990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. OMB No. 1545-

Open to Public Inspection

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Internal Revenue Service A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

Ac	ldress	applicable: change hange	C Name of organization Lake Agassiz Habitat for Humani	ty			D Employer identification number 41-1690131				
In Fir	itial re	eturn	Doing business as								
retur	n/term	ninated ed return	Number and street (or D.O. boy	if mail is not delivered to street address) Roor	m/cuito	E1	Telephone	numbe	r		
ļ.		ion pending	PO Box 1022	in main is not delivered to street address) Roof	il/ suite	(	(218) 5:	12-25	35		
			City or town, state or province, o Moorhead, MN 565611022	country, and ZIP or foreign postal code		G	Gross rece	ipts \$ 2	,966,557		
			F Name and address of prin	ncipal officer:	Н(	a) Is this a g	roup reti	urn foi	r		
			Jim Nelson PO Box 1022		ш/	subordina <b>b)</b> Are all sul		AC	Yes No		
			Moorhead, M N 565611022		- Н(	included?			Yes No		
I Ta	x-exe	mpt status:	501(c)(3) 501(c)( )	(insert no.) 4947(a)(1) or 527					e instructions.		
J W	ebsit	te: www	w.lakeagassizhabitat.org		H(	<b>c)</b> Group exe	mption r	numbe	er ▶ 8545		
<b>K</b> For	m of o	organization	: Corporation Trust Asso	ciation Other •	L Ye	ear of formation:		<b>M</b> State	of legal domicile:		
P	art I	Sum	mary								
				sion or most significant activities:							
æ		Putting Go	od's love into action by bringi	ng people together to build homes, co	mmuniti	es and hope.					
Activities & Governance											
E E											
VOE.	_			n discontinued its operations or dispos			of its n	1	1		
×				erning body (Part VI, line 1a)				3	16		
es				rs of the governing body (Part VI, line				4	16		
¥			, ,	in calendar year 2022 (Part V, line 2a)	•			5	932		
Act			•	if necessary) · · · · · · · · · · · · · · · · · · ·				6 7a	932		
				e from Form 990-T, Part I, line 11				7a 7b	0		
	-	• •	· · · · · · ·	e nom rorm 990 1, rait 1, me 11		Prior Ye	ar	175	Current Year		
	8	Contribu	tions and grants (Part VIII, line	e 1h)	_		586,41	3	1,741,753		
age .			• , , ,	e 2g) · · · · · · · · ·			359,549	_	565,975		
Revenue				(A), lines 3, 4, and 7d)	<b></b>		2,42		6,397		
Œ			•	lines 5, 6d, 8c, 9c, 10c, and 11e)			. (	)	0		
	12	Total rev	enue—add lines 8 through 11	(must equal Part VIII, column (A), line	e 12)	1,	948,38	2	2,314,125		
	13	Grants a	nd similar amounts paid (Part	IX, column (A), lines 1-3 )			100,15	0	0		
	14	Benefits	paid to or for members (Part I	X, column (A), line 4)			(	ס	0		
88	15	Salaries,	other compensation, employ	5-10)		524,12	3	594,326			
Exp enses	16a	Profession	onal fundraising fees (Part IX,	column (A), line 11e) · · · ·			(	ס	0		
άx			raising expenses (Part IX, column (		_						
ш				lines 11a-11d, 11f-24e) • • •			778,37	_	1,553,218		
			· · · · · · · · · · · · · · · · · · ·	st equal Part IX, column (A), line 25)	_		402,65		2,147,544		
, us	19	Revenue	less expenses. Subtract line	18 from line 12	•		545,73	0	166,581		
Net Assets or Fund Balances						Beginning of Year	Current		End of Year		
sse 3ala	20	Total ass	sets (Part X, line 16)			4,	566,29	0	4,826,135		
MA P	21	Total liab	pilities (Part X, line 26)				632,64	4	825,840		
žĨ	22	Net asse	ts or fund balances. Subtract	line 21 from line 20		3,	933,64	6	4,000,295		
Pa	rt II	Sign	ature Block		•						
				examined this return, including accom							
		nas any kr		complete. Declaration of preparer (othe	er tilali o	illicel) is base	u on an	11110111	iation of which		
		Signati	ure of officer			2024-05- Date	10				
Sigr		,				Dute					
Her	е		elson Executive Director r print name and title								
		7			15:		Ι =	***			
D . '		P	rint/Type preparer's name	Preparer's signature	Date 2024-0		FU	IN 019345	3		
Paid		F	irm's name 🕨 Eide Bailly LLP	I		self-empl Firm's EI	oyed N • 45-02	250958			
Pre	-	er	·								
Use	On	niy   F	irm's address 🕨 1730 Burnt Boat Loc			Phone no	. (701) 25	55-1091	I		
			Bismarck, ND 5850	330886							
				er shown above? See Instructions. •				- 1	Yes No		

Form 990 (2022) Page 3 **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," Yes 1

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥦 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

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 为 . . . . . . . . . .

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 📆 . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦 . . . . . . . . . . . . . . . . . .

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 . . . . . . . . . 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 🐿 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . 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 . . . . . . . . . . . . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

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

candidates for public office? If "Yes," complete Schedule C, Part I 🥦

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Yes

Νo

Νo

Νo

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Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Form 990 (2022)

Yes

Yes

Yes

Yes

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

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No

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Yes

Yes

Form 990 (2022)

Yes

Form 990 (2022)

Yes No

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art IV	Checklist of Required Schedules (continued)	

24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

**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

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

 $\overline{ extsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

អ៊ីត៉េ"អ៊ីទី ៤មានការទៅ មាន នៅក្នុង ន

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . .

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return		Yes	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	res	N -
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3Б 4а		N o
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account the name of the foreign country:	44		IN O
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_		
	Wish the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 		N o N o
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			N
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
15	If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		N o
16	excess paracrute payment(s) during the year?	16		No No
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that			14.0
1/	would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
-		Fo	orm <b>990</b>	(2022)

independent

year by the following: **a** The governing body?

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Νo

Nο

Nο

Nο

Νo

Νo

Nο

No

Νo

Nο

Νo

Form 990 (2022)

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8a

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10a

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11a

12a

12b

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15a

15b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

1b

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	ee instruc	ctions.				
е	ction A. Governing Body and Management							
						Y	es	1
а	Enter the number of voting members of the governing body at the end of the tax	1a			16			
	Yearner are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee							

Section A. Governing Body and Management					
			Yes	,	N
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax	1a	16			
Year are material differences in voting rights among members of the governing					
body, or if the governing body delegated broad authority to an executive committee					
or similar committee, explain in Schedule O.					

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was

file the organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

interest policy, and financial statements available to the public during the tax year.

Did the organization have a written whistleblower policy? .

**b** Other officers or key employees of the organization . . . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders? . . . . .

**b** Each committee with authority to act on behalf of the governing body?

**10a** Did the organization have local chapters, branches, or affiliates?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed

18

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

apply. Own website Another's website V Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Jim Nelson 210 North 11th Street Moorhead, MN 56560 (218) 284-5253

Part VII

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

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

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

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

Check this box if neither the organization	nor any related	organ	ization compensated an	у си	ırrer	nt offi	cer,	director, or true	stee.	
<b>(A)</b> Name and title	(B) Average hours per week (list	u	(C) tion (do not check more nless person is both an director/truste	(E) Reportable compensation from related organizations	(F) Estimated amount of other					
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Kaylin Frappier President	2.00	х		Х				0	0	0
(2) Linda Klebe Past President	1.00	х		X				0	0	0
(3) Becki Johnson Vice President	2.00	Х		х				0	0	0
(4) Kyle Daily At Large Member/Director	1.00	Х		х				0	0	0
(5) Kyla DuBord Secretary/Director	1.00	Х		х				0	0	0
(6) Kelly Hagel Treasurer/Director	2.00	х		Х				0	0	0
(7) David Slotten Director	1.00	Х						0	0	0
(8) Dave Roeder Director	1.00	Х						0	0	0
(9) Melissa Kubasta Director	1.00	х						0	0	0
(10) Elizabeth Hiller Director	1.00	х						0	0	0
(11) Nick Hamilton Director	1.00	Х						0	0	0
(12) Marcus Roman Director		Х						0	0	0
(13) Peyton Mastera Director		Х						0	0	0
(14) Mary Suomala Folkerds  Director		х						0	0	C
(15) Craig Cambell Director		Х						0	0	C
(16) Dan Eggiman Director	1.00	Х						0	0	(
(17) Jim Nelson Executive Director	55.00			х				110,719	0	13,126
									Form <b>990</b> (2	022)

As   As   As   As   As   As   As   As	Pai	t VII Section A. C	Officers, Direc	tors, 1	rustees, Key Employ	/ees	s, a	nd Hi	ghe	st Compensate	d Employees	(cor	ntinued)	
The Sub-Total .  It is sub-Total .  It of Total from continuation sheets to Part VII, Section A .  If of Total (add lines 1b and 1c) .  Total manufacture of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization signal production of the organization and related organization or individuals for services rendered to the organization? If "Yes," complete Schedule J for such individuals for services rendered to the organization? If "Yes," complete Schedule J for such individuals for services rendered to the organization? If "Yes," complete Schedule J for such individuals for services rendered to the organization? If "Yes," complete Schedule J for such person .  Section B. Independent Contractors  Complete this table for your five highest compensation from the organization is tay year.  (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			Average hours per		tion (do not check mor nless person is both an	offic			х,	Reportable compensation	Reportable compensatio		Estim amount (	ated of other
c Total from continuation sheets to Part VII, Section A	related organizations below dotted				Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	-	organiz and re	ation lated
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  Yes No  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								<b>•</b>						
\$100,000 of reportable compensation from the organization 1  Yes No  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					ection A			<b>*</b>		110,719		0		13,12
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2		`	_		ed al	bove	e) who	rece	eived more than				
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  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	3	_	•			y er	nplc	yee, o	or hig	ghest compensate	ed employee	•	Yes	
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	4	For any individual list	sted on line 1a,	is the s	sum of reportable comp					•	rom the			
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)  (B)  (C)	5	, ,			•		•			-	ndividual for			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)						nt c	ontr	actors	tha	t received more	than \$100 000	of	•	
	_			. Repor	t compensation for the						the organizatio			
			Name a							Descript				

Part		Stateme	nt of Revenue								Page <b>9</b>
			hedule O contains a resp	onse or not	te to	any line in this Part	VIII				Г
						(A) Total revenue	(B) Related exemp function reven	or ot on	(C) Unrelate business revenue	s exc e tax u	(D) Revenue luded from nder sections 12 - 514
Contri	but	tions, Gifts, Gra	nts, and OtherAmt Simil	ar Amounts	1a	Federated campaigr		1a			
						Membership dues .		1b		_	
						Fundraising events Related organizatior		1c 1d		_	
						Government grants (cont		1e	103,7	742	
					f /	All other contributions, gi and similar amounts not	ifts, grants, included	1.5	1,638,0	011	
					g l	above Noncash contributions inc	cluded in	1f	1,030,0	<u> </u>	
						lines 1a - 1f:\$ <b>Fotal.</b> Add lines 1a-:	1f	1g	637,0		752
				Business C						1,741,	753
	<b>2</b> a	Transfers to Owner	rs	90	00099	370,966		370,966			
nue	h	Mortgage Discount	Amor	00	20000	111,959		111,959			
Program Service Revenue				90	00099	83,050		83,050			
ice	C	Imputed Interest of	on Sa	90	00099	83,030		63,030			
Serv	d	1									
ram	u										
Prog	е	·									
late.	f	All other progra	am service revenue.								
	g	<b>Total.</b> Add line	es 2a-2f	56	5,975						
	•	•	<b>3</b> Investment income (other	including div	viden	nds, interest, and		4,625			4,625
			49inclareafrounits)estm	ent of tax-e	xem	pt bond proceeds	<b>*</b>				
			<b>5</b> Royalties				<u> </u>				
				(i) Re	eaı	(ii) Personal					
			6a Gross rents	a			_				
			b Less: rental expenses 6	b							
			c Rental income or 6	c							
			d (Nets rental income of	or (loss) .							
			Γ	(i) Secu	ıritie	s (ii) Other					
			7a Gross amount from sales of	a		1,77	<b>'</b> 2				
			assets other than inventory								
ne			b Less: cost or other basis and 7	ь			0				
ven			sales expenses								
Be			c Gain or (loss)			1,77	<b>'</b> 2	1,772			1,772
Other Revenue			d Net gain or (loss)  8a Gross income from funding		Ė	· · · · <u> •</u>		1,772			1,772
Ö			(not including \$ contributions reported or	of	:						
			See Part IV, line 18		8	3a					
			<b>b</b> Less: direct expens			3b					
			c Net income or (loss)	) from fundr	aisin	g events					
			<b>9a</b> Gross income from activities.	_	9	Эа					
			See Part IV, line 19 <b>b</b> Less: direct expens		<u> </u>	9b					
			c Net income or (loss	) from gami	ng a	ctivities 🕨					
			<b>10a</b> Gross sales of inver								
			returns and allowan <b>b</b> Less: cost of goods			Oa     652,432       Ob     652,432					
			c Net income or (loss)			, , , , , , , , , , , , , , , , , , ,		0			
						<b>&gt;</b>					
			11a			Business Code					
			b								
Othe	rRe	evenueMiscAmt	с								
			<b>d</b> All other revenue								
			e Total. Add lines 11			· · · · · ·	_				
			<b>12 Total revenue.</b> See	instructions	•		2,3	14,125	565,975	0	6,397

P	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	st complete all colur	nns. All other organ	izations must comp	olete column (A).
	Check if Schedule O contains a response or note to	any line in this Par	t IX		[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	125,212	75,127	31,303	18,782
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	364,796	218,599	93,881	52,316
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,397	2,634	1,142	621
•	Other employee henefits	38,137	22,854	9,812	5,471
	Other employee benefits	61,784	37,035	15,794	8,955
	Payroll taxes	01,704	37,033	13,734	0,555
	Fees for services (non-employees):				
	a Management	11,045		11,045	
	b Legal	38,636		38,636	
	c Accounting	1,500	1,500	30,030	
	e Professional fundraising services. See Part IV, line 17	1,500	1,500		
	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)				
12	Advertising and promotion	30,502	26,741	3,761	
	Office expenses	54,013	41,697	12,316	
	Information technology	•			
	Royalties				
	Occupancy	103,777	78,071	25,706	
	Travel	18,808	12,540	6,268	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	2,690	1,244	1,446	
20	Interest	23,229	12,729	10,500	
21	Payments to affiliates	10,000	10,000		
22	Depreciation, depletion, and amortization	27,486	14,839	12,647	
23	Insurance	26,081	25,605	476	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1 101 270	1 101 370		
	a Completed Project Costs	1,181,378	1,181,378		
	b				
	C .				
	d	24,073	4,987	16,663	2,423
	e All other expenses	2,147,544	1,767,580	291,396	88,568
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).	2,147,344	1,707,300	231,330	00,308

Form	າ 990	(2022)				Page <b>11</b>
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part IX			🗆
				(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		044.000	1	4 400 500
	2	Savings and temporary cash investments	-	841,300	2	1,429,526
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu		5		
		under section $4958(f)(1)$ ), and persons descr			6	
2	7	Notes and loans receivable, net		2,236,193	7	2,480,938
ssets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges .	[	1,783	9	2,894
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 903,974			
	b	Less: accumulated depreciation	<b>10b</b> 319,126	710,636	10c	584,848
	11	Investments—publicly traded securities .		7,783	11	9,914
	12	Investments—other securities. See Part IV, Iii	ne 11		12	
	13	Investments—program-related. See Part IV, li	ne 11		13	
	14	Intangible assets	[		14	
	15	Other assets. See Part IV, line 11		768,595	15	318,015
	16	Total assets: Add lines 1 through 15 (must ed	qual line 33)	4,566,290	16	4,826,135
	17	Accounts payable and accrued expenses .		182,390	17	215,037
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35%		22	
-	22	·		450,254	22	426,690
7027	23	Secured mortgages and notes payable to unrelative	•	450,254	23	420,090
	24 25	Other liabilities (including federal income tax, parties, and other liabilities not included on li	payables to related third	0	25	184,113
	26	Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.		632,644	26	825,840
S		Organizations that follow FASB ASC 958, che-	_			223,310
Balances		lines 27, 28, 32, and 33.	ck nere 💌 ᡟ and complete			
lar	27	Net assets without donor restrictions		3,674,437	27	3,560,922
			- I			
Fund	28	Net assets with donor restrictions	_	259,209	28	439,373
F		Organizations that do not follow FASB ASC 99	58, check here 🕨 🗌 and			
0	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds		29	
ets	30	Paid-in or capital surplus, or land, building or	F		30	
Assets	31	Retained earnings, endowment, accumulated i	• •		31	
13.4555	32	Total net assets or fund balances		3,933,646	32	4,000,295
Net	33	Total liabilities and het assets/fund balances		4,566,290	33	4,826,135
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		4,000,230		Form <b>990</b> (2022)

2c

За

3b

Nο

Νo

Form 990 (2022)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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 in

Form 990 (2022)		
Additional Data		Return to Form
	C. C	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

## (Form 990) Department of the Treasury

Internal Revenue Service

**SCHEDULE A** 

Name of the organization

Lake Agassiz Habitat for Humanity

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Schedule A (Form 990) 2022

Inspection **Employer identification number** 

41-1690131

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The	organiz	zation 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 <b>section 170(b)(1)(A)(i).</b>
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> 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 <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	V	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)
8		A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9		An agricultural research organization described in <b>170(b)(1)(A)(ix)</b> 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 331/3% 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 <b>section 509(a)(2).</b> (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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
а		<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>
b		<b>Type II.</b> 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). <b>You must complete Part IV, Sections A and C.</b>
С		<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <b>You must complete Part IV, Sections A, D, and E.</b>
d		<b>Type III non-functionally integrated.</b> 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

f	integrated, or Type III non-functionally integrated supporting organization.  Enter the number of supported organizations							
g	Provide the following information about the supported organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?  Yes No		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally

(see instructions). You must complete Part IV, Sections A and D, and Part V.

ŀ	art II Support Schedule fo								
	(Complete only if you Part III. If the organize								
_	Section A. Public Support	ation railed to t	luanily under th	e tests listed b	elow, please co	mpiete	rait III	1.)	
	lendar year	(.) 2010	(1) 2010	(.) 2020	(1) 2024	(.) 202	2	(O T. I. I	
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	1,122,125	710,067	1,448,605	1,586,413		1,741,753	6,608,963	
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	<b>Total.</b> Add lines 1 through 3	1,122,125	710,067	1,448,605	1,586,413		1,741,753	6,608,963	
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)							347,657	
6	<b>Public support.</b> Subtract line 5 from line 4.							6,261,306	
-	Section B. Total Support							l	
	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 202	2	(f) Total	
(0	r fiscal year beginning in) 🕨	` ´	` '						
7		1,122,125	710,067	1,448,605	1,586,413		1,741,753	6,608,963	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15	33	71	101		4,625	4,845	
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	<b>Total support.</b> Add lines 7 through 10							6,613,808	
12	Gross receipts from related activities	es, etc. (see instr	ructions)			12	· · · · · · · · · · · · · · · · · · ·	4,738,852	
13	First 5 years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fift	h tax year as a se	ection 50:	L(c)(3) c	organization,	
	check this box and <b>stop here</b>								
	Section C. Computation of Pu								
	Public support percentage for 2022					14		94.670 %	
15	Public support percentage for 2020	Schedule A. Pari	t II. line 14			15		96 340 %	

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. 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—2021. 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

Schedule A (Form 990) 2022

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

. . . . . . . . . . . . . .

. . . . . . . . . . . . . .

Schedule A (Form 990) 2022 Page 3 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 (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 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 . . . . . 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. . **Public support.** (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) **9** Amounts from line 6. . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included on 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.). .

- Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .
- Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . 16
- 17

  - Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) . . . . . Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .
- Section D. Computation of Investment Income Percentage

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,

- 19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not
- 17

15

16

- more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18
  - is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . 🕨
- Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ Schedule A (Form 990) 2022

Page 4

No

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

checked box		12d, of	Part I,	CC
Cooking A	All C.			_

3b and 3c below.

made the determination.

checked box	12d, of Part I, complete Sections A a
Section A. All S	Supporting Organizations
•	

checked box	12d, of Part I, complete Sections A and D, and complete Pa				
Section A. All	upporting Organizations				
4					

describe the designation. If historic and continuing relationship, explain.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

CHECKEU DOX	120, 01 F	12u, or Fart 1, comple					
Section A.	All Supporting	Organizat					

KCG DOX	12a, or rate 1, complete sections it and B, and complete rate v.)				
ction A. All Supporting Organizations					
Are all of	the organization's supported organizations listed by name in the organization's governing documents?				

1	

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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.* 

Supporting Organizations (continued)

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11a		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
	Part VI.			
<u>S</u>	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
S	ection C. Type II Supporting Organizations			
	section of Type 12 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported			
_		1		
	ectfon D.O.A.fi) 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's income or	_		
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3		
	ection 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 inst	ructio	ns):	
,	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	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 <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
ا	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			

2b

За

3b

temporary reduction (see instructions)

instructions)

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

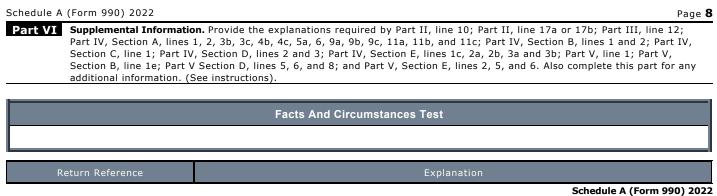
Page **6** 

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

(continued)

Page **7** 

Section D <sup>O</sup> r <b>bastiabtifibh</b> s		Current Year		
Amounts paid to supported organizations to accompli	sh exempt purposes		1	
2 Amounts paid to perform activity that directly further				
organizations, in	s exempt purposes or suppo	1100	2	
excess of income from activity				
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organ	nizations	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in <b>Part V</b>	<b>'I</b> )	5	
6 Other distributions (describe in <b>Part VI</b> ). See instruc	tions		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to	which the organization is re-	snonsive		
(provide	Willest the organization is re-	50113176	8	
details in <b>Part VI</b> ). See instructions				
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations	(i)	(i Underdist	•	(iii) Distributable
(see instructions)	<b>Excess Distributions</b>	Onderdist Pre-2		Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022				
(reasonable cause required explain in Part VI				
). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
e From 2021				
f Total of lines 3a through e				
<b>g</b> Applied to underdistributions of prior years				
<b>h</b> Applied to 2022 distributable amount				
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to				
2022, if any. Subtract lines 3g and 4a from line 2.				
If the amount is greater than zero, explain in Part VI				
See instructions.				
6 Remaining underdistributions for 2022. Subtract				
lines 3h and 4b from line 1. If the amount is greater				
than zero, explain in <b>Part VI</b> . See instructions.				
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
<b>b</b> Excess from 2019				
c Excess from 2020				
<b>d</b> Excess from 2021				
E ( 2022				



## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Lake Agassiz Habitat for Humanity 41-1690131 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/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, 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

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Cat. No. 30613X

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

Name of organizati ₋ake Agassiz Habit		<b>Employer id</b> 41-169013	entification number 1
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Part II

(a)

No. from

Part I

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

Page 3

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given

(See instructions)

(c) FMV (or estimate)

**Employer identification number** 

41-1690131

(c)

FMV (or estimate)

(d) Date received (See instructions)

(b) Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

Description of noncash property given

(See instructions) (c) FMV (or estimate)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

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

Schedule B (Form 990) (2022)

## **SCHEDULE C** (Form 990)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

nterna	Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.					Inspection		
			"Yes" on Form 990, Par			Part V, line 4	6 (Political Camp	paign Activities), then
			ns: Complete Parts I-A and			alaur Da mat	lete Deut I D	
	, , ,		ection 501(c)(3)) organizati omplete Part I-A only.	ions: Comp	ete Parts I-A and C be	elow. Do not	complete Part I-B.	
			"Yes" on Form 990, Par	rt IV. Line	l. or Form 990-EZ. F	Part VI. line	47 (Lobbying Ac	tivities), then
			ns that have filed Form 57					
			ns that have NOT filed For					
	-		"Yes" on Form 990, Par		5 (Proxy Tax) (see s	separate ins	tructions) or For	m 990-EZ, Part V,
	, -		arate instructions), the organizations: Complete P					
Na	me of the organiza	ition	organizations. Complete i	art III.			Employer identi	fication number
Lak	e Agassiz Habitat for H	lumanity					41-1690131	
ar	t I-A Comple	te if th	e organization is ex	cempt un	der section 501	(c) or is a		organization.
1	•		ne organization's direct a	nd indirect	political campaign a	ctivities in Pa	art IV. See instruc	tions for
_			npaign activities."					
2 3			y expenditures. See instr					
			cal campaign activities. S e organization is ex					
	-		<del>_</del>					
1			excise tax incurred by the excise tax incurred by ord	-			•	
2 3		,	excise tax incurred by org ed a section 4955 tax, did	_	3			
	_				•			Yes No
4a								Yes No
b Pari	If "Yes," describe t I-C Complete	<u>e in Part</u> <b>te if th</b> e	IV. e organization is ex	empt un	der section 501	(c), excep	t section 501	(c)(3).
1	Enter the amoun	t directly	expended by the filing o	rganization	for section 527 exen	npt function	activities \$	
2	<b>L</b>	-	iling organization's funds	_		-		
	exempt function	activities	§				\$	
3	Total exempt fun	nction exp	penditures. Add lines 1 a	nd 2. Enter	here and on Form 1	120-POL, line	e 17b\$	
4	Did the filing org	anization	file Form 1120-POL for the	his year?				Yes No
5	organization mad amount of politic	de payme cal contrib	es and employer identific nts. For each organization outions received that wer or a political action comi	n listed, ent e promptly	er the amount paid for and directly delivered	rom the filing d to a separa	organization's fu Ite political organi	nds. Also enter the zation, such as a
(a)	Name		(b) Address	(c	EIN		Amount paid from	• •
							ng organization's ds. If none, enter	political contributions received and
						Tun	-0	promptly and directly
								delivered to a
								separate political organization. If none,
								enter -0
L								
2								
₹								
+								
5								
;								

Schedule C (Form 990) 2021

Page **3** 

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	
For 6	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
activ		Yes   No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
а	Volunteers?	No	
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	No	

1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
а	Volunteers?	Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Νo	
С	Media advertisements?	Νo	
d	Mailings to members, legislators, or the public?	Νo	
е	Publications, or published or broadcast statements?	Νo	
f	Grants to other organizations for Johnving nurnoses?	Nο	

	through the use of:			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,500
i	Other activities?		Νo	
j	Total. Add lines 1c through 1i			1,500
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo	
L .	If "Vec " enter the amount of any tay incurred under costion 4012			

u	Mainings to members, registators, or the public:		NO					
е	Publications, or published or broadcast statements?		Νo					
f	Grants to other organizations for lobbying purposes?		Νo					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes				1,500		
i	Other activities?		Νo					
j	Total. Add lines 1c through 1i					1,500		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo					
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Par	Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).							
				•	Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				

•	Grants to other organizations for lobbying purposes:		NO						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Yes								
i	Other activities?								
j	Total. Add lines 1c through 1i								
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No						
b	If "Yes," enter the amount of any tax incurred under section 4912								
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912								
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?								
Par	Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).								
				Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?		1						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2						
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?								
Par	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section								

С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912									
d	<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?									
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(5)$ , section $501(c)(6)$ .	or								
			Yes	No						
1	Were substantially all (90% or more) dues received nondeductible by members?	1								
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?									
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?									
Par	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."									
1	Dues, assessments and similar amounts from members									
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).									
а	Current year									
h	Carryover from last year									

t III-A Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	501(c	)(5), or				
			Yes	No		
Were substantially all (90% or more) dues received nondeductible by members?		1				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	T			
Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	l			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II line 3, is answered "Yes."						
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1	<del></del>				
expenses for which the section 527(f) tax was paid).		1				
Current year	2a					
Current year	2b					
Current year						
	section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	were substantially all (90% or more) dues received nondeductible by members?	section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	section 501(c)(6).  Yes  Were substantially all (90% or more) dues received nondeductible by members?		

aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."	•	, , , ,
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures. See Instructions	-	

۲	porticul experience next year.						
5 Taxable amount of lobbying and political expenditures. See Instructions							
Par	Part IV Supplemental Information						
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.							
	Return Reference	Explanation					

Part II-B, Line 1: Lobbying expenditures include travel expenses to negotiate ND Senate Bill 2202 regarding Contractor License fees waived for affordable housing contractors.

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047 2022

Open to Public
Inspection

	me of the organization		Employer identification number
Ldf	ce Agassiz Habitat for Humanity		41-1690131
Pā	art I Organizations Maintaining Donor	Advised Funds or Other Similar Fu	
	Complete if the organization answered		(1) 5
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
	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 ad the organization's property, subject to the organiza	_	
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor, or for any other purpos	se conferring
Pa	rt II Conservation Easements.	W. I. 5 000 D LT/ II 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreat		historically important land area
	Protection of natural habitat	· <u>-</u>	ertified historic structure
		Preservation of a Co	ertified filstoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ld a qualified conservation contribution in th	e form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ear		ing of Yes No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of violations, and enforcin	ng conservation easements during the
	Amount of expenses incurred in monitoring inspect	ing handling of violations, and enforcing co	nconvotion encoments during the year
7	Amount of expenses incurred in monitoring, inspect  \$	ing, nanding of violations, and emorting to	inservation easements during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$ ?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o	f the footnote to the organization's financial	
Pai	the organization's accounting for conservation ease t III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h	B ASC 958, not to report in its revenue stat	
	service, provide, in Part XIII, the text of the footno	te to its financial statements that describes	these items.
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	d for public exhibition, education, or researc ns:	h in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1 $\cdot$		<b>&gt;</b> \$
(	ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, or other similar assets for	·
а	Revenue included on Form 990, Part VIII, line 1 .		· ———
b	Assets included in Form 990, Part X		▶\$

3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other	records, ch	eck any of	the follo	wing that	are a signific	ant use o	f its	
а	Public exhibition		d	Loar	n or exch	ange progi	ams			
b	Cabalaniu maaanah		e	Othe	er					
С	Scholarly research									
	Preservation for future generations									
4	Provide a description of the organization's c Part XIII.		•	•				urpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						r similar n?	Yes	□ No	
Pa	<b>t IV Escrow and Custodial Arrang</b> Complete if the organization and Part X, line 21.		on Form 9	990, Part	IV, line	9, or rep	orted an a	mount o	n Form 99	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							Yes	☐ No	
b	If "Yes," explain the arrangement in Part XI	II and complet	e the follov	ving table:			An	nount		
c	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on l	Form 990, Part	X, line 21,	for escrov	v or custo	odial accou	int liability?	Yes	☐ No	
b	If "Yes," explain the arrangement in Part XI	III. Check here	if the expl	anation ha	s been p	rovided in	Part XIII .	□		
Pa	rt V Endowment Funds.	arad "Vaa"	an Farm (	200 Dowt	T\/ line	10				
	Complete if the organization ans	(a) Current ye		Prior year			(d) Three yea	rs back (e)	Four years b	nack
1a	Beginning of year balance	(2) 22: 2::07	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	(-)		, , , , , , , , ,	
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		1		ĺ	I		ĺ		
е	Other expenditures for facilities and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end	balance (lin	e 1a, colui	mn (a)) h	neld as:				—
а	Board designated or quasi-endowment	,		3,	(- //					
b	Permanent endowment									
c	Term endowment									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100	0%.							
3а	Are there endowment funds not in the posse organization by:	ession of the or	ganization	that are he	eld and a	dministere	d for the		Yes No	<u> </u>
	(i) Unrelated organizations							3a(i)		
b	(ii) Related organizations			 Schedule F	· · · R?			3a(ii) 3b	)	<u> </u>
4	Describe in Part XIII the intended uses of the	ne organization	n's endowm	ent funds						
	t VI Land, Buildings, and Equipm		. J Chaowill							
	Complete if the organization ans	wered "Yes"								
	Description of property  (a) Cost or othe (investme)	, ,	Cost or other	r basis (other	r) <b>(c)</b> Ad	cumulated d	epreciation	( <b>d)</b> E	Book value	
1a	Land			85,00	00				8	5,000
b	Buildings			638,36	57		181,480		45	6,887
С	Leasehold improvements			4,30	00		4,228			72
				176 30	17		122 /10		4	2 880

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

	(Form 990) 2021				Page <b>3</b>
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 99				
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Boo value		( <b>c)</b> Method of valuati or end-of-year mark	
	al derivatives				
	-nero equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Part	Investments - Program Related.	•			
VIII	Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	0, Part	IV, line 11c. Se <b>(b)</b> Book value	e Form 990, Part (c) Method o	
	(a) bescription of investment		(b) Book value	Cost or end-of-ye	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	<b>*</b>			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990	0, Part I	V, line 11d. See	Form 990, Part X, I	ine 15.
(1)House P	(a) Description Projects in Process		,		Book value 318,015
(1)	rojects in Process				310,013
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				210.015
Part X	Other Liabilities.			•	318,015
	Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	0, Part I	V, line 11e or 1	<u>,                                      </u>	
1. (1) Federal	(a) Description of liability income taxes			(b)	Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(7)					
(8)					
(8)	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	184,113

Part XI

14,193

67,666

2,314,125

2,091,940

-53,181

2,423

2,147,544

Schedule D (Form 990) 2021

2,145,121

2,246,459

2,260,652

Page 4

# Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2d

4a

4b

2a

2b

2c

2d

4a

4b

The entity believes that it has appropriate support for any tax positions taken affecting its annual filing

requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The entity would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

-2,423

67,666

14,485

-67,666

2,423

3

4c

5

1

2e

3

4c

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2,131

Net unrealized gains (losses) on investments . . . . 2a 14,485

2b b Donated services and use of facilities . 2c

Recoveries of prior year grants . . . . Other (Describe in Part XIII.)

Add lines 2a through 2d . . Subtract line 2e from line 1 .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b** . . . . . . .

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements . . . 1 Amounts included on line 1 but not on Form 990, Part IX, line 25:

2 Prior year adjustments . . . . .

Donated services and use of facilities . . . . Other losses . . . . . Other (Describe in Part XIII.)

Add lines 2a through 2d .

3 Subtract line 2e from line 1 . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Add lines **4a** and **4b** . . . . . . Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)

Supplemental Information

Part XIII 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. Return Reference

Part X, Line 2:

Adjustments:

Adjustments:

Adjustments:

Adjustments:

Part XI, Line 2d - Other

Part XI, Line 4b - Other

Part XII, Line 2d - Other

Part XII, Line 4b - Other

Fundraising Expenses -2,423.

Fundraising Expenses 2,423.

Cost of Goods Sold - ReStore -15,384. Imputed Interest in Expenses 83,050.

Cost of Goods Sold - ReStore 15,384. Imputed Interest in Expenses -83,050.

(Form 990)

SCHEDULE M

## **Noncash Contributions**

2022

OMB No. 1545-0047

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

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

	ment of the Treasury al Revenue Service	<u>.gov/1011113</u>	<u>Jo</u> for the fatest informati			Insp	ectio	
Nam	e of the organization				Employer ide	entification nu	ımber	
Lake	Agassiz Habitat for Humanity				41 160012	•		
Pa	rt I Types of Property			<u> </u>	41-169013	1		
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	noncash	<b>(d)</b> hod of determ contribution	_	nts
1	Art—Works of art			j				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		637,04	8 Selling pric	е		
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,							
12	or trust interests Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts Other ► ()							
	Other ▶ ( )							
	Other ▶ ()							
	Other ▶ ()							
	Number of Forms 8283 received b for which the organization comple				29			0
	for which the organization comple	teu i oiiii oz	os, rait iv, bollee Ackilor	wiedgement			Yes	No
30a	During the year, did the organiza it must hold for at least three yea exempt purposes for the entire h	irs from the	date of the initial contribut				les	140
						30a	_	Νo
31	<ul> <li>If "Yes," describe the arrangeme</li> <li>Does the organization have a gift</li> </ul>	nt in Part II.		aview of any nonetandard	contributions	? 31	Yes	
						· · · · · · ·	163	<del>                                     </del>
32a	Does the organization hire or use contributions?			to solicit, process, or sell	noncash	32a		l

**b** If "Yes," describe in Part II.

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,

### SCHEDULE O (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

2022

OMB No. 1545-0047

Open to Public
Inspection
Employer identification number

Lake Agassiz Habitat for Humanity 41-1690131 Return Explanation Reference Form 990. The Executive Committee consists of the President, Vice President, Treasurer, Secretary, Past President, Member at Large, and the Executive Director. The President and the Executive Director are not voting members on the governing body. The Executive Part VI. Committee acts on behalf of the board on an as needed basis. All board members have equal voting rights except for the Section A. line 1a President who only votes to make quorum or if there is a tie. Form 990. The Executive Director reviews the Form 990 and a copy is provided to board members prior to filing. Part VI. Section B. line 11b Form 990. At the time of appointment, and annually, officers, directors or trustees, and key employees are asked to disclose any conflicts Part VI. of interest. The Executive Director reviews the responses and informs Executive Committee if conflicts exist. Additionally, during board meetings any board member with a conflict is asked to abstain from voting on that issue. Section B. line 12c Form 990. The organization uses Habitat for MN, Job Service North Dakota and United Way salary information. The Executive Committee makes a recommendation regarding the Executive Director's compensation to the board. The board reviews and approves the Part VI. Section B. budget. Based off of the budget, they determine the cost of living adjustment and any merit increases for all employees. This line 15a process is undertaken annually. Form 990. The governing documents, conflict of interest policy, and financial statements are available to the public upon request. Part VI. Section C. line 19 Form 990 Correction of an error related to 2022 grant expenditure reimbursements -102,063. Part XI, line