

Bend-Redmond Habitat for Humanity
224 NE Thurston Ave
Bend, OR 97701

Charitable Activities Section
Oregon Department of Revenue
100 SW Market Street
Portland, OR 97201-5702

Form **CT-12**

For Oregon Charities

For Accounting Periods Beginning in:

2020

**Charitable Activities Section
Oregon Department of Justice**

100 SW Market Street
Portland, OR 97201-5702
Email: charitable@doj.state.or.us
Website: https://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

Line-by-line instructions for completing the annual report form can be found on our website.

You can now file reports and pay by credit card using our online form at <https://justice.oregon.gov/paymentportal/Account/Login>

Section I. General Information

1. **Cross Through Incorrect Items and Correct Here:**
(See instructions for change of name or accounting period.)

14749 Registration #:

Bend-Redmond Habitat for Humanity Organization Name:

224 NE Thurston Ave Address:

Bend, OR 97701 City, State, Zip:

541-385-5387 Phone: Fax: Amended Report?

07/01/2020 06/30/2021 Email: Period Beginning: Period Ending:

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; in-person; direct mail; advertising; vending machine; telephone; or other solicitations. Yes No
If yes, also write the name of the fundraising firm(s) here: Mark Sherman Consulting (If you checked "other solicitations", attach an explanation.)
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Scott Rohrer	Exec. Director	541-385-5387	224 NE Thurston Ave., Bend, OR 97701 srohrer@brhabitat.org

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: <u>See attached Form 990.</u> Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		

Form Continued on Reverse Side

Section II. Fee Calculation

<p>9. Total Revenue. <small>(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)</small></p>	9.	5,099,250																		
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.)</small></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	400		
Amount on Line 9	Revenue Fee																			
\$0 - \$24,999	\$20																			
\$25,000 - \$49,999	\$50																			
\$50,000 - \$99,999	\$90																			
\$100,000 - \$249,999	\$150																			
\$250,000 - \$499,999	\$200																			
\$500,000 - \$999,999	\$300																			
\$1,000,000 or more	\$400																			
<p>11. Net Assets or Fund Balances at End of the Reporting Period <small>(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number)</small></p>	11.	7,441,321																		
<p>12. Net Fixed Assets Used to Conduct Charitable Activities <small>(Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.	3,492,341																		
<p>13. Amount Subject to Net Assets or Fund Balances Fee <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	3,948,980																		
<p>14. Net Assets or Fund Balances Fee. <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</small></p>	14.	395																		
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	0																		
<p>16. Total Amount Due. <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	795																		
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.</p>																				

Please Sign Here	<p>Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>⇒ _____ Signature of officer</p> <p>_____ Date _____ Exec. Director Title</p> <p>_____ Address 224 NE Thurston Ave. Bend, OR 97701</p> <p>_____ Phone 541-385-5387</p>
Paid Preparer's Use Only	<p>⇒ _____ Preparer's signature</p> <p>_____ Date _____ 541-382-3590 Phone</p> <p>_____ Address 300 SW Columbia St. #201 Bend, OR 97702</p> <p>_____ Preparer's name (printed) Jones & Roth, P.C.</p>

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BEND-REDMOND HABITAT FOR HUMANITY		D Employer identification number 93-1004012
	Doing business as		E Telephone number 541-385-5387
	Number and street (or P.O. box if mail is not delivered to street address) 224 NE THURSTON AVE		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code BEND OR 97701		G Gross receipts \$ 6,604,803
F Name and address of principal officer: SCOTT ROHRER 224 NE THURSTON AVE BEND OR 97701			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: u WWW.BENDHABITAT.ORG			H(c) Group exemption number u 8545
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 1989	M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BEND-REDMOND HABITAT WORKS WITH QUALIFIED, DESERVING FAMILIES TO HELP THEM REALIZE THE DREAM OF OWNING THEIR OWN HOME. WE BUILD STRENGTH, STABILITY, AND SELF-RELIANCE THROUGH AFFORDABLE HOUSING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	800
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,590,663	3,843,632
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,713,045	1,065,729
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-249,098	28,555
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,533	161,334
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,135,143	5,099,250
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,063,456	1,806,505
	b Total fundraising expenses (Part IX, column (D), line 25) u 234,996		34,891
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,195,769	1,703,283
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,259,225	3,544,679
19 Revenue less expenses. Subtract line 18 from line 12	-124,082	1,554,571	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,722,779	10,487,946
	22 Net assets or fund balances. Subtract line 21 from line 20	2,836,029	3,046,625

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	SCOTT ROHRER Type or print name and title	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARK P. REYNOLDS		04/01/22		P00642508
	Firm's name } JONES & ROTH, P.C.	Firm's EIN } 93-0819646			
Firm's address } EUGENE, OR 97440	Phone no. } 541-687-2320				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BEND-REDMOND HABITAT WORKS WITH QUALIFIED, DESERVING FAMILIES TO HELP THEM REALIZE THE DREAM OF OWNING THEIR OWN HOME. WE BUILD STRENGTH, STABILITY, AND SELF-RELIANCE THROUGH AFFORDABLE HOUSING.

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

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

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

4a (Code:) (Expenses \$ 2,804,558 including grants of \$) (Revenue \$ 1,065,729) CONSTRUCTION AND OTHER COSTS RELATED TO THE CONSTRUCTION OF AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES AND INDIVIDUALS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

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

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

4e Total program service expenses u 2,804,558

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	34
1b	0

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u 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.
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 u

JULINE BODNAR 224 NE THURSTON AVE OR 97701 541-385-5387

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ROHRER EXECUTIVE DIRECTOR	40.00 0.00			X			144,351	0	3,175	
(2) JULINE BODNAR CFO	40.00 0.00			X			94,067	0	2,599	
(3) RICHARD BERG PRESIDENT	1.00 0.00	X		X			0	0	0	
(4) ELEANOR BESSONETTE VICE PRESIDENT	1.00 0.00	X		X			0	0	0	
(5) JEREMY GREEN VICE PRESIDENT	1.00 0.00	X		X			0	0	0	
(6) BRUCE SCHROEDER TREASURER	1.00 0.00	X		X			0	0	0	
(7) JOYCE CRANSTON SECRETARY	1.00 0.00	X		X			0	0	0	
(8) MYRA GIROD DIRECTOR	1.00 0.00	X					0	0	0	
(9) ANDREW HOEKSEMA DIRECTOR	1.00 0.00	X					0	0	0	
(10) TODD HAKALA DIRECTOR	1.00 0.00	X					0	0	0	
(11) STEVE MCDONALD DIRECTOR	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TIM HIX DIRECTOR	1.00 0.00	X						0	0	0
(13) BEVERLY PAHLISCH DIRECTOR	1.00 0.00	X						0	0	0
(14) TYRELL HOBBS DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal							u	238,418		5,774
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	238,418		5,774

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAC WEST CONTRUCTION, LLC BEND OR 97701	22075 NE BUTLER MKT. RD CONSTRUCTION	709,690
BUILT BEND OR 97703	64670 STRICKLER AVE CONSTRUCTION	333,256
A&G MAINTENANCE, LLC BEND OR 97703	19909 PINE LANE CONSTRUCTION	137,037
GUY'S PLUMBING BEND OR 97708	P.O. BOX 6172 PLUMBING	112,748

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,789				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,015,086				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,823,757				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,404,578				
	h Total. Add lines 1a-1f	u	3,843,632				
	Program Service Revenue			Business Code			
2a TRANSFERS TO HOMEOWNERS			1,016,239	1,016,239			
b MTGE DISCOUNT AMORTIZATION			36,607	36,607			
c GAIN ON EARLY PAYOFF OF MORT.			12,883	12,883			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	1,065,729				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	22,913			22,913	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory		(i) Securities	9,750			
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b	4,108			
	c Gain or (loss)	7c	5,642				
	d Net gain or (loss)	u	5,642	5,642			
	8a Gross income from fundraising events (not including \$ 4,789 of contributions reported on line 1c). See Part IV, line 18						
		8a					
b Less: direct expenses		8b	224				
c Net income or (loss) from fundraising events	u	-224					
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances			1,597,635				
	10a		1,501,221				
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u	96,414	96,414				
Miscellaneous Revenue			Business Code				
	11a OTHER INCOME		65,144	65,144			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d	u	65,144					
12 Total revenue. See instructions	u	5,099,250	1,232,929	0	22,913		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,500	92,536	130,749	38,215
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	1,240,926	997,869	187,522	55,535
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,586	13,803	4,356	1,427
9 Other employee benefits	169,925	109,000	42,718	18,207
10 Payroll taxes	114,568	80,308	27,334	6,926
11 Fees for services (nonemployees):				
a Management				
b Legal	22,043	2,420	19,623	
c Accounting	23,185		23,185	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,891			34,891
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	700	700		
12 Advertising and promotion	34,287	15,944		18,343
13 Office expenses	123,464	86,102	30,458	6,904
14 Information technology				
15 Royalties				
16 Occupancy	31,453	27,117	2,993	1,343
17 Travel	14,781	12,429	2,249	103
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,884	23,884		
21 Payments to affiliates	15,500	15,500		
22 Depreciation, depletion, and amortization	100,758	94,202	6,556	
23 Insurance	48,147	38,777	7,623	1,747
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF HOMES TRANSFERRED	905,088	905,088		
b OTHER EXPENSE	102,279	33,767	17,157	51,355
c INTERNSHIPS	95,131	95,131		
d COVID-19 SUPPORT EXPENSES	61,875	61,875		
e All other expenses	100,708	98,106	2,602	
25 Total functional expenses. Add lines 1 through 24e	3,544,679	2,804,558	505,125	234,996
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,240,833	1	489,609
	2	Savings and temporary cash investments	178,620	2	180,205
	3	Pledges and grants receivable, net		3	646,430
	4	Accounts receivable, net	4,101	4	2,105
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	378,748	7	271,025
	8	Inventories for sale or use	148,770	8	174,753
	9	Prepaid expenses and deferred charges	18,450	9	23,632
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,024,115		
	10b	Less: accumulated depreciation	531,774	10c	3,492,341
	11	Investments—publicly traded securities	36,802	11	58,071
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,183,685	15	5,149,775
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,722,779	16	10,487,946	
Liabilities	17	Accounts payable and accrued expenses	226,582	17	310,965
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	80,106	21	71,413
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,529,341	23	2,664,247
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,836,029	26	3,046,625
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,884,391	27	6,484,896
	28	Net assets with donor restrictions	2,359	28	956,425
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,886,750	32	7,441,321
33	Total liabilities and net assets/fund balances	8,722,779	33	10,487,946	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,099,250
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,544,679
3	Revenue less expenses. Subtract line 2 from line 1	3	1,554,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,886,750
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,441,321

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

93-1004012

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,931,823	1,936,784	3,555,041	2,590,663	3,888,210	13,902,521
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	1,931,823	1,936,784	3,555,041	2,590,663	3,888,210	13,902,521
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						271,314
6 Public support. Subtract line 5 from line 4						13,631,207

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,931,823	1,936,784	3,555,041	2,590,663	3,888,210	13,902,521
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133	110	5,705	2,894	22,913	31,755
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						13,934,276

12 Gross receipts from related activities, etc. (see instructions) **12** 16,544,390

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.83%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.25%

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

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

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

Public Inspection Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

BEND-REDMOND HABITAT FOR HUMANITY

93-1004012

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

93-1004012

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 107,156	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 116,657	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 309,961	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 359,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 207,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

93-1004012

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 220,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 229,368</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

BEND-REDMOND HABITAT FOR HUMANITY

93-1004012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,430	26,567	25,000		
b Contributions				25,000	
c Net investment earnings, gains, and losses	10,055	104	1,785		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	286	241	218		
g End of year balance	36,199	26,430	26,567	25,000	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,133,461		2,133,461
b Buildings		1,516,810	332,511	1,184,299
c Leasehold improvements				
d Equipment		373,844	199,263	174,581
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 3,492,341

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	5,113,576
(2) BENEFICIAL INTEREST IN ASSETS - OCF	36,199
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 5,149,775

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,600,695
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,501,445	
	e Add lines 2a through 2d	2e		1,501,445
3	Subtract line 2e from line 1		3	5,099,250
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,099,250

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

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

1	Total expenses and losses per audited financial statements		1	5,046,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,501,445	
	e Add lines 2a through 2d	2e		1,501,445
3	Subtract line 2e from line 1		3	3,544,679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,544,679

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION IS RESPONSIBLE FOR SERVICING SEVERAL MORTGAGES AND AS A RESULT HOLDS HOMEOWNER MONTHLY PAYMENTS IN ESCROW TO COVER INTEREST AND TAX PAYMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RESTORE COST OF SALES \$ 1,501,221

DIRECT FUNDRAISING EXPENSE \$ 224

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RESTORE COST OF SALES \$ 1,501,221

DIRECT FUNDRAISING EXPENSE \$ 224

Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

93-1004012

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MARK SHERMAN CONSULTING	CAP. CAMP.		X	853,538	34,891	818,647
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				853,538	34,891	818,647

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OREGON

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

93-1004012

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,395,209	ESTIMATED FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (BLDG MATERIALS)	X	1	9,369	COST
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number

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 EITHER APPROVES ONGOING 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

Name of the organization

Employer identification number

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.

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RESTORE COST OF SALES \$ 1,501,221

DIRECT FUNDRAISING EXPENSE \$ 224

RESTORE COST OF SALES \$ -1,501,221

DIRECT FUNDRAISING EXPENSE \$ -224

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

2020

**Open to Public
Inspection**

BEND-REDMOND HABITAT FOR HUMANITY

Employer identification number
93-1004012

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET 91-1914868 AMERICUS GA 31709-3498	AFFILIATE	GA	C3	7	NA		X
(2)							
(3)							
(4)							
(5)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HABITAT FOR HUMANITY INTERNATIONAL	B	15,500	
(2) HABITAT FOR HUMANITY INTERNATIONAL	C	107,156	
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

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From: DoNotReply@doj.state.or.us
Sent: Monday, October 25, 2021 3:36 PM
To: Joe Matthews; charitable@doj.state.or.us; rory.oneill@doj.state.or.us
Subject: Extension Request Approval for Bend-Redmond Habitat for Humanity

Registration Number: 14749
EIN: 931004012

Requestor Name: Mark Reynolds
Requestor Email: jmatthews@jr CPA.com
Relation to Charity: CPA
Day time Phone: 541-382-3587

Date Submitted: Friday, October 22, 2021 10:26 AM

We recently reviewed the CT-12/CT-12F/CT-12S extension request you submitted for the fiscal year beginning 7/1/2020 and ending 6/30/2021. Thank you for your submission.

Your extension has been accepted and the new due date is 5/15/2022.

BEND-REDMOND HABITAT FOR HUMANITY

CONSOLIDATED FINANCIAL STATEMENTS

**For the Year Ended June 30, 2021
(With Comparative Totals for the Year Ended June 30, 2020)**



BEND-REDMOND HABITAT FOR HUMANITY
CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended June 30, 2021
(With Comparative Totals for the Year Ended June 30, 2020)

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Notes to Consolidated Financial Statements	8 - 18

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Bend-Redmond Habitat for Humanity
Bend, Oregon

We have audited the accompanying consolidated financial statements of Bend-Redmond Habitat for Humanity (a nonprofit organization) and affiliate, which comprise the consolidated statement of financial position as of June 30, 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Bend-Redmond Habitat for Humanity and affiliate as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Bend-Redmond Habitat for Humanity's 2020 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 7, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.



Jones & Roth, P.C.
Bend, Oregon
January 10, 2022

CONSOLIDATED FINANCIAL STATEMENTS

BEND-REDMOND HABITAT FOR HUMANITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
June 30, 2021
(With Comparative Totals for June 30, 2020)

	2021	2020
Assets		
Current assets		
Cash and cash equivalents	\$ 669,814	\$ 1,419,453
Investments	58,071	36,802
Grants and miscellaneous receivables	2,105	4,101
Current portion of pledge receivables	214,410	-
Construction in progress	5,113,576	3,157,255
ReStore inventory	174,753	148,770
Prepaid and other	23,633	18,450
Current portion of non-interest-bearing mortgage loan receivables, net of discount of \$31,862 for 2021	43,181	47,027
Total current assets	6,299,543	4,831,858
Property and equipment, net	3,492,340	3,532,770
Other assets		
Non-interest-bearing mortgage loan receivables, net of discount of \$113,271 and current portion for 2021	227,844	331,721
Non-current pledge receivables, net of discount of \$50,582 and current portion for 2021	432,020	-
Beneficial interest in assets held by OCF	36,199	26,430
Total other assets	696,063	358,151
Total assets	\$ 10,487,946	\$ 8,722,779

	<u>2021</u>	<u>2020</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 310,965	\$ 226,582
Escrow holding	71,413	80,106
Current portion of long-term debt	42,962	52,029
Line of credit	<u>-</u>	<u>500,582</u>
Total current liabilities	425,340	859,299
Non-current liabilities		
Long-term debt, net of current portion and unamortized discount	<u>2,621,285</u>	<u>1,976,730</u>
Total liabilities	<u>3,046,625</u>	<u>2,836,029</u>
Net assets		
Net assets without donor restrictions:		
Without donor restrictions	6,438,698	5,850,471
Board-designated	9,999	7,490
Board-designated OCF fund	<u>36,199</u>	<u>26,430</u>
Total net assets without donor restrictions	6,484,896	5,884,391
Net assets with donor restrictions	<u>956,425</u>	<u>2,359</u>
Total net assets	<u>7,441,321</u>	<u>5,886,750</u>
Total liabilities and net assets	<u>\$ 10,487,946</u>	<u>\$ 8,722,779</u>

The accompanying notes are an integral part of these consolidated statements.

BEND-REDMOND HABITAT FOR HUMANITY
CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2021
(With Comparative Totals for June 30, 2020)

	2021			2020 Total
	Without Dono Restrictions	With Donor Restrictions	Total	
Revenue, gains, and other support				
Foundations and grants	\$ 757,374	\$ 458,580	\$ 1,215,954	\$ 915,194
Transfers to homeowners	1,016,239	-	1,016,239	2,061,600
Donations and contributions	209,976	1,008,335	1,218,311	294,397
ReStore donations and store sales	2,992,844	-	2,992,844	2,648,669
Special events revenue	4,789	-	4,789	58,120
Other income	65,144	-	65,144	33,096
Mortgage loan discount amortization	36,607	-	36,607	617,387
In-kind contributions	5,042	4,327	9,369	110,003
Gain on early payoff of mortgages	12,883	-	12,883	34,058
Loss on sale of mortgage receivables	-	-	-	(243,083)
Gain (loss) on sale of property and equipment	5,642	-	5,642	(8,909)
Investment income, net	22,913	-	22,913	2,894
	<u>5,129,453</u>	<u>1,471,242</u>	<u>6,600,695</u>	<u>6,523,426</u>
Change in net asset restrictions				
Satisfaction of usage restrictions	<u>517,176</u>	<u>(517,176)</u>	<u>-</u>	<u>-</u>
Expenses				
Program:				
Program services	1,888,117	-	1,888,117	3,427,307
ReStore program	2,452,553	-	2,452,553	2,550,375
Fundraising	200,329	-	200,329	225,817
Management and general	505,125	-	505,125	444,009
	<u>5,046,124</u>	<u>-</u>	<u>5,046,124</u>	<u>6,647,508</u>
Change in net assets	600,505	954,066	1,554,571	(124,082)
Net assets, beginning of year	<u>5,884,391</u>	<u>2,359</u>	<u>5,886,750</u>	<u>6,010,832</u>
Net assets, end of year	<u>\$ 6,484,896</u>	<u>\$ 956,425</u>	<u>\$ 7,441,321</u>	<u>\$ 5,886,750</u>

The accompanying notes are an integral part of these consolidated statements.

BEND-REDMOND HABITAT FOR HUMANITY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2021
(With Comparative Totals for June 30, 2020)

	2021					2020 Total
	Program		Fundraising	Management and General	2021 Total	
	Program Services	ReStore Program				
Salaries and benefits	\$ 609,374	\$ 684,142	\$ 120,310	\$ 392,679	\$ 1,806,505	\$ 2,063,456
Cost of homes transferred	905,088	-	-	-	905,088	2,322,115
Cost of goods sold	-	1,501,221	-	-	1,501,221	1,376,662
Interest expense	23,884	-	-	-	23,884	31,227
Rent and occupancy	2,298	24,819	1,343	2,993	31,453	87,354
Advertising	125	15,819	18,343	-	34,287	41,554
Office expense	30,463	55,639	6,904	30,458	123,464	131,367
Taxes and insurance	20,472	18,305	1,747	7,623	48,147	64,793
Internships	95,131	-	-	-	95,131	58,497
Merchant fees	-	29,235	-	-	29,235	20,435
Special events	-	-	224	-	224	11,621
COVID-19 support expenses	61,875	-	-	-	61,875	-
Other expenses	45,830	22,828	51,355	17,157	137,170	133,129
Depreciation	43,755	50,447	-	6,556	100,758	105,753
Small tools	7,674	7,079	-	-	14,753	21,563
Repairs and maintenance	17,071	37,047	-	2,602	56,720	59,608
Professional fees	3,120	-	-	42,808	45,928	34,050
Travel	6,457	5,972	103	2,249	14,781	56,011
Habitat International allocation	15,500	-	-	-	15,500	28,313
Total	\$ 1,888,117	\$ 2,452,553	\$ 200,329	\$ 505,125	\$ 5,046,124	\$ 6,647,508

The accompanying notes are an integral part of these consolidated statements.

BEND-REDMOND HABITAT FOR HUMANITY
CONSOLIDATED STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2021
(With Comparative Totals for June 30, 2020)

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 1,554,571	\$ (124,082)
Adjustments to reconcile change in net assets to net cash used by operating activities:		
Depreciation	100,758	105,753
Mortgage loan discount amortization	(36,607)	(617,387)
Long-term debt discount amortization	1,960	20,953
Realized (gain) loss on investments	(10,181)	1,019
(Gain) loss on sale of property and equipment	(5,642)	8,909
Loss on sale of mortgage receivables	-	243,083
Long-term debt assumed by homeowner	(130,000)	(117,832)
(Increase) decrease in operating assets:		
Grants, pledge, and miscellaneous receivables	(644,434)	(1,508)
Construction in progress	(1,809,468)	(690,020)
ReStore inventory	(25,983)	55,637
Prepaid and other	(5,183)	(13,724)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	84,383	3,253
Escrow holding	(8,693)	(3,632)
Net cash used by operating activities	<u>(934,519)</u>	<u>(1,129,578)</u>
Cash flows from investing activities		
Mortgage payments received	144,330	290,208
Purchase of property and equipment	(64,436)	(1,082,079)
Proceeds from sales of property and equipment	9,750	3,700
Proceeds from sale of mortgage receivables	-	1,000,643
Purchase of home (BuyBack)	(146,853)	-
Purchase of investments	(11,088)	-
Change in value of beneficial interest in assets held by OCF	(9,769)	137
Net cash provided (used) by investing activities	<u>(78,066)</u>	<u>212,609</u>
Cash flows from financing activities		
Proceeds from new debt incurred	1,518,426	1,352,093
Change in line of credit, net	(500,582)	500,582
Repayment of long-term debt	(754,898)	(100,236)
Net cash provided by financing activities	<u>262,946</u>	<u>1,752,439</u>
Net increase (decrease) in cash and cash equivalents	(749,639)	835,470
Cash and cash equivalents, beginning of year	<u>1,419,453</u>	<u>583,983</u>
Cash and cash equivalents, end of year	<u>\$ 669,814</u>	<u>\$ 1,419,453</u>

The accompanying notes are an integral part of these consolidated statements.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Organization and Nature of Activities

Bend-Redmond Habitat for Humanity (Bend-Redmond Habitat) is a nonprofit organization incorporated under the laws of the state of Oregon. Bend-Redmond Habitat is an affiliate of Habitat for Humanity International, Inc. (Habitat International), a nondenominational, Christian, nonprofit organization whose purpose is to create decent, affordable housing for those in need and to make decent shelter a matter of conscience with people everywhere. Although Habitat International assists with information resources, training, publications, prayer support, and in other ways, Bend-Redmond Habitat is primarily and directly responsible for its own local operations.

Bend-Redmond Habitat operates one ReStore, which is an outlet for selling donated building materials. Sales are included in unrestricted revenue and operating expenses are included in program expenses.

Consolidation Policy

The accompanying consolidated financial statements include the accounts of Bend-Redmond Habitat and those of its wholly owned subsidiary, BAHFH Company, LLC. The sole purpose of BAHFH Company, LLC is to acquire and hold mortgage loans and related documents originated by Bend-Redmond Habitat to comply with the terms of a certain agreement between BAHFH Company, LLC and Umpqua Bank. Any inter-company transactions and balances have been eliminated in consolidation.

Basis of Accounting

The consolidated financial statements of Bend-Redmond Habitat have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of Bend-Redmond Habitat and changes therein are classified and reported as follows:

Net assets without donor restrictions - net assets that are not subject to donor-imposed stipulations.

Board-designated net assets - net assets without donor restrictions, which the Board of Directors has designated for a specific future use. As of June 30, 2021, these assets consisted of investments held with the Oregon Community Foundation.

Net assets with donor restrictions - net assets subject to donor-imposed stipulations that may or will be met, either by actions of Bend-Redmond Habitat and/or the passage of time. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as satisfaction of usage restrictions.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies, continued

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Recent Accounting Standard Adopted

During the year ended June 30, 2021, Bend-Redmond Habitat adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). The ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The ASU also required expanded disclosures related to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. Bend-Redmond Habitat adopted the new standard effective July 1, 2020, using the full retrospective approach in these consolidated financial statements. No changes were required to previously reported revenues as a result of the adoption, and the adoption did not result in the recognition of additional assets or liabilities.

Liquidity and Reserves

Bend-Redmond Habitat's working capital and cash flows have seasonal variations during the year attributable to the building cycle of homes. Certain cash flow streams (i.e. ReStore revenues) are tracked to maintain adequate funds to cover operations when other liquid assets are not available. The Board of Directors closely monitors Bend-Redmond Habitat's cash and liquid assets to ensure operations continue without interruption.

At June 30, 2021, Bend-Redmond Habitat's financial assets, reduced by amounts not available for general expenditures within one year, are comprised of the following:

Cash and cash equivalents	\$ 669,814
Grants, pledge, and miscellaneous receivables	648,535
Investments	<u>58,071</u>
	1,376,420
Less restricted cash held for escrow	(97,090)
Less net assets with donor restrictions	<u>(956,425)</u>
Financial assets available for general expenditure	<u>\$ 322,905</u>

Cash and Cash Equivalents

For purposes of the consolidated statement of cash flows, Bend-Redmond Habitat considers all highly liquid instruments purchased with an original maturity date of three months or less to be cash equivalents.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies, continued

Investments

Investments are composed of mutual funds investing in debt and equity securities and are carried at fair market value. Investment income is recorded as earned. Unrealized gains and losses are included as changes in net assets in the accompanying consolidated statement of activities.

Grants and Miscellaneous Receivables

Grants and miscellaneous receivables consist of various awards due as of June 30, 2021. The management of Bend-Redmond Habitat considers all grants and miscellaneous receivables at June 30, 2021 to be fully collectible; accordingly, no allowance for uncollectible receivables has been established.

Construction in Progress

Construction in progress includes the direct costs related to undeveloped land, homes which are under construction, and the costs of homes which have been completed but have not been transferred to homeowners as of June 30, 2021. These homes are expected to be transferred to homeowners in the near term. Construction in progress is valued at the lower of cost or fair market value.

Mortgage Loan Receivables

Mortgage loans are stated at cost, net of discount for non-interest-bearing loans. Loans are discounted at market prevailing rates at the inception of each loan, ranging from 6.00 percent to 8.50 percent. Discounts are amortized using the effective interest method over the lives of the mortgages. All loans are collateralized by property and can be foreclosed and resold based on agreements with owners. Mortgage payments are past due based on the terms of each individual contract.

Management believes that an accrual for allowance for loan loss is not necessary due to the belief that the value of all properties is significantly in excess of their cost. Also taken into consideration is that Bend-Redmond Habitat has no history of loss on foreclosed properties in prior years and anticipates no loss on foreclosed properties based on current market conditions.

ReStore Inventory

Inventory consists primarily of property and merchandise held for resale and is stated at the lower of cost, on the first-in, first-out (FIFO) basis, or fair market value, but not greater than the net realizable value. Donated inventory is valued at estimated fair market value on the date of donation.

Property and Equipment

Bend-Redmond Habitat capitalizes all property and equipment with a value greater than \$1,000 and a determinable useful life greater than one year to which it has title or other evidence of ownership. Property and equipment acquired by Bend-Redmond Habitat is recorded at cost and all donated property is valued at estimated fair market value. Building and improvements, furniture, and equipment are depreciated over their estimated useful lives using the straight-line method of depreciation.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies, continued

Contributions and Pledge Receivables

Pledge receivables consist of unconditional promises to give due in the next year which are recorded at their estimated net realizable value. Unconditional promises to give due in subsequent years are reported at the present value of their estimated net realizable value, using risk-free interest rates applicable to the years in which the promises are to be received. The management of Bend-Redmond Habitat considers all grants and miscellaneous receivables at June 30, 2021 to be fully collectible; accordingly, no allowance for uncollectible receivables has been established.

Contributions, including promises to give, are recorded when awarded. All contributions are available for unrestricted use unless specifically restricted by the donor. Unconditional promises to give are recorded when promised. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Revenue Recognition

Bend-Redmond Habitat reports donations as support without restrictions unless they are received with donor restrictions. All contributions with donor restrictions are reported as an increase in net assets with donor restrictions, until restrictions expire (that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished). Net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Bend-Redmond Habitat reports homes sales and ReStore sales as income upon execution of the sale transaction. The revenue is recognized at a point in time and there are no ongoing performance obligations beyond the execution of the sale. Additionally, the sale price is set at fair market value and there are no variable considerations related to revenue from sales transactions.

Functional Allocation of Expense

The costs of providing various programs and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Bend-Redmond Habitat utilizes a simplified cost allocation method, whereby specifically identifiable costs are charged directly to the program or supporting services and indirect costs are allocated among program and supporting services through an allocation base. Bend-Redmond Habitat uses salary and benefit expense as the allocation base.

Income Tax Status

Bend-Redmond Habitat qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC) and, therefore, no provision for federal or state income taxes has been included in these consolidated financial statements. Bend-Redmond Habitat is not a private foundation.

Advertising

Advertising costs are expensed when incurred. Total advertising costs expensed during the year ended June 30, 2021, were \$34,287.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

2. Cash and Cash Equivalents

As of June 30, 2021, cash and cash equivalents consisted of the following:

Operating cash and cash equivalents	\$ 562,725
Board designated cash	9,999
Escrow account held on behalf of homeowners	<u>97,090</u>
 Total cash and cash equivalents	 <u>\$ 669,814</u>

3. Mortgages Receivable

Bend-Redmond Habitat builds houses for qualified families and sells the houses to the families for the cost of construction and land. Bend-Redmond Habitat holds a first trust deed on the property until the mortgage note is paid in full. As of June 30, 2021, Bend-Redmond Habitat had mortgages receivable due from 16 individuals totaling \$416,158 before a present value discount of \$145,133. The net mortgage receivables after the discount equals \$271,025. Of the net mortgage receivable total, \$43,181 was estimated to be payable within one year.

4. Property and Equipment

As of June 30, 2021, property and equipment consisted of the following:

Land	\$ 2,133,461
Building and improvements	1,516,810
Equipment	72,413
Vehicles	278,441
Furniture	<u>22,989</u>
	4,024,114
Accumulated depreciation	<u>(531,774)</u>
 Property and equipment, net	 <u>\$ 3,492,340</u>

5. Beneficial Interest in Assets Held by the Oregon Community Foundation

Contributions made to the Oregon Community Foundation (OCF), an Oregon nonprofit, become permanent funds of OCF under the Bend-Redmond Habitat Fund. Distributions made to Bend-Redmond Habitat are at the sole discretion of OCF. The agreement with OCF stipulates OCF maintains variance power over the fund and that the fund shall be held and owned by OCF. The agreement also provides that, upon written request from a majority of the Board of Directors of Bend-Redmond Habitat, additional distributions may be made from the fund assets, even to the exhaustion of the fund, if in the sole judgment of the Board of Directors of OCF the requested distribution is consistent with the objectives and purpose of Bend-Redmond Habitat. The OCF balance is shown as Board-designated net assets by Bend-Redmond Habitat and is considered a beneficial interest in the Fund. The outstanding interest in assets held by OCF was \$36,199 at June 30, 2021.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

5. Beneficial Interest in Assets Held by the Oregon Community Foundation, continued

For the year ended June 30, 2021, investment activity related to the beneficial interest in the OCF quasi-endowment consisted of the following:

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total Quasi- <u>Endowments</u>
Quasi-endowment investments, beginning	\$ 26,430	\$ -	\$ 26,430
Investment income	155	-	155
Realized gain	1,465	-	1,465
Unrealized gain	8,435	-	8,435
Investment expenses	<u>(286)</u>	<u>-</u>	<u>(286)</u>
Quasi-endowment investments, ending	<u>\$ 36,199</u>	<u>\$ -</u>	<u>\$ 36,199</u>

6. Investments

Changes in the value of the various investments held could occur due to market risk.

As of June 30, 2021, the investments are as follows:

Mutual funds	<u>\$ 58,071</u>
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7. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Bend-Redmond Habitat has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

7. Fair Value Measurement, continued

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

As of June 30, 2021, the following table sets forth by level, within the fair value hierarchy, Bend-Redmond Habitat's assets at fair value:

	Assets at Fair Value as of June 30, 2021			
	Level 1	Level 2	Level 3	Total
Mutual fund investments	\$ 58,071	\$ -	\$ -	\$ 58,071
Beneficial interest in OCF	-	-	36,199	36,199
Total assets at fair value	<u>\$ 58,071</u>	<u>\$ -</u>	<u>\$ 36,199</u>	<u>\$ 94,270</u>

The principal input used in determining the fair value of the beneficial interest in OCF is based on the portion of the underlying investments as provided by OCF.

The following table sets forth a summary of changes in the fair value of Bend-Redmond Habitat's Level 3 assets for the year ended June 30, 2021:

Beneficial interest in OCF, beginning of year	\$ 26,430
Net investment return	<u>9,769</u>
Beneficial interest in OCF, end of year	<u><u>\$ 36,199</u></u>

8. Construction in Progress

For the year ended June 30, 2021, the summary of home building activity is as follows:

	No. of Lots	Land and Development Costs	Construction in Progress	Total Construction in Progress
Lots unsold or under construction at June 30, 2020	46	\$ 1,563,886	\$ 1,593,369	\$ 3,157,255
New land acquired	3	266,853	-	266,853
CIP land transferred to land held for development		(1,166,853)	1,166,853	-
Construction costs incurred	-	-	2,594,556	[SH1]2,594,556
Homes sold in fiscal year ended June 30, 2021	<u>(4)</u>	<u>-</u>	<u>(905,088)</u>	<u>(905,088)</u>
Lots unsold or under construction at June 30, 2021	<u>45</u>	<u>\$ 663,886</u>	<u>\$ 4,449,690</u>	<u>\$ 5,113,576</u>

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

9. Long-term Debt

At June 30, 2021, long-term debt consisted of the following:

Non-interest-bearing notes payable to the city of Bend, Oregon, secured by property and building located in Bend; loan payments are due as related property home sites are sold, matures June 2040.	\$ 370,000
Non-interest-bearing notes payable to the city of Bend, Oregon, secured by property and building located in Bend; loan payments are due as related property home sites are sold, matures October 2062.	60,000
Non-interest-bearing notes payable to the city of Bend, secured by property and building located in Bend, Oregon; loan payments are due as related property home sites are sold, matures December 2051.	187,715
Non-interest-bearing notes payable to the State of Oregon Housing and Community Services Department for the Local Innovation and Fast Track Housing Program, secured by real property and assignment of leases; the loan is due and payable in full on the maturity date or in the event of default; matures December 2041.	1,742,804
Notes payable, pledged securities to Umpqua Bank, secured by mortgage loan receivables held by Bend-Redmond Habitat; due in monthly installments of \$4,336, matures February 2039. Associated unamortized discount, with imputed interest rate of 3.0%, totaled \$67,454 as of June 30, 2021.	<u>371,183</u> 2,731,702
Current portion	(42,962)
Unamortized discount	<u>(67,455)</u>
Long-term debt, net of current portion and unamortized discount	<u>\$ 2,621,285</u>

Future minimum payments of long-term debt are as follows:

Year Ending June 30,		
2022	\$	42,962
2023		40,562
2024		40,010
2025		40,010
2026		40,010
Thereafter		<u>2,528,148</u>
Total	\$	<u>2,731,702</u>

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

10. Revolving Line of Credit

Bend-Redmond Habitat has a revolving line of credit with First Interstate Bank with a maturity of January 15, 2022. There was an outstanding borrowing of \$-0- on this line of credit as of June 30, 2020. The maximum borrowing capacity on the line of credit is \$2,500,000 and an interest rate of 3.25 percent. The line of credit is secured by real property, an assignment of rents, and business assets.

Bend-Redmond Habitat is subject to various debt covenants as stipulated in the line of credit agreement terms. Management is not aware of any noncompliance with debt covenants as of June 30, 2021.

11. In-kind Donations

Donated services and materials are recognized as contributions if they (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by Bend-Redmond Habitat.

In-kind services and materials in the amount of \$9,369 have been reflected in the 2021 consolidated financial statements. Bend-Redmond Habitat generally pays for services requiring specific expertise. Additionally, many individuals volunteer their time and perform a variety of tasks that assist Bend-Redmond Habitat with specific programs, fundraising activities, and various committee assignments. The services provided by these volunteers are not recognized as contributions in the consolidated financial statements since the recognition criteria was not met.

12. ReStore Activity

During the year ended June 30, 2021, the ReStore of Bend-Redmond Habitat had the following activity:

Sales transactions	\$ 1,553,056
ReStore expenses	<u>(951,332)</u>
ReStore unadjusted net income	601,724
In-kind donations received	1,439,787
Cost of goods sold	<u>(1,501,221)</u>
ReStore adjusted net income	<u>\$ 540,290</u>

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

13. Paycheck Protection Program Loan Forgiveness

In January 2021, to mitigate the effect of the COVID-19 outbreak, Bend-Redmond Habitat requested and was granted a second loan under the Paycheck Protection Program by Summit Bank, administered through the United States Small Business Administration (SBA), in the amount of \$359,100. Allowable uses for the loan proceeds include payroll, rent, and other operating expenses in accordance with the provisions of the Coronavirus Aid, Relief and Economic Security Act (the CARES Act). If certain conditions are met, the loan is forgivable by the SBA. On August 10, 2021, Bend-Redmond Habitat received full forgiveness. As such, the funds are recognized as grant revenue on the consolidated statement of activities.

14. Transactions with Habitat for Humanity International

Bend-Redmond Habitat annually remits a portion of its unrestricted cash contributions received to Habitat International. These funds are used to construct homes in economically depressed areas around the world. For the year ended June 30, 2021, Bend-Redmond Habitat contributed \$15,500 to Habitat International. Such amounts are included in program services expenses in the consolidated statement of activities.

15. Related Party Transactions

In December 2020, Bend-Redmond Habitat sold a home to a qualifying program participant who is a member of the Bend-Redmond Habitat management team for \$340,000. As of June 30, 2021, no amounts were payable or receivable from this member of management. This transaction was executed at fair market value.

16. Concentrations of risk

At various times during the year, cash in the bank may exceed the federally insured limit of \$250,000 per financial institution. As of June 30, 2021, bank balances in excess of the Federal Deposit Insurance Corporation insured limit were \$218,108.

At June 30, 2020, pledge receivables due from three donors made up approximately 54 percent of total pledge receivables.

17. Supplemental Disclosures of Cash Flow Information

Cash paid for interest for the year ended June 30, 2021, was \$23,884.

BEND-REDMOND HABITAT FOR HUMANITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

18. Commitments and Contingencies

During the year ended June 30, 2020, Bend-Redmond Habitat entered into a contract with a financial institution to sell mortgage notes. Under this contract, the financial institution obtains legal title to the mortgage notes as described in the contract, while Bend-Redmond Habitat retains the obligation of servicing the payments of these mortgages by collecting and remitting mortgage payments on behalf of the financial institution. Bend-Redmond Habitat is also required to maintain a complete set of records for the mortgage notes. In the event of default, Bend-Redmond Habitat has the obligation to cure the default and if they cannot do so, they shall, at their option, either repurchase the affected mortgage notes at the repurchase price or provide substitute mortgage notes. As of June 30, 2021, there were \$348,227 in mortgage notes under this agreement.

During the year ended June 30, 2021 and 2020, Bend-Redmond Habitat received funding under the Land Acquisition Program (LAP) and the Local Innovation and Fast Track Housing Program (LIFT). The funding is required to be used for the purpose of developing homes which will be sold to qualified homebuyers based on applicable program criteria. The land acquired with the use of these program funds is subject to a land lease upon sale to the final homebuyer. The state of Oregon retains a lien on the land that the home is built on and Bend-Redmond Habitat services the land lease and remits payments to the state of Oregon. The funds under these programs are recorded as notes payable as of June 30, 2021. See Note 9 for disclosure of the terms of these notes.

19. Prior Year Summarized Information

The consolidated financial statements include certain prior year, summarized, comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with Bend-Redmond Habitat's consolidated financial statements for the year ended June 30, 2020, from which the summarized information is derived.

20. COVID-19 Pandemic

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which could negatively impact Bend-Redmond Habitat's financial condition and operating results. Other financial impacts could occur, though such potential impact and duration cannot be reasonably estimated at this time.

21. Subsequent Events

Management evaluates events and transactions that occur after the consolidated statement of financial position date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

Subsequent to June 30, 2021, Bend-Redmond received full forgiveness of their 2nd PPP loan in the amount of \$359,100. See Note 13.