0			
-		0			
	sing services. See Part IV, line 17	0			
		0			
	ement fees	0			
	unt exceeds 10% of line 25, column	44.055	4 000	40.005	
	g expenses on Schedule O.)	14,255	1,630	12,625	
	pmotion	0	0.500	11.505	
		17,117	2,522	14,595	
	ogy	7,960	438	3,036	4,48
-		0			
		9,600		9,600	
<b>7</b> Travel		0			
8 Payments of travel	or entertainment expenses				
for any federal, stat	te, or local public officials	0			
9 Conferences, conv	entions, and meetings	8,246	2,867	5,379	
0 Interest		0			
	es	29,699	0	1,500	28,19
•	etion, and amortization......	12,293	0	12,293	-, -
		9,299	1,235	8,064	
	emize expenses not covered	0,200	1,200	0,001	
	aneous expenses on line 24e. If				
	ceeds 10% of line 25, column				
	e 24e expenses on Schedule O.)	400.007	400.007		
a Cost homes sold (r		493,937	493,937		
	d home repair projects	0			
	n Mortgages Issued	214,017	214,017		
d Annual Appeal		1,999	0	0	1,999
e All other expenses		17,233	4,686	10,062	2,48
5 Total functional ex	kpenses. Add lines 1 through 24e	981,118	754,736	157,358	69,02
6 Joint costs. Comp	lete this line only if the				
-	ed in column (B) joint costs				
	ducational campaign and				
fundraising solicitat					
-	(ASC 958-720)				

n 990 (2 <b>art X</b>	·			04	-3342696 Page <b>1</b>
	Check if Schedule O contains a response or no	ote to any line in this Part X .			
		-	(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest-bearing		0	1	
2	Savings and temporary cash investments		701,105	2	278,04
3	Pledges and grants receivable, net		0	3	
4	Accounts receivable, net	L	114,174	4	9,14
5	Loans and other receivables from any current or fe	ormer officer, director,			
	trustee, key employee, creator or founder, substar	ntial contributor, or 35%			
	controlled entity or family member of any of these	persons	0	5	
6	Loans and other receivables from other disqualified	persons (as defined			
	under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)	0	6	
7	Notes and loans receivable, net	[	862,814	7	925,42
8	Inventories for sale or use	[	0	8	
9	Prepaid expenses and deferred charges		11,297	9	16,03
10a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	1 <b>0a</b> 544,836			
b	Less: accumulated depreciation	1 <b>0b</b> 98,412	434,299	10c	446,42
11	Investments—publicly traded securities		741,106	11	1,486,31
12	Investments—other securities. See Part IV, line 1	1 [	0	12	
13	Investments—program-related. See Part IV, line 1	1	0	13	
14	Intangible assets		0	14	
15	Other assets. See Part IV, line 11		591,359	15	532,90
16	Total assets. Add lines 1 through 15 (must equal		3,456,154	16	3,694,29
17	Accounts payable and accrued expenses		45,786	17	30,72
18	Grants payable	[	0	18	
19	Deferred revenue		0	19	
20	Tax-exempt bond liabilities	[	0	20	
21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D...	30,893	21	42,55
22	Loans and other payables to any current or forme	r officer, director,			
	trustee, key employee, creator or founder, substar	ntial contributor, or 35%			
	controlled entity or family member of any of these	persons	0	22	
23	Secured mortgages and notes payable to unrelate	ed third parties	0	23	
24	Unsecured notes and loans payable to unrelated t	hird parties	0	24	
25	Other liabilities (including federal income tax, paya	ables to related third			
	parties, and other liabilities not included on lines 1				
	Part X of Schedule D		0	25	1,25
26	Total liabilities. Add lines 17 through 25		76,679	26	74,54
	Organizations that follow FASB ASC 958, chec	k here X			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		3,323,762	27	3,603,64
28	Net assets with donor restrictions	<u></u> . [	55,713	28	16,10
	Organizations that do not follow FASB ASC 95	8, check here			
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds .		0	29	
30	Paid-in or capital surplus, or land, building, or equ	ipment fund	0	30	
31	Retained earnings, endowment, accumulated inco		0	31	
32	Total net assets or fund balances		3,379,475	32	3,619,75
33	Total liabilities and net assets/fund balances		3,456,154	33	3,694,292

<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li></ul>		990 (2023) Bennington Area Habitat for Humanity	04-	3342696	Pag	<sub>je</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,221,39-         2       Total expenses (must equal Part IX, column (A), line 25)       2       981,111         3       240,271       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,379,473         5       Net unrealized gains (losses) on investments       6       6         6       0       7       4       3,379,473         7       4       3,379,473       6       6         8       Prior period adjustments       6       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,619,750         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,619,750         9       Check if Schedule O contains a response or note to any line in this Part XII       10       3,619,750         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         16       the organization's financial statements compiled or revie	Part	XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25).       2       981,11:         3       Revenue less expenses. Subtract line 2 from line 1       3       240,27(1)         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).       4       3,379,47(2)         5       Donated services and use of facilities       6       6         7       Investment expenses       7       7         8       -       7       7         9       Other changes in net assets or fund balances (explain on Schedule O).       9       9         10       Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       3,619,750         Part XII       Financial Statements and Reporting       10       3,619,750         Part XII       Financial Statements and Reporting       10       3,619,750         10       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         16       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         17*es, 'check a bo						
3       Revenue less expenses. Subtract line 2 from line 1       3       240,27/         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).       4       3,379,47!         5       0       5       5       5         7       7       7       7         8       7       7       7         9       7       7       7         9       7       7       7         10       Net assets or fund balances of fund balances (explain on Schedule O).       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       3,619,759         11       Financial Statements and Reporting       10       3,619,759       10       3,619,759         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       3,619,759         14       Accounting method used to prepare the Form 990:       Cash	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,221	,394
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,379,473         5       Net unrealized gains (losses) on investments       5       5         6       0       7       6         7       8       Prior period adjustments       6       6         9       Other changes in net assets or fund balances (explain on Schedule O)       7       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,619,750         Part XII       Financial Statements and Reporting       10       3,619,750         Check if Schedule O contains a response or note to any line in this Part XII       10       3,619,750         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       11       2a       X         1       The	2	Total expenses (must equal Part IX, column (A), line 25)	2		981	,118
5       Net unrealized gains (losses) on investments.       5         6       Donated services and use of facilities.       6         7       Investment expenses.       7         8       Prior period adjustments.       8         9       Other changes in net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10         20       Schedule O contains a response or note to any line in this Part XII       10         3.619.750       Periot adjustments.       10         9       Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       T*se," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Both consolidated and separate basis.	3	Revenue less expenses. Subtract line 2 from line 1	3		240	,276
6       Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	:	3,379	,475
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   2a X 10   Tert XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accrual Other Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. D Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both. Separate basis Consolidated basis. or both. Separate basis Consolidated basis D but consolidated and separate basis C fi "Yes," to line 2 a 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8       -         9       Other changes in net assets or fund balances (explain on Schedule O)       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,619,750         Part XII       Financial Statements and Reporting       10       3,619,750         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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.       Both consolidated and separate basis       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.       Zb       X       I         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	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   3.619.750   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10   1 Accounting method used to prepare the Form 990: Cash X Accrual   1 Accounting method used to prepare the Form 990: Cash X Accrual   1 Accounting method used to prepare the Form 990: Cash X Accrual   2a Vere 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   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 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 Dother   I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b   X If "Yes," theick a box below to indicate whether the financial statements for t	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       3,619,750         Part XII       Financial Statements and Reporting	8		8			-1
column (B))       10       3,619,750         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	-	9			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10	:	3,619	,750
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Part					<u> </u>
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       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.       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       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.       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.       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization requ		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.   X   Separate basis   Consolidated basis   Both consolidated and separate basis   th "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.   X   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?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	1			_		
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>		If the organization changed its method of accounting from a prior year or checked "Other," explain on				
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.       Image: Consolidated basis		Schedule O.				
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.       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X	2a			2a		Х
Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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.       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       4       4         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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X						
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.       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       X       If a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X		reviewed on a separate basis, consolidated basis, or both.				
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.       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.       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If "Yes," check a box below to indicate basis       If the audit, review, or compilation of its financial statements and selection of an independent accountant?       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its oversight process or selection process during the tax year.       If the organization changed either its oversight process or selection process during the tax year.       If the organization changed eit		Separate basis Consolidated basis Both consolidated and separate basis				
<ul> <li>separate basis, consolidated basis, or both.</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</li> </ul>	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       If       If       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?       Ic       Ic <t< th=""><th></th><th>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a</th><th></th><th></th><th></th><th></th></t<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
<ul> <li>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?</li></ul>		separate basis, consolidated basis, or both.				
<ul> <li>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?</li></ul>		X Separate basis Consolidated basis Both consolidated and separate basis				
<ul> <li>the audit, review, or compilation of its financial statements and selection of an independent accountant?</li></ul>	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X	•			2c	х	
Schedule O.       3a         As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?         3a       X						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?         3a         X						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?         3a         X	3a					
				3a		х
<b>b</b> If tes, du the organization undergo the required addit of addits? If the organization du not undergo the	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				3b		

Form 990 (2023)

SCHEDULE	A
(Form 990)	

Department of the Treasury

# **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.

2023 Open to Public

OMB No. 1545-0047

Internal Rev	venue Service	GO	to www.irs.gov/Form	1990 for instructions ar	nd the late	st informa	tion.	Inspection
	e organization						Employer identification	
	ton Area Habita		the Otethics (All as					42696
Part I				ganizations must co	· · ·			
1 1		•	•	or lines 1 through 12, of churches described i			,	
2				ach Schedule E (Form		170(6)(1)	,~,\\')·	
						h)/4)/A)/;;;	i)	
3	-	-		zation described in <b>sec</b>	-		-	. <b>.</b>
4	hospital's name	e, city, and state	:	nction with a hospital o				
5		n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state	e, or local govern	ment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).	
7			eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	om a gove	rnmental ι	unit or from the gene	ral public
8	A community to	rust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9	An agricultural	research organi	zation described in	section <b>170(b)(1)(A)(ix</b> ure (see instructions).	) operate	d in conjur name, city	nction with a land-gra /, and state of the co	ant college Illege or
10 X	receipts from a support from g	ctivities related to ross investment	to its exempt function income and unrelated	an 33 1/3% of its supp ons, subject to certain e ed business taxable in See <b>section 509(a)(2)</b> .	exceptions come (les	s; and (2) r s section {	no more than 33 1/3° 511 tax) from busine	% of its
11	An organizatio	n organized and	operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	∂(a)(4).	
12	one or more pu	ublicly supported	l organizations desc	ly for the benefit of, to ribed in <b>section 509(a</b> ibes the type of suppo	)(1) or se	ction 509(	(a)(2). See section 5	509(a)(3).
а [	the support	ed organization(		pervised, or controlled l Ilarly appoint or elect a <b>tions A and B.</b>				
b	control or m	anagement of th		r controlled in connect ization vested in the sa ections A and C.				
с	Type III fun	ctionally integr	ated. A supporting of	organization operated	n connect	tion with, a	and functionally integ	rated with,
d				You must complete I ting organization operation				anization(c)
u	that is not fu	unctionally integr	ated. The organizat	tion generally must sat	isfy a distr	ribution rea	quirement and an att	
е	Check this I	oox if the organiz	zation received a wr	itten determination from	m the IRS	that it is a		e III
-				ally integrated supporting	ng organiz	ation.		
		er of supported	0	· · · · · · · · · · ·				0
	Name of supported		n about the support (ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
()		5		(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)							 	
(E)								
Total							0	0
IULAI							4 01	1 0

		n Area Habitat for				04-33426	96 Page <b>2</b>
Ра	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify u	nder
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
	tion B. Total Support	( ) 00 ( 0	(1) 0000	( ) 000 (	( 1) 0000	( ) 0000	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						0
9							0
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10 .						0
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First 5 years. If the Form 990 is for the orga	,				<b>↓</b>	
	organization, check this box and stop here	-		•	( )( )		🗍
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2023 (line 6, c			(f))		14	0.00%
15	Public support percentage from 2022 Sched	( )	•	. , ,		15	0.00%
16a	33 1/3% support test-2023. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	s a publicly support	ed organization .				[]
b	33 1/3% support test-2022. If the organiz						
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			🔲
17a	10%-facts-and-circumstances test-2023	0					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts		0	•			
Ŀ	organization						· · · · · · L
α	<b>10%-facts-and-circumstances test—2022</b> 15 is 10% or more, and if the organization m	0					
	in Part VI how the organization meets the fac						
	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						🔲
-							

Schedule A	(Form	990) 2023
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Part III

Page **3** 

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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	288,272	332,916	236,558	278,282	272,921	1,408,949
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	345,575	376,942	532,203	297,586	423,939	1,976,245
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
•	organization without charge	622.047	700.050	769 761	E7E 060	606.960	0
6	Total. Add lines 1 through 5	633,847	709,858	768,761	575,868	696,860	3,385,194
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
h	Amounts included on lines 2 and 3						0
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				-	-	
	line 6.)						3,385,194
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
9	Amounts from line 6	633,847	709,858	768,761	575,868	696,860	3,385,194
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	5,700	1,675	1,937	19,945	126,753	156,010
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975	5 700	4.075	4.007	10.045	100 750	0
	Add lines 10a and 10b	5,700	1,675	1,937	19,945	126,753	156,010
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)	2,295		56	4,294	5,358	12,003
13	<b>Total support.</b> (Add lines 9, 10c, 11,	2,200			1,201	0,000	12,000
					600 407	828,971	3,553,207
	and 12.)	641.842	711.533	770.754	600.1071	020.371	
14	and 12.)	641,842 nization's first, seco	711,533 nd, third, fourth, or	770,754 fifth tax year as a s	600,107 section 501(c)(3)	020,971	
14		nization's first, seco	nd, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
	First 5 years. If the Form 990 is for the orga	nization's first, seco	nd, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
	<b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>	nization's first, seco	nd, third, fourth, or 	fifth tax year as a s	section 501(c)(3)		
<b>Se</b> 15 16	First 5 years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Support percentage for 2023 (line 8, c Public support percentage from 2022 Sched	nization's first, seco pport Percenta olumn (f), divided b ule A, Part III, line 1	nd, third, fourth, or 	fifth tax year as a s	section 501(c)(3)	· · · · · · · · · ·	
<b>Se</b> 15 16	First 5 years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Sup Public support percentage for 2023 (line 8, c	nization's first, seco pport Percenta olumn (f), divided b ule A, Part III, line 1	nd, third, fourth, or 	fifth tax year as a s	section 501(c)(3)	15	95.27%
<b>Se</b> 15 16	First 5 years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Support percentage for 2023 (line 8, c Public support percentage from 2022 Sched	nization's first, secc oport Percenta olumn (f), divided b ule A, Part III, line 1 nt Income Perce	nd, third, fourth, or <b>ge</b> / line 13, column (f 5	fifth tax year as a s	section 501(c)(3)	15 16 17	95.27% 98.58% 4.39%
Sec 15 16 Sec 17 18	First 5 years. If the Form 990 is for the organization, check this box and stop here in the stop organization, check this box and stop here in the stop of the sto	nization's first, seco olumn (f), divided by ule A, Part III, line 1 <b>It Income Perce</b> e 10c, column (f), div chedule A, Part III, li	nd, third, fourth, or ge / line 13, column (f 5 entage /ided by line 13, co ne 17	fifth tax year as a s		15       16       17       18	95.27% 98.58%
Sec 15 16 Sec 17 18	First 5 years. If the Form 990 is for the organization, check this box and stop here in the second stop here is the second stop of the second stop	nization's first, seco olumn (f), divided b ule A, Part III, line 1 <b>It Income Perco</b> e 10c, column (f), div chedule A, Part III, li zation did not check	nd, third, fourth, or <b>ge</b> / line 13, column (f 5 <b>entage</b> /ided by line 13, co ne 17 the box on line 14	fifth tax year as a s ))	section 501(c)(3)	15 16 17 18 Ind line 17 is	 95.27% 98.58% 4.39% 1.04%
Sec 15 16 5 17 18 19a	First 5 years. If the Form 990 is for the organization, check this box and stop here is ction C. Computation of Public Support percentage for 2023 (line 8, or Public support percentage from 2022 Schede Ction D. Computation of Investment income percentage for 2023 (line Investment income percentage from 2022 Schede Statistication of St	pport Percenta olumn (f), divided b ule A, Part III, line 1 It Income Perce e 10c, column (f), div chedule A, Part III, li zation did not check stop here. The orga	nd, third, fourth, or <b>ge</b> / line 13, column (f 5 <b>entage</b> //ided by line 13, co ne 17 the box on line 14 nization qualifies a	fifth tax year as a s ))	section 501(c)(3)	15       16       17       18       Ind line 17 is	 95.27% 98.58% 4.39% 1.04%
Sec 15 16 5 17 18 19a	First 5 years. If the Form 990 is for the organization, check this box and stop here is ction C. Computation of Public Sup Public support percentage for 2023 (line 8, or Public support percentage from 2022 Sched ction D. Computation of Investment Investment income percentage for 2023 (line 1, or 2023) (line 1, or 202	pport Percenta olumn (f), divided b ule A, Part III, line 1 it Income Perce a 10c, column (f), div chedule A, Part III, li zation did not check stop here. The orga zation did not check	nd, third, fourth, or <b>ge</b> / line 13, column (f 5 <b>entage</b> /ided by line 13, co ne 17 the box on line 14 nization qualifies a a box on line 14 o	fifth tax year as a s ))	section 501(c)(3)	15       16       17       18       and line 17 is       3 1/3%, and	
Sec 15 16 5 17 18 19a	First 5 years. If the Form 990 is for the organization, check this box and stop here is ction C. Computation of Public Support percentage for 2023 (line 8, or Public support percentage from 2022 Schede Ction D. Computation of Investment income percentage for 2023 (line Investment income percentage from 2022 Schede Statistication of St	nization's first, seco olumn (f), divided by ule A, Part III, line 1 <b>It Income Perce</b> 10c, column (f), div chedule A, Part III, li zation did not check <b>stop here.</b> The orga zation did not check box and <b>stop here.</b>	nd, third, fourth, or ge / line 13, column (f 5	fifth tax year as a s ))	section 501(c)(3)	15         16         17         18         und line 17 is         3 1/3%, and         nization	

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
•		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

	Bennington Area Habitat for Humanity	04-3342696	P	age <b>5</b>
Part	V Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	nd		
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	111		
b	• •		,	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p detail in <b>Part VI</b> .			
	ion B. Type I Supporting Organizations	110	;	
Seci	ion 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 o		163	
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s	upported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	-		
•	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 Pa			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cont	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Vee	Na
	Manage and the state of the second state of the state of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo			
	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 manage	a		
	the supported organization(s). ion D. All Type III Supporting Organizations	1		

			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			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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

 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in 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).
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- 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.*
- **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.*

Yes No 2a 2b 3a 3b

Schedule A (F	orm 990) 2023
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organiz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See	
instructions. All other Type III non-functionally integrated supporting orga	anization	s 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	0	0	
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	0	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>				
instructions for short tax year or assets held for part of year):				
<b>a</b> Average monthly value of securities	1a			
<b>b</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	0	0	
e Discount claimed for blockage or other factors				
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3	0	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4	0	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0	
6 Multiply line 5 by 0.035.	6	0	0	
7 Recoveries of prior-year distributions	7	0	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0	
2 Enter 0.85 of line 1.	2		0	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0	
4 Enter greater of line 2 or line 3.	4		0	
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		0	
7 Check here if the current year is the organization's first as a non-functiona	Ilv intear	ated Type III supporting of	organization (see	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Bennington Area Habitat for Humanity Schedule A (Form 990) 2023 04-3342696 Page 7 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 0 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 0 **10** Line 8 amount divided by line 9 amount 10 0.000 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 0 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 3 0 0 **b** From 2019 . . . . . . . 0 **c** From 2020 . . . . . . . . **d** From 2021 . . . . . . . . 0 e From 2022<u>. . . . . . . .</u> 0 **f** Total of lines 3a through 3e 0 **g** Applied to underdistributions of prior years 0 **h** Applied to 2023 distributable amount 0 i Carryover from 2018 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 0 Distributions for 2023 from 4 Section D, line 7: 0 **a** Applied to underdistributions of prior years 0 **b** Applied to 2023 distributable amount 0 c Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2023, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 0 Excess distributions carryover to 2024. Add lines 3j 7 and 4c. 0 Breakdown of line 7: 8 0 **a** Excess from 2019 . . . . **b** Excess from 2020 . . . . . 0 0 **c** Excess from 2021 . . . . **d** Excess from 2022 . . . . . 0

0

e Excess from 2023.

Schedule A (Fo	orm 990) 2023 Bennington Area Habitat for Humanity	04-3342696 Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section 5 1c, 2a, 2b,

Schedule B	
(Form 990)	

### Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

04-3342696

Department of the Treasury Internal Revenue Service	Go t
Name of the organization	

Bennington Area Habitat for Humanity

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Name of or	ganization		Employer identification number
Reppindto	n Area Habitat for Humanity		04-3342696
Part I	<b>Contributors</b> (see instructions). Use duplicate co	pies of Part I if additional space i	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$50,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$10,091	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$5,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$35,000	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>.</u>	\$ <u>10,000</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

ennington Area	Habitat for Humanity		04-3342696
Part I Cont	ributors (see instructions). Use duplicate of	copies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$5,000_ 	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		  \$\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$10,000	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 	Name, address, and ZIP + 4	Total contributions            \$5,000         5,000             5,000         5,000	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2** 

Schedule B (Form 990) (2023)

I

Name of organization

Employer identification number

Name of org Benningtor	ganization n Area Habitat for Humanity		Employer identification number 04-3342696
Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additiona	al 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
		\$ <sub>.</sub>	
(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
		\$	

Schedule B (Form 990) (2023)

Schedule B (F	Form 990) (2023)		Page <b>4</b>
Name of ore Benningtor	ganization n Area Habitat for Humanity		Employer identification number 04-3342696
Part III	<b>Exclusively religious, charitable, etc., con</b> (10) that total more than \$1,000 for the year the following line entry. For organizations cor contributions of \$1,000 or less for the year. ( Use duplicate copies of Part III if additional sp	ar from any one contributor. Com mpleting Part III, enter the total of a Enter this information once. See in	nplete columns <b>(a)</b> through <b>(e) and</b> exclusively religious, charitable, etc.,
(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 ZIF	P + 4 Relatio	nship of transferor to transferee
(a) No	For. Prov. Country		
(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 ZIF	P + 4 Relatio	nship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	For. Prov.     Country       (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIF	P + 4 Relatio	nship of transferor to transferee
	For. Prov. Country		
(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 ZIF	P + 4 Relatio	nship of transferor to transferee
	For. Prov. Country		

Schedule B (Form 990) (2023)

SCHE	DULE	D
(Form	990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

ZUZJ
Open to Public
Inspection

	ment of the Treasury	Go to www.irs.gov	/Form990 for instructions		I the latest inf	formatior	ı.		Inspection	
_	of the organization							ication nun		
Renn	ington Area Habita	at for Humanity						04-3342	696	
Part	Organizati	ions Maintaining Donor A	dvised Funds or Oth	er S	Similar Fur	nds or A		ints	030	
I UI		f the organization answere					10000			
			(a) Donor advised		,		<b>(b)</b> Fu	inds and oth	ner accounts	
1	Total number at e	end of year.......								
2		contributions to (during year) .								
3		grants from (during year)								
4		at end of year								
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised									
	funds are the org	anization's property, subject to	the organization's exclusion	sive	legal control?	?			Yes	No
6	Did the organizat	ion inform all grantees, donors	s, and donor advisors in w	/riting	g that grant fu	unds can	be us	ed		
		e purposes and not for the ben								_
	conferring imperr	nissible private benefit?							Yes	No
Part	Conservat	ion Easements.								
	Complete i	f the organization answere	d "Yes" on Form 990,	Par	t IV, line 7.					
1		nservation easements held by								
	Preservation of	of land for public use (for exampl	e, recreation or education)		Preservatio	n of a his	torical	lly import	ant land area	а
	Protection of	natural habitat			Preservatio	n of a ce	rtified	historic s	tructure	
	Preservation	of open space								
2		a through 2d if the organization	n held a qualified conserv	atior	n contribution	in the fo	rm of a	a conserv	vation	
		last day of the tax year.	I						e End of the Ta	ax Year
а		conservation easements				🗖	2a			
b	Total acreage res	stricted by conservation easem	nents			[	2b			
С	Number of conse	rvation easements on a certifi	ed historic structure inclue	ded o	on line 2a .	[	2c			
d		rvation easements included or								
		structure listed in the National	-				2d			
3		rvation easements modified, to	ransferred, released, extir	nguis	shed, or term	inated by	the o	rganizatio	on during	
	the tax year									
4		where property subject to cor				la				
5	-	ation have a written policy reg		-		-				
6		nforcement of the conservation hours devoted to monitoring, ins								No
0		nours devoted to monitoring, ins	pecting, nanuling of violation	15, a	nu emorcing c	Unservalio	III ease		ing the year	
7	Amount of expense	 es incurred in monitoring, inspecti	ng handling of violations a	nd ei	nforcing conse	rvation ea	isemer	nts durina i	the vear	
-	,		ng, nananng er menanene, a		g conce					
8	Does each conse	ervation easement reported on	line 2d above satisfy the	requ	uirements of s	section 1 <sup>-</sup>	70(h)(4	4)(B)(i)		
		h)(4)(B)(ii)?........							Yes	No
9	In Part XIII, desci	ribe how the organization repo	rts conservation easemer	nts ir	n its revenue	and expe	ense s'	tatement	and	—
	balance sheet, ar	nd include, if applicable, the te	xt of the footnote to the o	rgan	ization's finar	ncial state	ement	s that des	scribes the	
		counting for conservation ease								
Part		ons Maintaining Collecti				Other \$	Simila	ar Asset	ts.	
		f the organization answere								
1a		n elected, as permitted under l								
		orical treasures, or other simila				-			ance of	
Ŀ		ovide in Part XIII the text of the							ot work-	
a	-	n elected, as permitted under l	-							
		easures, or other similar asse		n, e	uucation, or r	esearch			n haning	
		he following amounts relating uded on Form 990, Part VIII, lir						¢		
		ed in Form 990, Part X						φ \$		
2		n received or held works of art						·	ide the	
-	-	s required to be reported unde					noiai y	,an, prov		
а		d on Form 990, Part VIII, line 1						\$		
		n Form 990, Part X						\$		

Sched	ule D (Form 990) 2023 Bennington Area Habitat f	for Humanity		04-334	2696		Page <b>2</b>
Part	III Organizations Maintaining Collec	ctions of Art, Histori	ical Treasures, or	Other Similar Asset	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records, c	heck any of the followi	ng that make significant	use of its	s	
	collection items (check all that apply).						
а	Public exhibition	d	Loan or exchange pro	ogram			
b	Scholarly research	e	Other	·			
с	Preservation for future generations						
4	Provide a description of the organization's col	llections and explain ho	ow they further the orga	anization's exempt purp	ose in Pa	rt	
	XIII.	·	, ,				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Ye	s	No
Part						- <u>.</u>	_
	Complete if the organization answe		90 Part IV line 9 c	r reported an amoun	t on For	m	
	990, Part X, line 21.		00, 1 art 10, mio 0, c				
1a	Is the organization an agent, trustee, custodia	an or other intermediar	v for contributions or o	ther assets not			
Ta	included on Form 990, Part X?		-		Ye		No
b	If "Yes," explain the arrangement in Part XIII						110
	, <b>1</b> 3	I I	5		Amount		
С	Beginning balance			1c			0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for escrow or custodi	al account liability?	XYe	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	anation has been provi	ded in Part XIII		Х	
Part	V Endowment Funds.						
i ui u	Complete if the organization answe	red "Yes" on Form 9	90. Part IV. line 10.				
		Current year (b) Prio		back (d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0	0	0			
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses		-	-	_		
g	End of year balance	0	0		0		0
2	Provide the estimated percentage of the curre		ne 1g, column (a)) hei	d as:			
a b	Board designated or quasi-endowment	~~~~%. %					
D C	Term endowment %	70					
U	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%					
3a	Are there endowment funds not in the posses		n that are held and adr	ninistered for the			
•••	organization by:	ener er me ergannzamer			Γ	Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required	on Schedule R?		3b		
4	Describe in Part XIII the intended uses of the	organization's endowm	nent funds.				
Part	VI Land, Buildings, and Equipment.						
	Complete if the organization answe	red "Yes" on Form 9	90, Part IV, line 11a	. See Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	( <b>d</b> ) Bo	ok valu	e
		(investment)	(other)	depreciation			
1a		0	258,932				58,932
b	Buildings	0	217,904	79,141			8,763
C	Leasehold improvements	0	50,237	1,508		4	8,729
d	Equipment	0	17,763	17,763			0
e Tota	Other	0 gual Form 000, Part X	$\frac{0}{100}$	0		11	0
iota	I. Add lines 1a through 1e. (Column (d) must ed	γυαι τυππ 990, Μαπ Χ, Ι	ine roc, column (B)) .			44	6,424

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. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives . . . . . . . . . . . . . 0 (2) Closely held equity interests . . . . 0 (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) 0 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. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) 0 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Construction in Progress 532,904 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). 532.904 . . . . 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 0 (2) Deferred Revenue 1,259 (3) (4)(5)(6)(7)(8) (9) 1,259

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

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 .

Х

Schedu	ule D (Form 990) 2023 Bennington Area Habitat for Humanity	04-3342696	Page <b>4</b>		
Part	<b>t XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.			
1	Total revenue, gains, and other support per audited financial statements	1	1,334,972		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.).				
е	Add lines 2a through 2d	2e	0		
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,334,972		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
C	Add lines <b>4a</b> and <b>4b</b>	4c	-113,578		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ).	5	1,221,394		
Part		Return	.,,		
i ai c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	1,094,697		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,094,097		
	Donated services and use of facilities				
a b		-			
b		-			
C L		-			
d	Other (Describe in Part XIII.)         2d         113,578           Add lines         2s through 2d         1         1		440 570		
-	Add lines <b>2a</b> through <b>2d</b>	2e	113,578		
3	Subtract line <b>2e</b> from line <b>1</b>	3	981,119		
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         -1				
	Add lines <b>4a</b> and <b>4b</b>	4c	-1		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	981,118		
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		t X, line		
Part I	V Line 2b Escrow accounts are maintained for mortgagees/homebuyers.				
Part X	K Line 2 The Organization is exempt from income taxes under Section 501(c)(3) of the				
Intern	nal Revenue Code and is classified as an organization that is not a private				
found	ation as defined in Section 509(a). The Organization is generally no longer subject				
to exa	amination by the Internal Revenue Service for fiscal years before June 30, 2021.				
Part X	XI Line 4b Resale Store expenses and Direct Fundraising expenses are offsetting				
revenues on Form 990, but are presented in expenses on the audited financial statements in					
accor	dance with GAAP.				
Part X	XII Line 2d Resale Store expenses and Direct Fundraising expenses are offsetting				
revenues on Form 990, but are presented in expenses on the audited financial statements in					
accor	dance with GAAP.				

Part XIII	Supplemental Information (continued)

SCHEDULE G (Form 990) Department of the Treasury		Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047		
	Revenue Service of the organization	G	o to www.irs.gov/Fo	orm990 for	instructions and	d the latest information.	n. Inspection Employer identification number			
						04-33				
Par	t Fundrais	ing Activities.	Complete if the	organiz	ation answe	ered "Yes" on Fo				
		-EZ filers are no					, ,			
1		-	aised funds throu	ugh any o		ng activities. Check				
a	Mail solicitati			e		of non-government g				
b		email solicitations		f		of government grant	S			
C A	Phone solicit			g	Special fund	lraising events				
d 2a	In-person so		or oral agreeme	nt with a	ny individual	(including officers, o	directors trustees c	)r		
20						rofessional fundraisi		Yes No		
b		l0 highest paid ind l at least \$5,000 by			aisers) pursua	ant to agreements u	nder which the fund	Iraiser is to		
	(i) Name and addres or entity (fund		(ii) Activity	custod	undraiser have y or control of tributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization		
				Yes	No					
1										
2						0	0	0		
2						0	0	0		
3										
4						0	0	0		
4						0	0	0		
5										
						0	0	0		
6						0	0	0		
7										
						0	0	0		
0						0	0	0		
9										
40						0	0	0		
10						0	0	0		
Total						0	0	0		
3	registration or lic					contributions or has				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $\ensuremath{\mathsf{HTA}}$ 

m 990) 2023Bennington Area Habitat for Humanity04-3342696Page 2Fundraising Events.Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			pis greater than \$0,000	J.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Various		NONE	(add col. <b>(a)</b> through col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	coi. (c))
Revenue	,	1 Gross receipts	46,642		0	46,642
R		<b>2</b> Less: Contributions			0	0
		3 Gross income (line 1 minus line 2)	46,642		0	46,642
	4	4 Cash prizes			0	0
	4	5 Noncash prizes			0	0
Direct Expenses		6 Rent/facility costs			0	0
t Exp		7 Food and beverages			0	0
Direc	;	8 Entertainment			0	0
	9	9 Other direct expenses	35,565		0	35,565
	1 1	1 Net income summary. Subtrac	ct line 10 from line 3, colur	mn (d)		( <u>35,565)</u> 11,077
Pa	nrt	III Gaming. Complete if th	e organization answer	ed "Yes" on Form 990	0, Part IV, line 19, or re	eported more than
		\$15,000 on Form 990-E	EZ. line 6a.			
nue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	1 Gross revenue				0
ses	2	<b>2</b> Cash prizes				0
Direct Expenses	3	<b>3</b> Noncash prizes				0
Direct	4	4 Rent/facility costs				0
	5	5 Other direct expenses				0
			Yes%	Yes %	Yes %	
	6	<b>6</b> Volunteer labor		No	□/0 □No	
	7	7 Direct expense summary. Add	l lines 2 through 5 in colur	mn (d)		( 0)
	8	8 Net gaming income summary.	. Subtract line 7 from line	1, column (d)		0
0		Enter the state(s) in which the org	nanization conducts comit	na activities:		
	а	Is the organization licensed to con If "No," explain:	nduct gaming activities in	each of these states? .		. Yes No
<ul> <li>b If "No," explain:</li> <li>10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? [</li> <li>b If "Yes," explain:</li> </ul>					. Yes No	

Schedu	ıle G (Form 990) 2023	Bennington Area Habitat for Humanity	04-3342696	Page <b>3</b>
11	Does the organization cor	nduct gaming activities with nonmembers?	Yes	No
12	• •	tor, beneficiary or trustee of a trust, or a member of a partnership or other entity itable gaming?	Yes	No
13	Indicate the percentage o	f gaming activity conducted in:		
а	The organization's facility		13a	%
b	-		13b	%
14	Enter the name and addre records:	ess of the person who prepares the organization's gaming/special events books an	d	
	Name			
	Address			
15a	Does the organization have	ve a contract with a third party from whom the organization receives gaming		
			Yes	No
b		t of gaming revenue received by the organization \$0 and the retained by the third party \$0		
С	If Yes, enter name and a	address of the third party:		
	Name			
	Address			
16	Gaming manager informa	tion:		
	Name			
	Gaming manager comper	nsation \$0		
	Description of services pr	ovided		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
а		ed under state law to make charitable distributions from the gaming proceeds to	F	
		xense?		No
b		butions required under state law to be distributed to other exempt organizations or		0
Part	V Supplemental Ir	s own exempt activities during the tax year \$ <b>nformation.</b> Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); a	<u>0</u> nd
i ui t		bb, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		
	See instructions.			

 
 SCHEDULE O (Form 990)
 Supplement Complete to p Form 99

 Department of the Treasury Internal Revenue Service
 Go t

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public	
Inspection	

Name of the organization	Employer identification number					
Bennington Area Habitat for Humanity	04-3342696					
Form 990, Part I, Line 1: Bennington Area Habitat for Humanity is part of a global, nonprofit						
housing organization that is dedicated to eliminating substandard housing locally by						
constructing, rehabilitating and preserving homes; by advocating for fair and just housing						
policies; and by providing training and access to resources to help families improve their						
shelter conditions.						
Form 990, Part III, Line 1: Bennington Area Habitat for Humanity is part of a global,						
nonprofit housing organization that is dedicated to eliminating substandard housing locally by						
constructing, rehabilitating and preserving homes; by advocating for fair and just housing						
policies; and by providing training and access to resources to help families improve their						
shelter conditions.						
Form 990, Part VI, Section B, Line 11b: The return is reviewed by the Finance Committee, the						
bookkeeper, and the Executive Director prior to filing. The full Board reviews the return						
after it has been filed.						
Form 990, Part VI, Section B, Line 12c: Compliance with the policy is monitored by requiring						
Board members to sign the conflict of interest policy annually (at the start of each calendar						
year) at which time they are also required to disclose any interests that may become a						
conflict of interest.						
Form 990, Part VI, Section B, Line 15a & b: Compensation for the Executive Director and						
Construction Supervisor/Manager are approved by independent persons, those being the Finance						
Committee members, Executive Committee members, and Board of Directors. The Construction						
Supervisor/Manager, if that person also happens to be a Board Member, would always abstain						
from Board discussion and approval of his/her salary. The Executive Director determines the						
compensation for the rest of the staff; however, the Board of Directors ultimately decide if						
all employees' compensations are reasonable based on their review of the fiscal year budgets.						
Form 990, Part VI, Section C, Line 19: The Financial Statements are available on the						
organization's website. All other documents are available from the organization upon request.						

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Bennington Area Habitat for Humanity	04-3342696
Bornington / rod habitat for hamanity	01 0012000