Preparer

Use Only

То

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	Depa	January 2020) riment of the Trie at Revenue Ser	easury vice	Unde	r section 501(c), 527, Do not enter s	Organization Exempt Form 4947(a)(1) of the Internal Revenue ocial security numbers on this form a form gov/Form990 for instructions and	Code (except pas it may be ma	orivate foundat de public.	ions)		2019 pen to Public Inspection
				year, or tax			6/30/20				
	B	check if applicable	e C Name o	of organization				D	Employer ide	entific	ation number
		Address change			BEND-REDMO						
		Vame change		ousiness as			1.8		<u> 33-100</u>		12
	=	hitial return			O box if mail is not deliver RSTON AVE	ed to street address)	Hoor		Telephone no 541-38		5387
	ے ت	inal return/			ovince, country, and ZIP or	foreign postal code			724 30	, <u>J</u>	3307
	بلايا	erminated	BEN	D		OR 97701		٥	Gross receipts	9	7,779,761
	وكالسا	vmended return		end address of p	nncipal officer						
	17	Spp@cation pendir	9 SCC	TT ROP	HRER		H	(a) is this a group of	return for subci	dinate	s²∐ Yes X No
	C)	224	NE TH	HURSTON AVE	3	н	(b) Are all subord	nates included	1?	Yes No
2		• •	BEN	ND		OR 97701		If "No," attr	ach a list (see	instr	uctions)
07	送	Jax-exempt stat		501(c)(3)		(insert no.) 4947(a)(1) or	527				
//	<u> </u>	Website-			ITAT.ORG			(c) Group exempti	on number		8545
19		Form of organiza	tion X Co	огрогафол	Trust Association	Other ►	L Year of	formation 198	39 IN	State	of tegat domicie OR
•	T.		Summary								
	Governance 22	BEI WIT HON	ND AREA IH THE WES IN	HABITA COMMUNI BEND AN	TY AND WITH D IN CROOK C	TY, WITH GOD'S GUIDAN FAMILIES IN NEED, TO	BUILD QU	ALITY, A	FFORDA		· · · · · · · · · · · · · · · · · · ·
				_	the governing body (ne man 25% O	ונט וופן מסטפני	1 1	12	
_	مة در		-			eming body (Part VI, line 1b)				12	······································
3	Activities		•	_	•	ear 2019 (Part V, line 2a)				14	
\mathbb{Z}	复				stimate if necessary)			•	1	300	
7	- ▼			,	ue from Part VIII, co	lumn (C), line 12	•		7a		0
\bigcirc					income from Form	, , , , , , , , , , , , , , , , , , ,	\$ 5 mg 8 15		7b		0
Ser 0.1202	$ \sqrt{-1}$				D 44	I had been you will be with and		Prior Year			Current Year
ر برد. (برد				-	VIII, (ine 1h)	1:12.00		<u>3,555,</u>			2,590,663
~ 6	7 \$	-		-	VIII, line 2g)			768		2,713,045	
ر' وست	7 C O			(Part VIII, o		180		-249,098			
30 W	7		•	-	nn (A), lines 5, 6d, 8d	· ·		213, 5,142,	203		80,533
20 8	<u></u>		·····		ougn 11 (must equal iid (Part IX, column (Part VIII, column (A), line 12)		5,142,	192		5,135,143 0
~ Y	\mathcal{I}			•	s (Part IX, column (A	* * * * * * * * * * * * * * * * * * * *			- -		
^ -			•			Part IX, column (A), lines 5-10)	-	1,513,	829		2,063,456
	ses			="	Part IX, column (A),						0
<u>,</u>	Expense				ırt IX, column (D), lin		27.03	31.75.75.75.75.75.75.75.75.75.75.75.75.75.	EVE T	1300	274744441412
	ă	•	_		nn (A), lines 11a-11d			2,042,	126		3,195,769
	_4					X, column (A), line 25)		3,555,			5,259,225
•	5				act line 18 from line			1,586,			124,082
	2 6	V A					Begi	inning of Current			End of Year
	88		ssets (Part				·	7,191,			3,722,779
	¥₹			rt X, line 26)				1,180,			2,836,029
			ses or rung Signature		Subtract line 21 from	ine 20	 	6,010,	8321		5,886,750
	Un	der penalties	erjury, 1 d	eclare that I h		m, including accompanying schedules a cer) is based on all information of which			f my knowle	edge	and belief, it is
			Xld	att.	KOWYON						
	Sig	n 🏋	Signature of		v T				Date		
	Her	e 👠	SCOT		ER	I	EXECUTIV	E DIRE	CTOR		
			,	name and title		1			,	4 -	
	Paid	i i	ype preparer's			Preparer's signature		Date	Check] (PTIN
	, 0:4	INAN PAGE	D DEVAM	N DC				1 04 /04 /05	I coll country of		

JONES & ROTH

PO BOX 10086

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

For Paperwork Reduction Act Notice, see the separate instructions. DAA

OR 97440

Firm's EIN

93-0819646

541-687-2320

Yes No

Form **990** (2019)

Fax: 15412413304

3368£

Form 990 (2019) BEND-REDMOND			4012	Page 2
	im Service Accomplish contains a response or n	ments ote to any line in this Part	III	
WITH THE COMMUNITY		TH GOD'S GUIDAN ES IN NEED, TO	CE, WORKS IN P BUILD QUALITY,	
 2 Did the organization undertake any s prior Form 990 or 990-EZ? If "Yes," describe these new services 3 Did the organization cease conductin services? If "Yes," describe these changes on 4 Describe the organization's program 	on Schedule O g, or make significant changes Schedule O	in how it conducts, any program		Yes X No
4 Describe the organization's program expenses Section 501(c)(3) and 501 the total expenses, and revenue, if a	(c)(4) organizations are require	d to report the amount of grant	<u>=</u>	
4a (Code) (Expenses \$ CONSTRUCTION AND OTHER HOUSING FOR LOW-INCO	ER COSTS RELAT) (Revenue \$ RUCTION OF AFF	2,713,045) ORDABLE
· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·		
•	Taxpa	yer Copy		
4b (Code) (Expenses \$ N/A	includir	g grants of \$) (Revenue \$. ,)
		, ,		
4c (Code) (Expenses \$	includin	g grants of \$) (Revenue \$)
N/A				
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			·
4d Other program services (Describe on				
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 4,601,020) (Rever	ine 2	Form 990 (2019)

Form 990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012

To.

Page 3

P	art IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbyling activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Ĺ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	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	ļ <u>.</u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
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,	100	1.12	
_	VII, VIII, IX, or X as applicable	' '	1.75	l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes,"		17	l
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes, Complete Schedule"D, Part VII" (1) \(\)	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		Х
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		Α.
đ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
•	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 12e, then completing Schedule D, Parts XI and XII is optional	12b	ĺ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		İ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ļ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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		- 1	
20.0	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21	990	<u>X</u>

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Form	n 990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012		F	age
	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the]	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$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	L	X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a]	Х
b				
	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			l
	ff "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%			1
	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	1		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	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 Schedule L, Part		41,7	64
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	17.5	32.73	3,0
а	A current or former officer, director, trustee, key employee, creator or former, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-1	
••	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	"		
72	complete Schedule N, Part II	32	' l	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	35		-43
,,	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,	33		
-	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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	10	-+	11
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	- 1	У
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	The did digministration provided to the provide explanation of the College of the	, ,	,	

19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance

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

Enter the number reported in Box 3 of Form 1098 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	58	15,16	1967	1
1b	0		2,500 1,000	1
		30,220	43	1.E
		10		

Form **990** (2019)

33685*

From. Juline Bodnar

	n 990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u>'</u>	Page 5
	ary a commercial residential designation of the same transfer and teaching facilities of	····	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	্ত্র	2.80	1.0
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 44		133	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	11/2	8.	120
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	-	
40	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	X
	If "Yes," enter the name of the foreign country	17.7	375,57	<u> </u>
Ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1415		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1 '	, , ,	x
	· · · · · ·	58		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	 ^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- V
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
_	gifts were not tax deductible?	6b	1.50	1,85
7	Organizations that may receive deductible contributions under section 170(c).		(4%)	ı
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	. "	{ `````
	and services provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.,
	required to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	⊣ ``!	17.3 13	188
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified in of the organization received a contribution of qualified in organization received a contribution or organization received a contribution or organization received a contribution of qualified in organization received a contribution of qualified in organization received a contribution received a	79		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	796.5	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1. 10,0	₹ { -	2.9.
_	sponsoring organization have excess business holdings at any time during the year?	8	N 5 95	25.50
9	Sponsoring organizations maintaining donor advised funds.	1 1	والمحالية وعاري	2337
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	र्ग प्रदर्भ	
10	Section 501(c)(7) organizations. Enter	18 25 18	7.48	3/17
8	Initiation fees and capital contributions included on Part VIII, line 12	- 第888 第20	16 19 19 19 19 19 19 19 19 19 19 19 19 19	第第
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities	赵蕊上		15.60
11	Section 501(c)(12) organizations. Enter:	1		300
8	Gross income from members or shareholders			100 C
b	Gross income from other sources (Do not net amounts due or paid to other sources		為問	
	against amounts due or received from them)	1 300	481.53	- 32
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	/30.53	100
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.	1000	3.9%	F 13 14
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			55-36 52-36
b	Enter the amount of reserves the organization is required to maintain by the states in which	13.29		25
	the organization is licensed to issue qualified health plans			學語
C	Enter the amount of reserves on hand	463		\$\$.5\f
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b]	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	經算	4.48	2362
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes" complete Form 4720. Schedule O	1 3563	1.18	الإيث

Forn	990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012		F	age (
Pa	it VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.	ee ins	tructio	
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	134	44	:33
	If there are material differences in voting rights among members of the governing body, or			٥,
	if the governing body delegated broad authority to an executive committee or similar	23.7	18.	
	committee, explain on Schedule O	35.75	1903	88
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	1 38	175	186
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 4.0	1	5/17
	any other officer, director, trustee, or key employee?	2		LX.
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	· · · · · ·	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
_	stockholders, or persons other than the governing body?	7b	- 13	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	12.5	167	1000
8	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ا و ا	ļ	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	استنسا		Λ.
000	* Partie	<i>Jue.)</i>	Yes	No
10a	Did the organization have local chapters, branches, Caffiliates 2 VC	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		41
~	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 filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	72.23	53	1741
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
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	133	303	3,21,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13.6		13 to 1
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	12,525	373	300 C
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	198	協約	
	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		8. J.	11/2
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	200	深刻	学法
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of Interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ILINE BODNAR 224 NE THURSTON AVE	2.2.2		
	ND OR 97701 541	<u>-385</u>		
DAA		Form	990	(2019)

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Form 990	(2019)	BEND-REDMOND	HABITAT	FOR	HUMANITY	93-	<u>-100401</u>	2		Page 7
Part VI	Co	mpensation of Office	cers, Director	s, Trus	stees, Key Emp	loyees,	Highest	Compensated	Employees,	and
	Ind	lependent Contract	tors							
	Ch	eck if Schedule O co	ntains a respo	nse or	note to any line	in this F	Part VII			

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

To.

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

Name and title	(B) Average hours per week (list any hours for	bo. off	o not o x, unic loer a	Pos check ess pe	erson (s both or/trusi	an (ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Former	((1.2.1830.11100)	related organizations	
(1) SCOTT. ROHRER '	40.00										
EXECUTIVE DIRECTOR	0.00	year grant	,	Х.		l		131.907	0	16,676	
(2) JULINE BODNAR	<u> </u>	ş		X	-	1.6	1	ar LOOV	<u>~</u>	10,0,0	
	40.00			ļ ```	ž.		J.	, , , , , , , , , , , , , , , , , , ,			
CONTROLLER	0.00	L		X			<u> </u>	97,024	0	5,003	
(3) SCOTT JOHNSON											
	1.00 0.00]		۱			ļ				
PRESIDENT	0.00	X	<u> </u>	X	-		_	0	O	0	
(4) KATE SHANLEY	1.00				İ						
VICE PRESIDENT	0.00	x		Х				o	0	0	
(5) RICHARD BERG		1	<u> </u>	**	-						
(0,10201212 2210	1.00										
VICE PRESIDENT	0.00	Х		X			<u> </u>	0	0	0	
(6) BRUCE SCHROEDER											
	.1.00										
TREASURER	0.00	X		X	<u> </u>	ļ	ļ) 0	0	0	
(7) ELEANOR BESSONE					Ì	Ì					
CDCDDDD DV	1.00	v		Х				_		•	
SECRETARY (8) C.J. BAXTER	0.00	X	-	Λ	\vdash	<u> </u>		0	0	0	
(6) C.U. BAXTER	1.00										
DIRECTOR	0.00	х		,				0	o	0	
(9) JOYCE CRANSTON		-									
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00	i									
DIRECTOR	0.00	X						0	0	0	
(10) MYRA GIROD			,								
,,,	1.00	1									
DIRECTOR	0.00	X			ļ		<u> </u>	0	0	0	
(11) JEREMY GREEN	1 00										
DIRECTOR	1.00 0.00	х						'0	0	0	

From: Juline Bodnar Fax: 15412413304 To. Fax: (855) 214-7520 Page. 22 of 56 04/13/2021 1:06 PM 33685 Form 990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (B) (F) (A) Position Reportable compensation Recortable Name and title Average Estimated amount (do not check more than one compensation hours of other box unless person is both an

	(list any	of	ficer a	and a	direct	or/trus	tee)	organization	organizations	compensation from the
	hours for related organizations below dotted fine)	indradual busiee or director	Institutional trustae	Officer	Key employee	employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) TODD HAKALA				†			1			
	1.00			1						
DIRECTOR DAME	0.00	X	├	┢	├-	-	 	0	0	
(13) BEVERLY PAHL:	1.00	l			l	ŀ	ļ:			
DIRECTOR	0.00	x	İ					۰ ،	0	(
(14) ZAK SUNDSTEN										
	1.00								_	
DIRECTOR	0.00	X	-	├	-	⊢	├	0	0	
, , , , , , , , , , , , , , , , , , , ,										
	,							,		
. ,		B C C SOPE	- Ser	X			1	er Copy		
1b Subtotal								228,931		21,679
c Total from continuation shee d Total (add lines 1b and 1c)	its to Part VII, S	ecti	QN A	•				228,931		21,679
Total number of individuals (increportable compensation from				thos	e list	ed a	bove		\$100,000 of	,
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization line 1 for services rendered to the organization. 	complete Schede 1a, is the sum izations greater a receive or acc	of rethan	J for sport \$15	suci able 50,00 pens	h <i>ind</i> com 10? II ation	llvidi. pen: Ye f tror	ial sation s," c n an	n and other compensation omplete Schedule J for sur	from the	Yes No X X X X X X X X X X
Section B. Independent Contracto										
 Complete this table for your five compensation from the organizer. 										ar
Name and	(A) business address							Descript	(B) on of services	(C) Compensation
	· · · · <u> · · · · · · · · · · · · · ·</u>									
	·								···	
				·			_			

Name and business address	(B) Description of services	(C) Compensation
	-	
		-

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

Form **990** (2019)

To:

	n 99 I rt V	0 (2019) BENI		EDMOND HA	ABI'	rat f	OR HUM	IANITY 93	-1004012		Page 9
		Check is	f Sch	edule O cont	ains a	a respor	nse or note	to any line in th	is Part VIII		
							, <u>"-</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
है है	1a	Federated cam	paigns		1a			\$1.55 C \$12.65	W. K. & C. C.	13.55 (2.43)	
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es		1b						为强强强。
A.	Ç	Fundralsing eve	ents		1c		58,120				(的) 经现代
3fft Jar	d	Related organiz	ations		1d				经验的		
s, (imi	e	Government grants (c	atudnina	ens)	1e		391,000				
ion S	f	All other contributions	gafts, gara			ľ · ·			3 July 18 35		43.75
五		and similar amounts n	ot include	ed above	1f	2,	141,543	[] " [] [] [] [] [] [] [] [] [[19] "经验证证"
E P	g	Noncash contributions	induded	in lines ta-1f	19	\$ 1	,322,952	Colored to the	Ministra Militar		
S E	h	Total. Add lines	1a-1				<u> </u>	2,590,663	18.19.18.1.19.33	\$ \ \A-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
							Business Code			Office of the state of the state of	1 NACCORNE
g	2a	TRANSFERS	то н	OMEOWNERS				2,061,600	2,061,600		
Program Service Revenue	b	MIGE DISCO	TMO:	amortizațion	,			617,387	617,387	ļ	
Sign	C	GAIN ON EA	RLY 1	PAYOFF OF MO	RT.	1.5		34,058	34,058	ļ	ļ
Ba	d	•									<u> </u>
8	е										
		All other program						2 712 045	1, 1, 11, 14, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	<u> </u> 	7.1 (17.5 25.7 27.7)
		Total. Add lines						2,713,045	> 3, 3, 0, 1, 1, 1, 1	· · · · · · · · · · · · · · · · · · ·	
	3	Investment incom	•	-	s, me	rest, and		2,894			2,894
	,	other similar am		•	 bond	proceeds		2,004			2,094
	5	Royalties	CSUIIC	iii oi wx-exempi	DONO	proceeds	,		· · · · · · · · · · · · · · · · · · ·		
	3	Noyaldes	ſ	(i) Real	(11)		Personal	14. 表现的19	F 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	2000 600	170, 170, 270, 271, 271
	6a	Gross rents	I .		-	direc.		1	自然的主义的		The state of the state of
	ь	Less rontel expensus	6b			((Land				The state of the s	
ı	c	Rental Inc. or (loss)	6c			7-22	¥ 3	新於金幣	原教作的教		1000 100 100 100 100 100 100 100 100 10
	d	Net rental incom	ستنتب	loss)			>				
		Gross amount from		(i) Securites		(11) Other	18 18 18 18 18 18 18 18 18 18 18 18 18 1	A PROPERTY OF THE	新发生元义是 漢	第四个次等源 企
		sales of assets other than inventory 78			1,	004,343					
g	b	Less. cost or other			**********						
, <u>ē</u>		bass and sales exps 7b			1,	256,335	表写句的"种"等	是是我们的		· 经营销基本证据。	
Revenue	C	Gain or (loss)	70			-	251,992	流流活剂的	が設めたが対抗	經行等完整条件	に必然の物が言葉
Other	d	Net gain or (loss	5)			2.1.1	. ▶	-251,992	-251,992		
ā	8a	Gross moome from	i fundra	-		İ				The state of the s	
		(not including \$		58,120		ļ					的流經濟學
		of contributions rep	orted o	n line 1c)						學是數學對	
ŀ		See Part IV, line 18	3 ,	, ,	8a				经过多的证明	原理學院	经验证证证证
	b	Less. direct exp			86	<u> </u>	11,621	ないない。		医性心管性阴炎炎炎	क्रिकेट स्टेन्ट्रेस्ट्रिकेट
	C	Net income or (I		- 1	events	·		-11,621		At 1 (12/2) 1 (1/2) 1 (1/2) 1 (1/2)	Vinte Salake, ver
	98	Gross Income from	•	g activities	_	1					
I		See Part IV, line 19			9a						
ľ		Less direct expenses Net income or (f			9b	<u> </u>	>	1. 201. 101.00 302. 104.2.	SALL SAL ALL MANAGE	4 0055 55 434 35	may need a transfer with my transfer that the
		Gross sales of a	•	, , , , , , , , , , , , , , , , , , ,	nues			-10 (12 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15	4660 GOUST 88	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5. 15. 14. 518 19 16.
	ļua	returns and allow		-	10a	3	435,720				
l	h	Less cost of goo			10b		376,662			新型學家主意學	是更多的更加
ļ		Net Income or (A				-	<u> </u>	59,058	59,058	1 12 1 2 W A N 2 2 3 2 3 3 4 4	
		Income of the		02:03 01 11140			Business Code	光光 (水流)	TENTA STANT	अप्रयुक्त (अस्तर प्रदेश	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
å,	11a	OTHER INCOM	ME					33,096	33,096		
삞	b				,,						
Miscellaneous Revenue	c	3.3			•						
žΨ	d	All other revenue	9								
_	e	Total. Add lines	11a-1	1d , , ,		····		33,096	\$ 1000 MINUS		2. 18. 2. 3. 18. 18. 1
	12	Total revenue.	See in	structions			>	5,135,143	2,553,207	0	2,894
											Form 990 (2019)

Fax: (855) 214-7520

	990 (2019) BEND-REDMOND HAP		NITY 93-10	04012	Page 10
	on 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response	complete all columns. All oth	ner organizations must co hls Part IX	mplete ∞lumn (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundrasing expenses
1	Grants and other assistance to domestic organizations				建设等的地
	and domestic governments. See Part IV, line 21			1 12 COLUMN 1 1445	500 000 000 000 000 000 000 000 000 000
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22			STATES STATES STATES	1. 18 (18 (18 (18 (18 (18 (18 (18 (18 (18
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	Individuals, See Part IV, lines 15 and 16			《第二次》	
4	Benefits paid to or for members			11 13 10 20 10 10	
5	Compensation of current officers, directors,			· · · · · · · · · · · · · · · · · · ·	
•	trustees, and key employees	253,829	89,431	126,915	37,483
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,490,713	1,223,500	179,188	88,025
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,690	15,989	5,932	1,769
9	Other employee benefits	178,573	121,156	37,391	20,026
10	Payroll taxes	116,651	85,345	22,810	8,496
11	Fees for services (nonemployees)		:		
a	Management	7,747	5,770	1,977	
b	Legal	24,445	5,770 550	23,895	
d	Accounting Lobbying	Z4,443	220	23,693	
u	Professional fundraising services See Part IV, line 17	TOXUEVE	WI VERENTERS		
f	investment management fees	4 2 miles of part of the	The state of the s	,	
g	Other (If line 11g amount exceeds 10% of line 25, column	· · · · · · · · · · · · · · · · · · ·		······································	
0	(A) amount list line 11g expenses on Schedule ()	1,858	1,731	127	
12		41,554	27,812		13,742
13	Office expenses	131,367	98,443	16,645	16,279
14	Information technology				
15	Royalties				
16	Occupancy	87,354	82,312	3,714	1,328
17	Travel	56,011	52,853	2,629	529
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21 207	22 202		
20	Interest	31,227 28,313	31,227 28,313		
21	Payments to affiliates	105,753	103,152	2,601	
22 23	Depreciation, depletion, and amortization Insurance	64,793	58,793	3,966	2,034
24	Other expenses. Itemize expenses not covered			7.7704(86.9907X)	ल्यु से हार हर है के ना है
	above (List miscellaneous expenses on line 24e. If			STEPHEN STRUCK	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		是是一种的一种	种种的人类的现在分词	
a	COST OF HOMES TRANSFERRED	2,322,115	2,322,115		
b	OTHER EXPENSE	133,129	92,425	16,219	24,485
c	REPAIRS AND MAINTENANCE	59,608	59,608		
d	INTERNSHIPS	58,497	58,497		
e	All other expenses	41,998	41,998		
25	Total functional expenses. Add lines 1 through 24e	5,259,225	4,601,020	444,009	214,196
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2019

Fax: 15412413304

Part	X Balance Sheet						_
	Check if Schedule O contains a response or note to	o any line i	n this Pa	art X		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,				(A) Beginning of year		(B) End of year
1	Cash—non-Interest-bearing				407,031	1	1,240,833
2	Savings and temporary cash investments				176,952	2	178,620
3	Pledges and grants receivable, net	• •	••	.,		3	1
4	Accounts receivable, net				2,593	4	4,101
5	Loans and other receivables from any current or former	officer dire	ctor.		35 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	122	34.5554.6535.655
*	trustee, key employee, creator or founder, substantial co	-	•			37	10000000000000000000000000000000000000
	controlled entity or family member of any of these person		0075		- 1- 1- 1- 1 N N N N N N N N N N N N N N	5	1 1,21
6	Loans and other receivables from other disqualified person	-	hod	•	17 5 3 7 17 18 18 18 18 18 18 18 18 18 18 18 18 18	130	可能的 经现代的
	under section 4958(f)(1)), and persons described in section				1, , , , , , , , , , , , , , , , , , ,	6	1 1121 121 121 121
7	Notes and loans receivable, net	OII 4300(C)	(3)(6)		1,295,295	7	378,748
8	Inventories for sale or use	,			204,407	8	148,770
9	Prepaid expenses and deferred charges		-		4,726	9	18,450
1 -	Land, buildings, and equipment: cost or other	1			15-17 S. 17 17 18 W.	× 42.4	807 2738880 243
'"	basis Complete Part VI of Schedule D	10a	3 0	69,378	的最近的一点		
Ι.	Less accumulated depreciation	10b		36,608	2,569,053	10c	3,532,770
11		1001		30,000	37,821	11	36,802
12	Investments—publicly traded secunties Investments—other securities See Part IV, line 11		•		31,021	12	30,002
13	Investments—program-related See Part IV, line 11			••		13	<u> </u>
14	Intangible assets	**	•	•		14	
	Other assets See Part IV, line 11			••	2,493,802	15	3,183,685
15	Total assets. Add lines 1 through 15 (must equal line 33	`		•	7,191,680	16	8,722,779
16 17	Accounts payable and accrued expenses	<u> </u>			223,329	17	226,582
18	Grants payable	•	• •	•		18	220,302
19	Deferred revenue		-	NAMES.		19	
20	Tax-exempt bond liabilities		Eurik		W	20	
21	Escrow or custodial account liability. Complete Part IV of	hr 'Sweet ije Schodiilo.i	igerec. β	" Some Books &	83,738	21	80,106
22	Loans and other payables to any current or former officer			,	1,243 2419 4414 4	* \$-).§	30740 75300 1030
22	trustee, key employee, creator or founder, substantial cor		35%				
1	controlled entity or family member of any of these person		JJ 78		1 . 6 . 6 . 6 . 15 . 15 . 15 . 15 .	22	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
23	Secured mortgages and notes payable to unrelated third	• • •		•	873,781	23	2,529,341
24		•	•		6,3,,01	24	2,323,341
25	Unsecured notes and loans payable to unrelated third pa		r.d			24	
23	Other liabilities (including federal income tax, payables to						
	parties, and other liabilities not included on lines 17-24) (complete r	all A			25	
26	of Schedule D			,	1,180,848	25 26	2,836,029
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	NV			1,100,040	20 2007	2,030,023
27	and complete lines 27, 28, 32, and 33.				6,010,832	27	5 00A 201
27 28	Net assets without donor restrictions Net assets with donor restrictions	•			0,010,634	28	5,884,391 2,359
28	Organizations that do not follow FASB ASC 958, chec	k hara 🏲	. П		4.5.4.5.5.5.4.5.5.5.5.5.5.5.5.5.5.5.5.5		
		A HEIG P	<u></u>			が発	
	and complete lines 29 through 33.				1. 18 3344.18.60 16. 11. 21.4	29	44 27 4 . (44. 154.4) 4 22. 1 (24.4)
29	Capital stock or trust principal, or current funds	, fund	•			30	
29 30 31	Paid-in or capital surplus, or land, building, or equipment		,				
31	Retained earnings, endowment, accumulated income, or	omer runds	۶.		6,010,832	31 32	5,886,750
32	Total net assets or fund balances						

To:

Form	990 (2019) BEND-REDMOND HABITAT FOR HUMANITY 93-1004012			Page	e 12
`Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	- -			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,25		
3	Revenue less expenses Subtract line 2 from line 1	3		4,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,01	<u>0,8</u>	32
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	5,88	6,7	50
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yos	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u></u> 원왕	: <u> </u>	- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1996	1	
	Schedule O		1 3	4.5	\$27.75
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		1334	17.3	13/3
	reviewed on a separate basis, consolidated basis, or both		- 129	33	$\mathfrak{H}_{\mathfrak{S}_{n}}$
	Separate basis Consolidated basis Both consolidated and separate basis		1 36 4		
b	Were the organization's financial statements audited by an independent accountant?		2ь	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	15.53	100	332
	separate basis, consolidated basis, or both.			器	100
	Separate basis X Consolidated basis Both consolidated and separate basis		1.084		34.1
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	\mathbf{x}	
	If the organization changed either its oversight process or selection process during the tax year, explain on	••	. 전위:	11.00	<u> </u>
	Schedule O.		[[[[]]]] []		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a]	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

lame	of the	organization							Employer Ide	ntification number	
			BEND-REDMOND		FOR HU				93-100		
P	art I	Reas	on for Public Charity	Status (All orga	anizations	must c	omplete	this part) Se	e instruction	ons.	
	orga		a private foundation because	•	-			•	•		
1	Н	·-	nvention of churches, or ass				,	I)(A)(i).			
2	Н		scribed in section 170(b)(1)					***			
3	Н	•	a cooperative hospital servi	=				•			
4	Ш		search organization operated	d in conjunction with	a hospital	described	in sectio	n 170(b)(1)(A)(ii	i). Enter the	hospital's name,	
_	_	city, and stat					<i>:</i> .				
5	Ш	•	ion operated for the benefit of the benefit of the complete Part		rsity owned	or operat	ed by a g	ovemmental unit	described in		
6	\Box		ate, or local government or g	·	scribed in s	section 1	70(b)(1)(A)(v).			
7	X	-	on that normally receives a section 170(b)(1)(A)(vi). (C		s support fro	om a gov	emmental	unit or from the	general publ	С	
8	\Box		trust described in section		mplete Part	t II)					
9	П	-	al research organization des			-	ed in con	unction with a la	nd-grant colle	ege	
		-	or a non-land-grant college							Ť	
10		An organizati receipts from	ion that normally receives. (1 activities related to its exem	pt functions—subject	ct to certain	exception	is, and (2)	no more than 3	3 1/3% of its		•
			gross investment income ar			-		•	usinesses		
	\Box		the organization after June 3			•		•			
11 12	Н	_	on organized and operated	· · · · · · · · · · · · · · · · · · ·	•	•			aut the aute	200	
12	ш	-	on organized and operated or ore publicly supported organia	-		-		•			
			ox in lines 12a through 12d t								
	а	Type I. A	supporting organization op-	erated, supervised, o	or controlled	by rts su	pported o	rganization(s), ty	pically by giv	ing	
			orted organization(s) the powing organization You must c				of the dir	ectors or trustee	s of the		
	b	_	A supporting organization su				ils suppoi	ted omanization	s) hy having	•	
			r management of the suppor	•				-		•	
		organizat	ion(s) You must complete	Part IV, Sections A	A and C.						
	C		functionally integrated. A sorted organization(s) (see ins						integrated v	vith,	
	ď		non-functionally integrated		•	-		•	ed organizati	on(s)	
	- 1		ot functionally integrated The		•			• •	•		
		_	ent (see instructions). You r	-	•		•			,	
	e		is box if the organization rec lly integrated, or Type III no					a Type I, Type I	I, Type III		
	f		mber of supported organizati		ateu support	ung organ	HEGUOTI.				
	g		following information about the		zation(s)	•					
(1)	Name	of supported	(II) EIN	(國) Type of organ (described on line			organization or governing	(v) Amount of support		(vi) Amount of other support (see	e
				above (see instru	ictions))	docur	nent?	mstructio		instructions)	
						Yes	No				
(A)											
(B)											
(C)									•		
(D)											
(E)											
							<u></u> l			<u> </u>	
ota											

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Fax: (855) 214-7520

Sche		ID-REDMOND				-1004012	Page 2
·Pa	art II Support Schedule for C						
	(Complete only if you che	cked the box or	n line 5, 7, or 8	of Part I or if t	he organizatior	failed to qualify	/ under
	Part III. If the organization	fails to qualify	under the test	s listed below,	please complet	e Part III.)	······································
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		,	 	·	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				}		
•	membership fees received. (Do not		•]	
	include any "unusual grants")	1,730,989	1,931,823	1,936,784	3,555,041	2,590,663	11,745,300
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					,	
4	Total. Add lines 1 through 3	1,730,989	1,931,823	1,936,784	3,555,041	2,590,663	11,745,300
5	The portion of total contributions by		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			多。但是是	
	each person (other than a governmental unit or publicly	1.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3			135365		
	supported organization) included on			1. 18 1. 18 1.		200	
	line 1 that exceeds 2% of the amount	1. 30 m M. 19 18 18	1.3 183.30				
_	shown on line 11, column (f)	2 3440 4 6 3 (2)	8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1, 2 2 1 1 1 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$35 8 (5.2.2.12)	314,916
Sec	Public support. Subtract line 5 from line 4 tion B. Total Support		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	V - 200 - 100 - 100	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	12.4.30.3.	11,430,384
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,730,989	1,931,823	1,936,784	3,555,041	2,590,663	11,745,300
8	Gross income from interest, dividends,						
	payments received on securities loans,					ŀ	
	rents, royalties, and income from similar sources	66	133	110	5,705	2,894	8,908
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Tax	jayer	Copy	ř		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		A. 34. 11. 11. 11. 15.	30% 015 mg	572 B. G. C. P. B.	\$ 500 CT G	11,754,208
12	Gross receipts from related activities, etc.	(see instructions)				12	15,912,401
13	First five years, If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	I(c)(3)	
	organization, check this box and stop her				1111111111111		
Sec	tion C. Computation of Public S	upport Percen	tage		 		
14	Public support percentage for 2019 (line 6	• • • • • • • • • • • • • • • • • • • •	•	ın (f))		14	97 25 %
15	Public support percentage from 2018 Scho					15	99.84 %
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	check this	⊾ स्म
L	box and stop here. The organization qual 33 1/3% support test—2018. If the organ	•		• • • •	5 to 33 1/20/ or	ore check	▶ 🗓
Ь	this box and stop here. The organization				0 13 00 11370 OF M	ore, wieck	▶ □
17a	10%-facts-and-circumstances test-20				ia, or 16b, and line	14 is	, 0
	10% or more, and if the organization mee						
	Part VI how the organization meets the "f	acts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly supp	ported	
	organization		•	•			▶ 🗌
b	10%-facts-and-circumstances test201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the "facts-and	-circumstances" te	st The organization	on qualifies as a pi	ublicly	. —
	supported organization			L 47 47			. ▶⊔
18	Private foundation. If the organization dis	not check a box	on (ine 13, 16a, 16	D, 1/2, or 1/b, che	eck this box and se	e	. □
	instructions						<u> </u>
						Schedule A (Form 9:	90 or 990-EZ) 2019

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Sche	edule A (Form 990 or 990-EZ) 2019 BEI	ND-REDMOND) HABITAT	FOR HUMA	NITY 93	-1004012	Page 3
_	art III Support Schedule for C						
•	(Complete only if you che					to qualify under	Part II
	If the organization fails to						. 0
500	ction A. Public Support	455)	NO TOPIC HOTOL	, p		1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees	10/2010	1 10/ 20/0	(0, 2011	(4) 2010	(6) 20.0	(7) 10(0)
1	received (Do not include any "unusual grants")					<u> </u>	·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	ı	:				
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						····
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						····
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				`		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	CANCELLO		Cont.			
Caler	ndar year (or fiscal year beginning in)	(a) 2015 X	(b) 2018;	(6) 2017	/ (d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	Ē.	-th	h ud		ı	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		`				
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first	l, second, third, for	urth, or fifth tax yes	ar as a section 501	(c)(3)	***************************************
	organization, check this box and stop her	•	**************************************		<u> </u>		. ▶ 🗆
Sec	tion C. Computation of Public Su	upport Percent	tage			<u> </u>	
15	Public support percentage for 2019 (line 8	, column (f), divide	d by line 13, colurt	ທ (f))		15	%
16	Public support percentage from 2018 Sche	• • • •		, ,,,		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2019 (i			3, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part I	III, Ilne 17	7.1	, , ,	18	%
19a	33 1/3% support tests-2019. If the orga			14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this be					•	. ▶□
b	33 1/3% support tests—2018. If the orga		-		•		_
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did	I not check a box o	on liné 14, 19a, or	19b, check this bo			<u> </u>
						Schedule A (Form 990	or 990-FZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

BEND-REDMOND HABITAT FOR HUMANITY

93-1004012

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

			
		Yes	No
	10 m	10.0	No
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	3c		
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Schedule A (Form 990 or 990-EZ) 2019

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	ie A (Form 990 or 990-EZ) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-10040	12		Page 5
<u>-Par</u>	t IV Supporting Organizations (continued)		1	T
44	Use the assessmental expected a side or contribution from any of the following normans?	4.75	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	575		
a	below, the governing body of a supported organization?	11a	, ` `] ``
ь	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
	on B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			70.45
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1. 12 To	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1,23	1.00	
	controlled the organization's activities. If the organization had more than one supported organization,		190	8000
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	13.53	966 75-19	F. 1842
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1	3, 5,4,5,	0.08.37
2	Did the organization operate for the benefit of any supported organization other than the supported	767	1	3,20,3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		100	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2374	- = < ~ · ·	17 - 16 - 17
Sacti	supervised, or controlled the supporting organization	2		l
36011	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	8.5	18.35	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	10.30		347
	or management of the supporting organization was vested in the same persons that controlled or managed	13/3		13.5
	the supported organization(s).	,		
Section	on D. All Type III Supporting Organizations			<u> </u>
			Ye5	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		37	1990年
	organization's tax year. (i) a written notice describing the ເກືອ ອີກປີ ສູກປິ່ນກີ ໂວໂ support ກໍ່ກວ້າໄດ້ຮັດ ຕຸ້ນແກດ the prior tax	18.00		X253.3
	year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.78	3. 2.2	Little In
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	10	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	838		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	18.63	神学	শীত মধ্য
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2 (V.(3))	A7/4X5688	Substant :
3	By reason of the relationship described in (2), did the organization's supported organizations have a	18.3		源源
	significant voice in the organization's investment policies and in directing the use of the organization's	1,2,2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	47. 1. 5. 5. 1. 1.	3/12 20
Section	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	131		
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	<i>,</i>		
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 government entity (see instru	ctions).		
2 A	ctivities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	133		Sale.
	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,	1363	经的	
	how the organization was responsive to those supported organizations, and how the organization determined	188	李信华剧	物品配
	that these activities constituted substantially all of its activities	2a	3 (A485) 13	D1 4 53.50
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	978		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		機變	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 . 1	可多数	11.75,6.
•	activities but for the organization's involvement	2b	Tabas S	\$857 Jan.
3	Parent of Supported Organizations Answer (a) and (b) below.	[25]	影響	Willes
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20	A STOCKER	, "A77, 15th
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	<u> </u>	15 5 5 1 th
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	· ^ (= 13	. 101 . 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III individually integrated supporting organizations must complete Sections A brough E Section A - Adjusted Net Income	Schedule A (Form 990 or 990-EZ) 2019 BEND-REDMOND HABITAT FOR HU	<u>IAM</u>	<u> </u>	.012 Page 6
Instructions. All other Type III non-functionally integrated supporting organizations must complete. Sections A through E Section A - Adjusted Net Income (A) Prior Year (coptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depredation and depletion 5 Depredation and depletion 5 Priorion 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) 7 Other expenses (see instructions) 8 Adjusted Nat Income (subtract lines 5, 6, and 7 from line 4) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of other non-exempt-use assets 1 to d Total add lines 1a, 1b, and 1c) c Pair market value of other non-exempt-use assets 1 to d Total add lines 1a, 1b, and 1c) 2 Acqueston indebtedness supplicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cach deemed held for exempt use. Enter 1-1/2% of Jine 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035. 7 Recoveries of pnon-year distributions 8 Minimum Asset Amount (add fine 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, Column A) 1 Adjusted het income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 3 Minimum Asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz		
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions).	2 Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions).	3 Subtract line 2 from line 1d.	3		
6 Multiply line 5 by 035. 7 Recoveries of pnor-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for pnor year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6	The state of the s	4		
6 Multiply line 5 by 035. 7 Recoveries of pnor-year distributions 7 Recoveries of pnor-year distributions 7 Recoveries of pnor-year distributions 7 Recoveries of pnor-year distributions 7 Recoveries of pnor-year distributions 8 Current Year 1 Adjusted net income for pnor year (from Section A, line 8, Column A) 1 Adjusted net income for pnor year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Recoveries of pnor-year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions).	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions).		6		
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4. unless subject to emergency temporary reduction (see Instructions).	7 Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6	8 Minimum Asset Amount (add line 7 to line 6)	8		\
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4. unless subject to emergency temporary reduction (see Instructions).	Section C - Distributable Amount			Current Year -
2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	经验验检验的	· · · · · · · · · · · · · · · · · · ·
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6		2	(多类) 经基础的 医二种	
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6				
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6		4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see Instructions). 6		5	经验证的	
	· · · · · · · · · · · · · · · · · · ·	6		
		Гуре І		see

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Par		TAT FOR HUMAN Supporting Organiza	ations (continued)	U12 Page
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses)	
2	Amounts paid to perform activity that directly furthers exempt purposes		1	
	organizations, in excess of Income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		•
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9.	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(it)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A THE STREET, STREET	`
2	Underdistributions, if any, for years prior to 2019	2556.1138878830C		1. 1988 S. 11 1988 S. 11
-	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2019	るされる対象ができる。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ	S. S. Lind Bring St.	必認的確定。例如這
а	From 2014	第一个人的证明的对象的对象的	5.张克沙·约·安尔斯	的中世紀的認識的認識的
ь	From 2015	学识了发现场长少数观察	英語於學、第三學院	建物的现在分词形式
	From 2016 .	。 新了。 新了。 新了。 新了。 新了。 新了。 新了。 新了	対が発表ないた場合にあ	1790克尔·夏季克克克克
	From 2017	"不可以然的人的事情的 "	"你们的",然后不是对对的人员	为他是不是不是他的
	From 2018	等的的企业的企业的	おおとうできる。 では、からないできる。	2、建筑与1000年10年16
	Total of lines 3a through e	ar conv	教皇後孫孫孫孫於	<i>चर्काना व्यवस्थाति ।</i>
	Applied to underdistributions of prior years	The said of the last		12. 20.00 TO TO TO THE PERSON
	Applied to 2019 distributable amount	1.1915年11月1日 11月1日	"自然是这些人们的是是是一个	
	Carryover from 2014 not applied (see instructions)		Maring Massage	記録が変われる影響な
	Remainder Subtract lines 3g, 3h, and 3i from 3f		经验证证据的证据	STATE STATES
4	Distributions for 2019 from	33 WW 30 Co. 12 30		AND THE STATE OF T
•	Section D, line 7 \$			
	Applied to underdistributions of prior years		Almagar and day a complete of	经验证证证
	Applied to 2019 distributable amount	以下的人员	使的现在分词对对对对对对对	24. 4/4. 6. 4/2.4. 5. 2.4
	Remainder Subtract lines 4a and 4b from 4	3 3499 3344113233414	SECRETARION CONTRACTOR	学是是国际的国际的
<u>~</u>	Remaining underdistributions for years prior to 2019, if	1881 S. P. S. S. S. S. S. S. S. S. S. S. S. S. S.		Sales Sales Comments of
•	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h	\$25,000	\$5.50 VERSON 5.50 F. S. S. S. S. S. S. S. S. S. S. S. S. S.	1 2 12 12 37 37 32 50 50 50
J	and 4b from line 1 For result greater than zero, explain in			
7	Part VI. See instructions Excess distributions carryover to 2020. Add lines 3j	mother about they thanks want		
(F	and 4c			The second of the second
8	Breakdown of line 7			And the state of t
		250 Cart 30 W. S. S. S. S. S. S. S. S. S. S. S. S. S.	Control of the Contro	The first of the f
	Excess from 2015		Contraction of the contraction o	が (本語の) (本
	Excess from 2016			
	Excess from 2017	AND AND AND AND AND AND AND AND AND AND	THE STATE OF THE S	
	Excess from 2018	THE PROPERTY OF THE PARTY OF TH	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
6	Excess from 2019	コライン アーナイン くおこみ かたっかんりょう	and the design to the control of the	(Form 990 or 990-E7) 201

From Juline Bodnar Fax: 15412413304 To: Fax: (855) 214-7520 Page. 34 of 56 04/13/2021 1:06 PM

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Schedule A (Form 990 or 990-EZ) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA

From: Juline Bodnar Fax: 15412413304 To.

Fax: (855) 214-7520

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Name	of the organization	107 tilsudecions und the latest months	Employer Identification number
_			
530	END-REDMOND HABITAT FOR HUMANITY	and an Other Circles French and	93-1004012
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	Form 990 Part IV line 6	Accounts.
	Complete if the organization answered 100 off	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(A) Decision agricultural	(b) 1 5-100 and outer accounts
1	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		**************************************
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised	<u> </u>
-	funds are the organization's property, subject to the organization's ex		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes No
Pe	rt II Conservation Easements.	_	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)	
	Preservation of land for public use (for example, recreation or edu	·	• • • • • • • • • •
	Protection of natural habitat	Preservation of a certified h	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a cons	
	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements	erbra.	20
D	Total acreage restricted by conservation easements	rar : finny	2b
C	Number of conservation easements on a certified historic structure in	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2c
d	Number of conservation easements included in (c) acquired after 7/25	700, and not on a	2d
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, e	vilnaviched or terminated by the organiza	
3	tax year	kinguished, or terminated by the digatiza	don during the
4	Number of states where property subject to conservation easement is	located •	
5	Does the organization have a written policy regarding the periodic mo		
•	violations, and enforcement of the conservation easements it holds?	moning, neperior, name of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	
-	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violating	plations, and enforcing conservation easer	nents during the year
	▶\$	· ·	•
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statemer	nt and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that o	describes the
	organization's accounting for conservation easements.		
· Pa	計劃等 Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		Similar Assets.
18	If the organization elected, as permitted under FASB ASC 958, not to		
	of art, historical treasures, or other similar assets held for public exhib service, provide in Part XIII the text of the foolnote to its financial state	· · · · · · · · · · · · · · · · · · ·	or public
ь	If the organization elected, as permitted under FASB ASC 958, to repr		heet works of
~	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items.	The constitution of the control of t	· pasio sartice,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	••	* \$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial cala on	ovide the
-	following amounts required to be reported under FASB ASC 958 relati	= :	#11mg =10
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		▶ \$
	Innormark Coduction Act Nation and the Instructions for Form ON		Sehadula D (Farm 000) 2040

To:

Fax: (855) 214-7520

-		MOND HABITA				0040			age 2
	art III Organizations Maintainin							(continuea)	
3	collection items (check all that apply)	sion, and other records	s, check any of the fol	lowing that r	nake signii	ncant use	e of its	,	
а	Public exhibition	d L	Loan or exchange pro	gram					
b	Scholarly research	e 📋	Other , .						
С	Preservation for future generations								
4	Provide a description of the organization's XIII	collections and explain	how they further the	organization	's exempt	purpose	in Part		
5	During the year, did the organization solicit	t or receive donations	of art, historical treasu	res, or other	similar				
	assets to be sold to raise funds rather than							Yes [No
Pa	irt IV Escrow and Custodial A	rrangements.							
	Complete if the organization	on answered "Yes"	on Form 990, Pa	rt IV, line	9, or rep	orted a	n amount	on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions of	r other asse	ts not				_
	included on Form 990, Part X?							Yes X	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table				····		
						1		Amount	
	Beginning balance						1c		
d	Additions during the year		. , ,				1d		
e	Distributions during the year					ļ	1e		
f	Ending balance	-	•			Į	1f	-	
	Did the organization include an amount on							X Yes	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	xplanation has been pr	rovided on P	art XIII	<u> </u>	<u> </u>	IX	<u>.L</u>
Pa	ift V Endowment Funds.	1 10.4	. F		40				
	Complete if the organization							T	
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Thre	e years back	(e) Four years t	oack
	Beginning of year balance	26,567	25,000			<u> </u>		 	
	Contributions		attor (ENTER	25,000			 	
С	Net investment earnings, gains, and losses	104	1,785	W W					
d	Grants or scholarships				,				
	Other expenditures for facilities and						, , , , , , , , , , , , , , , , , , , ,		
	programs							ļ	
f	Administrative expenses	241	218						
g	End of year balance	26,430	26,567		25,000				
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a))	held as.					
а	Board designated or quasi-endowment ▶	100.00 %							
b	Permanent endowment ▶ %	1							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%							
3a	Are there endowment funds not in the poss	session of the organiza	ition that are held and	administered	d for the				
	organization by							Yes	No
	(i) Unrelated organizations							3a(i) X	
	(ii) Related organizations		•					3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organi	Izations listed as requi	red on Schedule R?					3b	
4	Describe in Part XIII the intended uses of t	,	wment funds		·····		······································		
Pa	irt 🕅 🛴 Land, Buildings, and Eq	•			_	_			
	Complete if the organization	n answered "Yes"	on Form 990, Par	rt IV, line	11a. See	Form 9	990, Part >	(, line 10.	
	Description of property	(a) Cost or other b		J		Accumulated	' 	(d) Book value	
		(investment)	(othe			preciation	V8-8-3		
	Land			33,461	केर केरे हैं हैं			2,133,4	
	Buildings		1,5	16,810		282,	065	1,234,7	745
	Leasehold improvements			10 70=					
	Equipment		3	19,107		154,	543	164,5	<u> 564</u>
	Other				L	···			
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	<i>IC</i>)			. 🕨	3,532,7	170

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Schedule D (Form 990) 2019 BEND-REDMOND HABITAT	FOR HUMANITY	93-1004012	Page 3
Part VII	Investments - Other Securities.	4		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b. See Form 990, Part X, li	ne 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market val	ue
(1) Financial	denvatives			
	eld equity interests			
(3) Other	, , , , , , , , , , , , , , , , , , , ,			
(A)				
•				
(B) .				
(C)	r i i i i i i i i i i i i i i i i i i i			
(Ō)		<u></u>		
(E)				
(F)	, , , , , , , , , , , , , , , , , , , ,		** · · · · · · · · · · · · · · · · · ·	
. (G)	,			
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12.)		3 30 17 15 25 25 30 30 12 12	1. 1. 2. 1. 1. 1. 1. 1.
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuation.	
			Cost or end-of-year market value	ue
(1)				
(2)				
(3)		†	1.27	
		 		· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)	**************************************			
(8)		AND THE RESERVE	<u> </u>	
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX 14	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		ne 15. Book value
(1)	CONSTRUCTION IN PROGRES	SS	3	,157,255
(2)	BENEFICIAL INTEREST IN	ASSETS - OCF		26,430
(3)				20/130
(4)		····································		
	- Andrews - Andr			
(5)				
(6)				
(7)				
(8)				·
(9)	<u> </u>			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		3	<u>,183,685</u>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	: 11e or 11f. See Form 990, Pa	rt X,
	line 25.			
1	(a) Description of Illability	· · · · · · · · · · · · · · · · · · ·	(b)	Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
(9) Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25.)			
(9) Total. (Column 2. Liability for	n (b) must equal Form 990, Part X, col (B) line 25.) uncertain tax positions in Part XIII, provide the text of the footliability for uncertain tax positions under FASB ASC 740 Chec	~	•	

Schedule D (Form 990) 2019

From: Juline Bodnar

Schedule D (Form 990) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-100401 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	etuiii.
Total revenue, gains, and other support per audited financial statements	6,523,426
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	40
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII) 2d 1,388,283	41.3
e Add lines 2a through 2d	2e 1,388,283
3 Subtract line 2e from line 1	3 5,135,143
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	[N 9]
c Add lines 4a and 4b	46
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 5,135,143
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Ketum.
1 Total expenses and losses per audited financial statements	1 6,647,508
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	23
a Donated services and use of facilities 2a	Pag
b Prior year adjustments 2b	138
c Other losses 2c	
d Other (Describe in Part XIII.) 2d 1,388,283]\$\\$\{
e_Add lines 2a through 2d	2e 1,388,283
3 Subtract line 2e from line 1	3 5,259,225
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	133
a Investment expenses not included on Form 990, Part VIII, line 7b	6.20
b Other (Describe in Part XIII.)	
c Add lines 4e and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5,259,225
Part XIII Supplemental Information.	0ad V I
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; F 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	art X, line
PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION	
THE ORGANIZATION IS RESPONSIBLE FOR SERVICING SEVERAL MORTGA	GES AND AS A
RESULT HOLDS HOMEOWNER MONTHLY PAYMENTS IN ESCROW TO COVER I	INTEREST AND TAX
PAYEMENTS	
DADY VI IINE OD - DEMENTIE AMOINTE INCIINED IN EINANGIAIC	OTHER
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS -	OTHER,
RESTORE COST OF SALES	1,376,662
, habitotta oosi oi simaas	1,5,0,002
DIRECT FUNDRAISING EXPENSE	. 11,621
	,
	\
•	-
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS -	OTHER
RESTORE COST OF SALES	1,376,662
DIREÇT FUNDRAISING EXPENSE \$	11,621

From: Juline Bodnar Fax: 15412413304 To: Fax. (855) 214-7520 Page: 41 of 56 04/13/2021 1:06 PM

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Schedule D (Form 980) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 Page 5
Part XIII Supplemental Information (continued)

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Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Internal Revenue		▶ Go	o to www.irs.	Attach to For gov/Form990 for			rm 990-EZ. s and the latest informa	rtion.	Open to Public
Name of the organ								Employer identific	
		ND-REDMOND						93-10040	
Part I		ing Activities. Cor -EZ filers are not re					red "Yes" on Form	990, Part IV, line	e 17.
1 Indicate	whether the c	rganization raised funds	through an	y of the followin	g acti	vities	Check all that apply		
a 🔲 Mail	l solicitations		e	Solicitation	of no	on-go	vernment grants		
b Inte	met and emai	solicitations	f	Solicitation	of go	vemr	ment grants		
c 🗌 Pho	ne solicitation	3	g	Special ful	ndraisi	ing ev	vents		
d 🔲 In-p	erson solicitat	ions							
		ave a written or oral ag d in Form 990, Part VII							Yes N
		hest paid individuals or \$5,000 by the organizat		draisers) pursua			ments under which the	fundraiser is to be	
	(I) Name and	address of individual			raise	ild fund r have	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
		address of individual ty (fundraise)		(ii) Activity		ody or trol of	from activity	(or retained by) fundraiser listed in	(or retained by) organization
				, -		utions?		col (I)	
					Yes	No	1		
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Total		·				<u> </u>			
	tates in which on or licensing	the organization is regis	itered or lice	insed to solicit c	ontribi	utions	or has been notified it	is exempt from	
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Fax: 15412413304

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*****		than \$15,000 of	vents. Complete if the organ fundraising event contribution reater than \$5,000.		Form 990, Part IV, line	
-			(a) Event #1 BUILD - IT - BREAKF (event type)	(b) Event #2 CHIP-IN-FOR-HAB (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	22,615	15,395		38,010
	l	Less Contributions Gross income (line 1 minus line 2)	22,615	15,395		38,010
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	2,593			2,593
Direct Expenses	7	Food and beverages	2,451			2,451
Direct	8	Entertainment				
	9	Other direct expenses	6,577			6,577
	ı	• •	Add lines 4 through 9 in column (d			11,621 -11,621
'P	art	III Gaming. Comp	btract line 10 from life 3, column (oplete if the organization ans) rm 990-EZ, line 6a		árt IV, line 19, or repo	
Revenue		ψ10,000 011 1 01	(a) Bingo	(b) Pull labe/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>&</u>	1	Gross revenue				
Se Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		<u></u>		
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (d	3)		
	8	Net gaming income summ	nary Subtract line 7 from line 1, co	lumn (d) ,, , , , , , , , , , , , , , , , , ,	<u> </u>	
9 a b	is t	• •	e organization conducts gaming act conduct gaming activities in each			Yes No
		ere any of the organization's Yes," explain:	s gaming licenses revoked, suspen	ded, or terminated dunng the tax	year?	Yes No
					- ,	

Fax⁻ 15412413304 To. Fax. (855) 214-7520 Page. 44 of 56 04/13/2021 1:06 PM From. Juline Bodnar

Sche	edule G (Form 990 or 990-EZ) 2019	BEND-REDMOND	HABITAT	FOR	HUMANITY	93-10	004012	Page 3
11	Does the organization conduct gaming	activities with nonmembers	;?					Yes No
12	Is the organization a grantor, beneficial	y or trustee of a trust, or a	member of a par	tnership (or other entity			<u>-</u>
	formed to administer charitable gaming		••					Yes No
13	Indicate the percentage of gaming acti	vity conducted in					1 1	
a	The organization's facility						13a	<u>%</u>
b	An outside facility						13b	<u>%</u>
14	Enter the name and address of the pe records	rson who prepares the orga	nization's gamino	g/special	events books and	d		
	Name >	•			•			
	Address ▶							
15a	Does the organization have a contract	with a third party from whor	n the organizatio	n receive	s gaming			[
_	revenue?						니	Yes No
þ	If "Yes," enter the amount of gaming re		inization 🕨 🖇			and the		
C	amount of gaming revenue retained by if "Yes," enter name and address of the			•				
	Name ▶				•		-	
	Address ▶			, ,				
16	Gaming manager information							
	Name ▶ .					** *		
	Gaming manager compensation ▶ \$	Тахра	iver (OV			
	Description of services provided ▶	,	at .					
	Director/officer Emp	oloyee Indep	endent contracto	or				
17	Mandatory distributions							
8	Is the organization required under state	law to make charitable dis	tributions from th	e gaming	proceeds to			
	retain the state gaming license?					_	. 🗆	Yes No
b	Enter the amount of distributions require	ed under state law to be dis	tributed to other	exempt o	organizations or	·	_	_
	spent in the organization's own exempt	activities during the tax year	ır ▶ \$					
Pa	irt IV: Supplemental Informa	ation. Provide the expl	anations requ	ired by	Part I, line 2b	, columns (lii)	and (v); and	d
	Part III, lines 9, 9b, 10b	, 15b, 15c, 16, and 17	b, as applicat	ole. Also	provide any	additional info	omation.	
	See instructions.	 			······································			***************************************
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						0 .1. 1.1. 5.11		
						Schedule G (Form 990 or 99	#J-EZ\ 2019

SCHEDULE M (Form 990)

Noncash Contributions

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

➤ Attach to Form 990.

OMB No 1545-0047

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	tment of the Treasury at Revenue Service	o to www.l	rs.gov/Form990 for instru	ctions and the latest inform	ation.		dnspe	ction	C /\
Name	of the organization					Employer identi	ltication numbe	7	_
	BEND-REDI	I GNON	HABITAT FOR	HUMANITY		93-100	4012		
P	art 1 Types of Property								_
		(a) Check if applicable	(b) Number of contributions or serns contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of dete nancesh contribute	_		
1	Art Works of art								
2	Art - Historical treasures								_
3	Art Fractional interests								
4	Books and publications		の数の一般ない。大学						
5	Clothing and household	х		1,212,949	ESTIMAT	ED FMV			
6	goods Cars and other vehicles		37. 3 2 7 2 3 3 3	1/212/213		OD IIIV	· ··		_
7	Boats and planes							·	
8	Intellectual property								_
9	Secunties — Publicly traded				<u> </u>				-
10	Securities — Closely held stock						·····		_
11	Securities — Partnership, LLC,								_
• •	or trust interests								
12	Secunities - Miscellaneous								
13	Qualified conservation								
13	contribution — Historic								
14	structures Qualified conservation		2-17 Tables	some.					
14		1	vedxei	or ("on	R.				
4.5	contribution — Other Real estate — Residential		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Vale of Principles And Division A					
15	Real estate — Residential								
16		-			· · · · · · · · · · · · · · · · · · ·			·	
17	Real estate Other								_
18	Collectibles	-							
19	Food inventory								
20	Drugs and medical supplies	-							_
21	Taxidemy	<u> </u>						·····	
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts Other ▶(BLDG MATERIALS)	X	1	110,003	COST			····	_
25	· · · · · · · · · · · · · · · · · · ·		- +	110,000	CO31		******		
26 27	Other ►() Other ►()	 			· · · · · · · · · · · · · · · · · · ·	······	*****		-
28		<u> </u>		······································					_
	Other ►() Number of Forms 8283 received by	the eman	ration during the tay yea	r for contributions for			·		_
29	which the organization completed F	-			29				
30a	During the year, did the organization	receive by	y contribution any proper	ty reported in Part I, lines	1 through			Yes N	<u>د</u> د د
	28, that it must hold for at least three	e years fro	m the date of the initial of	contribution, and which isn't	required		400	郑将位	: .
	to be used for exempt purposes for	the entire I	holding penod?				30a	X	
b	If "Yes," describe the arrangement is	n Part II						激量激	ر دري
31	Does the organization have a gift ad	cceptance (policy that requires the re	view of any nonstandard			S. C.	ब्राट्स स्ट्र	3
	contributions?						31	_X	
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash				
	contributions?			***			32a	X	
b	If "Yes," describe in Part II						医	影響	<u></u>
33	If the organization didn't report an ai	mount in $lpha$	olumn (c) for a type of pro-	operty for which column (a)) is checked,		35.0	经 医	Ġ,
	describe in Part II.					 	\$ 1	学级系	Ž,
C 1	Pananuad Raduction Act Notice, can th		for Emm. 000			6-1	andula 88 /Ear	000\ 00	

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Part li							uired by Part			
	_		_	•			mber of cont additional in		er or nems	received,
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Schedule M (Form 990) 2019

To:

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

BEND-REDMOND HABITAT FOR HUMANITY

93-1004012

FORM 990, PART I, LINE 6

VOLUNTEERS HELP WITH CONSTRUCTION OF NEW HOMES, OFFICE PROJECTS, CUSTOMER SERVICE AT THE RESTORES, AND INVENTORY PROCESSING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION'S FINANCE COMMITTEE WILL REVIEW AND APPROVE BEFORE THE FORM 990 IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF DIRECTORS REGULARLY REVIEWS ANY POTENTIAL FOR CONFLICT OF INTEREST THAT MIGHT ARISE AND FINER APPROVES DIGOING RELATIONSHIPS OR RECOMMENDS OUTSIDE RELATIONSHIPS BE DISCONTINUED. THESE DISCUSSIONS ARE NOTED IN THE MINUTES TO THE BOARD OF DIRECTOR MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE SALARY OF THE EXECUTIVE DIRECTOR AND OTHER STAFF ARE REGULARLY COMPARED TO THE HABITAT FOR HUMANITY INTERNATIONAL SALARY AND BENEFITS SURVEY REPORTS BY THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE SALARY OF THE EXECUTIVE DIRECTOR AND OTHER STAFF ARE REGULARLY COMPARED TO THE HABITAT FOR HUMANITY INTERNATIONAL SALARY AND BENEFITS SURVEY REPORTS BY THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE.

FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION From Juline Bodnar Fax: 15412413304 To: Fax: (855) 214-7520 Page: 48 of 56 04/13/2021 1:06 PM

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Schedule O (Form 990 or 990-EZ) (2019) Page 2 Employer Identification number Name of the organization BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION RESTORE COST OF SALES 1,376,662 DIRECT FUNDRAISING EXPENSE 11,621 RESTORE COST OF SALES \$ -1,376,662 DIRECT FUNDRAISING EXPENSE -11,621

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PAGE 1 OF 1

SCHEDULE R (Form 990)

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Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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Name of the organization Employer identification number BEND-REDMOND HABITAT FOR HUMANITY 93-1004012 @Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) **(f)** Name, address, and EIN (if applicable) of disregarded entity Primary activity End-of-year assets Legal domicée (state Total income Direct controlling or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (c) Legal domicile (state or foreign country) (d) Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status Direct controlling (if section 501(c)(3)) entity Yes No HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET 91-1914868 **AMERICUS** GA 31709-3498 **AFFILIATE** GA C3 7 NA Х (2) (3) (4) (5)

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Schedule R (Form 990) 2019 BEND-REDMOND HABITAT FOR HUMANITY

(>)_	rganizations t	(c)	(d)	(e)	(1)	(8)	(h)	(1)		(i)	(k)
Name address and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling centry	Predominant Income (related unrelated, excluded from tax under	Share of total income	Share of end-of- year assets	Dispro- portionate afloc ?	Code VUBI amount in box 2 of Schedule K- (Form 1065)	Gen o mar	eral or naging ther?	Percentage ownership
		country)		sections 512-514)			Yes No		Yes	No	
(1) ·											
(2)		-							_		
(3)	·	 -		<u> </u>					-	++	
(4)										$\dagger \dagger$	
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Part: IV: Identification of Related Organizati	ons Taxable	as a	Corporation	or Trust. Com	plete if the o	rganization answe the tax year.	red "Yes"	on Form 990	, Part	iV,	
(a) Name, address, and EIN of related organization	(b) Primary activi	ity	(c) Legal domicita (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp., or (rust)	(f) Share of total uncome	(g) Share of end-of-year		(h) ercontage wnership		(i) Section 512(b)(13) controlled entity?
40				· · · · · · · · · · · · · · · · · · ·	-					1	Yes No
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-1004012	<u> </u>				Pa	age 3
Part V Transactions With Related Organizations. Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	34, 35b, or 36			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations listed i	n Parts II-IV?		7.5	∵″\$	7.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	· ·			1a		X
b Gift, grant, or capital contribution to related organization(s)	•	•	-	1b	Х	
c Gift, grant, or capital contribution from related organization(s)	,,	,,		1c		х
d Loans or loan guarantees to or for related organization(s)		•		1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f	<u>^</u>	х
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
I Exchange of assets with related organization(s)		,		11		Х
j Lease of facilities, equipment, or other assets to related organization(s)	.,	-		11		Х
			•		1.12	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
Performance of services or membership or fundraising solicitations for related organization(s)	,	, , , ,	• • • • • • • • • • • • • • • • • • • •	11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1 <u>m</u>	·	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related-organization(s)	Ser. Sol	•	-	1n		Х
o Shanng of paid employees with related organization(s)	COOV			10		Х
	A STATE OF THE STA			- ,	1.1	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		Х
				1. 1	0.3	
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)		·	·	15	1	Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered	relationships and transac	tion thresholds			
(a)	(6)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining arm	ount invoh	red	
(1) HABITAT FOR HUMANITY INTERNATIONAL	В	28,313		-		-
(2)						
(4)	 					
(3)						
(4)						
(5))				
(6)						

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or cross revenue) that was not a related organization. See instructions recording exclusion for certain investment partnerships

(a) Name address, and EIN of entity	(b) Primary activity	(c) Legal domiclie (state or foreign	from tax under	Are all sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets		n) ortionate titons?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		nal or nal or	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)	-		`			`							
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(2)													
	1					,							
(3)													
	1												
(4)		 		 	\vdash		<u> </u>	1	† —				\vdash
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(6)													
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From: Juline Bodnar , Fax: 15412413304 To. Fax: (855) 214-7520 Page: 53 of 56 04/13/2021 1.06 PM

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Schedule R (Form 990) 2019 BEND-REDMOND HABITAT FOR HUMANITY 93-1004012

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Part VII Supplemental Information.

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

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Schedule R (Form 990) 2019