Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 0004

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury

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Ope In:		Pu		С

	or the			UN 30, 2022	Inspection
			ending U	1	
Ba	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	¬Address	DIEDMONIII HADIIIAMI EOD HIIMANIIIIV ING			
<u> </u>	_change □Name	PIEDMONT HABITAT FOR HUMANITY, INC.		-4 15004	2.2
<u> </u>	_ change □Initial	Doing business as		54-15994	
<u>_</u>	return	· ' '	Room/suite	E Telephone numbe	
	Final return/ termin-	P.O. BOX 816		434-394-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	747,069.
	Amende return	FARMVILLE, VA 23901		H(a) Is this a group re	eturn
L	Applica-	F Name and address of principal officer: JAYNE JOHNSON		for subordinates	? Yes X No
	pending	PO BOX 816, FARMVILLE, VA 23901		H(b) Are all subordinates in	ncluded? Yes No
1.	ax-exen	npt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. See instructions
<u>J V</u>	Vebsite	▶ WWW.PIEDMONTHABITAT.ORG		H(c) Group exemptio	n number
K F	orm of o	rganization: X Corporation Trust Association Other	L Year		M State of legal domicile: VA
Pa	rt I	Summary			
	1 B	riefly describe the organization's mission or most significant activities: SEEK1	ING TO	PUT GOD'S I	LOVE INTO
ဥ		CTION, HABITAT FOR HUMANITY BRINGS PEOPLE			
nai		heck this box if the organization discontinued its operations or dispose			· · · · · · · · · · · · · · · · · · ·
Ver				3	12
Go		umber of independent voting members of the governing body (Part VI, line 1b)			12
త		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			14
Activities & Governance					284
ţi					0.
Ac		et unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	D IV	et differenced business taxable income from Form 990-1, Fait I, life 11	T		
		ontributions and grants (Deat VIII line 1b)	-	Prior Year 1,016,717.	Current Year
e		ontributions and grants (Part VIII, line 1h)			413,090.
en en		rogram service revenue (Part VIII, line 2g)		391,862.	326,255.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		282.	132.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,882.	5,374.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,411,743.	744,851.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		406,172.	428,398.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×		otal fundraising expenses (Part IX, column (D), line 25)			
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		345,495.	337,285.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		751,667.	765,683.
	19 R	evenue less expenses. Subtract line 18 from line 12		660,076.	-20,832.
Net Assets or Eund Balances			Be	ginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)		1,832,718.	1,711,651.
t BBS	21 To	otal liabilities (Part X, line 26)		220,680.	117,897.
	22 N	et assets or fund balances. Subtract line 21 from line 20		1,612,038.	1,593,754.
Pa	rt II	Signature Block			
Unde	r penalti	es of perjury plodesigned hat I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer		
		Jayree Journey		5/3/20	23
Sigr	, J	Signature of officer		Date	
Here	1.	JAYNE JOHNSON, EXECUTIVE DIRECTOR			
		Type or print name and titleDocuSigned by:			
	F	rint/Type preparer's name Arepayer's signaturellagher	E /b[2023 Check C	PTIN
Paid		MY A GALLAGHER, CPA	/م/د	if self-employ	P00884747
Prep	_	irm's name DAVIDSON, DOYLE & HILTON, LLP	L		54-1953476
Use	_	irm's address PO BOX 800		O En	
	· [LYNCHBURG, VA 24505-0800		Phone no 43	4-846-7611
Mav	the IRS	discuss this return with the preparer shown above? See instructions		1. 1010 101 = 0	X Yes No

Form	1990 (2021) PIEDMONT HABITAT FOR HUMANITY, INC.	54-1599433	Page 2
Pa	rt III Statement of Program Service Accomplishments		————
	Check if Schedule O contains a response or note to any line in this Part III		X
1		<u></u>	[41]
•	Briefly describe the organization's mission:		
	SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMAN		
	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE TO	REALIZE OUR	
	VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO I	IVE. PIEDMON'	r
	HABITAT FOR HUMANITY ADHERES TO A STRICT NON-PROSELYTIZI	NG POLICY AND	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 642,323. including grants of \$) (Rever	nue \$ 320,	501.)
	HOMEOWNERSHIP PROGRAM: FAMILIES IN NEED OF A DECENT PLACE		
	SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITA		
			- a
	MODESTLY SIZED. THER ARE LARGE ENOUGH FOR THE HOMEOWNER		
	BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE CO		LE.
	BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWN	ERS, EMPLOYII	NG
	EFFICIENT BUILDING METHODS, KEEPING HOUSE SIZES MODEST,		
			<i></i>
	CONSTRUCTION MATERIALS AND APPLIANCES, AND ISSUING NO-PR		
	HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMIL		****
	PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE COND	ITIONS THAT	
	FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCO	URAGE	**
		ND STABLE	
	4 5 4 6 4	WTH. WHEN A	24.0
4b	(Code:) (Expenses \$) (Rever		912.
	HOME PRESERVATION PROGRAM: OUT HOME PRESERVATION PROGRAM		
	INITIATIVE THAT SEEKS TO PROVIDE A WIDE RANGE OF OPPORTU	NITIES FOR LO	-WC
	TO MODERATE-INCOME HOMEOWNERS, INCLUDING VETERANS AND SE		
	·	SILITY OR FAM	
			гпт
	CIRCUMSTANCES. WE PARTNER WITH FAMILIES TO HELP THEM REC		
	HOMES WITH PRIDE AND DIGNITY. THE PROGRAM ALLOWS FAMILIE		
	THEIR HOME AND AVOID THE UNCERTAINTY, TRAUMA AND EXPENSE		
	PROJECTS CONSIST OF INTERIOR AND/OR EXTERIOR REPAIRS INT	ENDED TO	
	ALLEVIATE CRITICAL HEALTH, LIFE AND SAFETY ISSUES OR COD	E VIOLATIONS	
	VOLUNTEER TEAMS WORK ALONG WITH SUBCONTRACTORS UNDER THE		
			1
	PIEDMONT HABITAT FOR HUMANITY STAFF MEMBERS TO COMPLETE		
	SINCE THE INCEPTION OF THE HOME PRESERVATION PROGRAM, PI	EDMONT HABITA	AΤ
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
	,		· · · · · · · · · · · · · · · · · · ·
	Other program consisce (Describe on Cabadada CA)		
40	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses 658 . 283 .		

PIEDMONT HABITAT FOR HUMANITY, INC.

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

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Part IV | Checklist of Required Schedules (continued) Ye<u>s</u> No 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 X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes." complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |f "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 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 X **37** Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 8 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 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2021) Form 990 (2021) PIEDMONT HABITAT FOR HUMANITY, INC.

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

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a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 13a 13a 13b 13b 13b 13c 14a X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e.file. See instructions. 3a		filed for the calendar year ending with or within the year covered by this return			
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 48 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 49 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country fouch as a bark account, securities account, or other financial accounty? 40 If "Yes," enter the name of the foreign country be See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 50 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 51 If "Yes" to line So or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 52 If "Yes," did the organization has a prohibited tax shelter transactions for the organization selection any confributions that were not tax deductible a charitable contributions? 52 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions? 53 If "Yes," did the organization necess of \$5" male party as a continuous or services provided? 54 If "Yes," did the organization necess of \$5" male party as a continuous and exection 170(c). 55 If "Yes," did the organization necess of \$5" male party as a continuous and exection 170(c). 56 If "Yes," did the organization necess of \$5" male party as a continuous or services provided? 55 If "Yes," did the organization necess of \$5" male party as a continuous and exection 170(c). 56 If "Yes," did the organization necess of \$5" male party as a continuous or services provided? 56 If "Yes," did the organization necess of \$5" male party as a continuous or services provided? 57 If If the organization sell-very analyse of the goods or services provided? 58 If "Yes," did the organization himperservices de	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b if "Yes," insist iffied a form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O A tary time during the calandary avar, did the organization have an interest in, or a signature or other earthority over, a financial account in a foreign country, (such as a bank account, securities account, or other financial account)? BY "Yes," enter the name of the foreign country, P See instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization aparty to a prohibited that was or is a party to a prohibited tax shelter transaction? Sa Was the organization and unally goas receive that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. Foreign the organization and include with every solicitation on express statement that such contributions or gifts were not tax deductible? Organization start may receive deductible contribution and express statement that such contributions or gifts were not tax deductible? Organization start may receive deductible contribution and express statement that such contributions or gifts were not tax deductible? The organization start may receive deductible contribution and partly for goods and services provided to the payor? The organization start may be a service and payor that the organization start may be a service and payor than the organization start may be a service and payor than the organization start that the orga		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account?) 4a X b If "Yes," einter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Usan the organization party to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport transpor	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account?) 4a X b If "Yes," einter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Usan the organization party to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport to a prohibited tax shelter transaction? 6c Darry transport transpor	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	,	
b if "Yes," includes the number of the foreign country \$\bigs See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line 5a or 5b, did the organization from 5m8 586-17. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhantable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d Did the organization notify the donor of the value of the goods or services provided? 7d Did the organization notify the donor of the value of the goods or services provided? 7d Did the organization receive a contribution of unit payor to the payor? 7d Did the organization receive and contribution or property of the payor of the payor of the payor of the payor of the organization received a contribution or property of the payor property for which it was required to file Form 8282? 7d Did the organization received a contribution or property of the payor p					
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PIEDMONT HABITAT FOR HUMANITY, INC. Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7<u>b</u> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 1<u>6a</u> b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

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	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JAYNE JOHNSON - 434-394-3001
	1512 S. MAIN ST., FARMVILLE, VA 23901

Form **990** (2021)

PIEDMONT HABITAT FOR HUMANITY,

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

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(40		Pos	ition	i than d	nne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director	İ					the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		ge A	mpen		1099-NEC)	1099-1420)	and related
	below	dual	ution	<u></u>	읦	st co oyee	 =			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) JAYNE JOHNSON	40.00									
EXECUTIVE DIRECTOR					X			66,254.	0.	0.
(2) GARY ELDER	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) LISA GALLIMORE	2.00									
DIRECTOR		X						0.	0.	0.
(4) CHERYL GEE	2.00									
TREASURER		X		X				0.	0.	0.
(5) SASHA JOHNSON	2.00									
DIRECTOR		X						0.	0.	0.
(6) FRED MCGEE	2.00									
DIRECTOR		X						0.	0.	0.
(7) DONNA MCRAE-JONES	2.00									
PRESIDENT		X		X				0.	0.	0.
(8) JOHN MILLER	2.00								_	_
DIRECTOR		X						0.	0.	0.
(9) PAULINE STOKES	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CHERYL STEELE	2.00								_	_
SECRETARY	2 22	X		X				0.	0.	0.
(11) DAN WEESE	2.00									
DIRECTOR	0 00	X						0.	0.	0.
(12) SHERI ALMOND	2.00									
DIRECTOR	2 00	X						0.	0.	0.
(13) PAMELA HARVEY	2.00	37							0	•
DIRECTOR		X						0.	0.	0.
						-				

132007 12-09-21 Form 990 (2021) Form 990 (2021)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box		Posi heck I ss per id a di	ition more rson i irecto) than o	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	co	(F) Estima amoun othe ompens from to organiza and rela	ted t of er sation he ation ated
		line)	Indj	Insti	Officer	Key	High	Form			\bot		
											+		
													
													-
											_		
											\bot		
1b	Subtotal							ightharpoons	66,254.	0			0.
С	Total from continuation sheets to Part VII	, Section A						>	0.	0			0.
d 2	Total (add lines 1b and 1c)							<u> </u>	66,254.	000 of an and able			0.
2	Total number of individuals (including but no compensation from the organization	ot ilmited to the	ose	iiste	u ab	ove) WN	o re	ceived more than \$100,0	JUU of reportable			0
												Yes	No
3	Did the organization list any former officer,			-	•	-		_	•	•			🚚
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										3		X
	and related organizations greater than \$150										4	78 N 198 ARAS	Х
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ				1.
Sec	rendered to the organization? If "Yes." compared to the organization of the compared of the co	olete Schedule	Jf	or su	ch p	ers:	on .				5		<u> </u>
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ntra	ector	s th	nat received more than \$	100,000 of compen	sation 1	from	
	the organization. Report compensation for t	he calendar ye	ar e	ndin	g wi	ith c	r wit	hin		ear.			
	(A) Name and business	address	NC	NE	:				(B) Description of se	ervices		(C) censatio	on
									11.11.00 (1/h 0 0 1.1h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				***************************************
								-					
								+					
	Total number of independent and and a	oludio e k - 4	4 15-	ait 1		. .	_ 1:		ab aug) with a man				4948 XX
2	Total number of independent contractors (in \$100,000 of compensation from the organize		ot iin	nited	τοt	hos: ()		ed :	above) who received mo	re tnan			

PIEDMONT HABITAT FOR HUMANITY, INC.

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue function revenue from tax under business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 6,546. c Fundraising events 1c d Related organizations 1d 118,355. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 288,189 similar amounts not included above 33,700. g Noncash contributions included in lines 1a-1f 413,090. h Total. Add lines 1a-1f **Business Code** 221,194. 2 a RESTORE SALES 453310 221,194. Program Service ь HOME SALES 531390 90,000. 90,000. 12,017. c HOME REPAIRS 811000 12,017. d MORTGAGE AMORTIZATION 3,044. 522292 3,044. f All other program service revenue 326,255. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 237. 237. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 1,224. **b** Less: cost or other basis and sales expenses 1,329 -105. c Gain or (loss) ______7c -105. -105 d Net gain or (loss) Other 8 a Gross income from fundraising events (not 6,546. of including \$ contributions reported on line 1c). See O Part IV, line 18 889. b Less: direct expenses -889. c Net income or (loss) from fundraising events -889 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 624100 6,263. 6,263. d All other revenue 6,263. e Total. Add lines 11a-11d 744,851. 332,413. Total revenue. See instructions -652 12

PIEDMONT HABITAT FOR HUMANITY,

54-1599433

INC. Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 66,254. 53,003 6,626. 6,625. Compensation not included above to disqualified

•	compensation not moladed above to alequalities			ı	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	320,470.	309,204.	11,266.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,438.	7,229.	209.	
10	Payroll taxes	34,236.	27,389.	6,847.	
11	Fees for services (nonemployees):				
а	Management	5,350.		5,350.	
b		220.		220.	
С	Accounting	1,200.		1,200.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
•	column (A), amount, list line 11g expenses on Sch O.)	444.		444.	
12	Advertising and promotion	7,821.	2,346.		5,475.
13	Office expenses	4,236.	1,271.	1,694.	1,271.
14	Information technology				
15	Royalties				
16	Occupancy	51,351.	30,808.	11,006.	9,537.
17	Travel	3,437.	1,146.	1,146.	1,145.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	304.	182.	46.	76.
20	Interest	3,544.	3,544.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,776.		4,776.	
23	Insurance	14,202.	7,101.	7,101.	
24	Other expenses. Itemize expenses not covered			-	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COST OF HOME SALES/CONS	96,912.	96,912.		
	RESTORE EXPENSE	63,711.	63,711.		
С	COST OF REPAIRS/CONSTRU	15,960.	15,960.		
d		12,320.	12,320.		
е	All other expenses	51,497.	26,157.	16,047.	9,293.
25	Total functional expenses. Add lines 1 through 24e	765,683.	658,283.	73,978.	33,422.
26	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)

54-1599433 Page 11 PIEDMONT HABITAT FOR HUMANITY, INC. Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 396,495. 225,116. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 53,115. Pledges and grants receivable, net 3 3 ,815. 2,151. Accounts receivable, net 765 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 672,023. 668,090. 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 5,170. 7,802. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 65,547. b Less: accumulated depreciation 10b 26,620. 32,292. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 677,144. 714,771. 15 Other assets. See Part IV, line 11 15 1,832,718. 1,711,651. 16 Total assets. Add lines 1 through 15 (must equal line 33) ... 16 Accounts payable and accrued expenses 20,433. 14,846. 17 17 18 Grants payable 18 19 500. Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 15,000. 181,073. Secured mortgages and notes payable to unrelated third parties 98,844. 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,174. 25 3,707. 220,680. 117,897. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here

X Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33, Net assets without donor restrictions 27 1,017,610. 947,401. 594,428. Net assets with donor restrictions 646,353. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,711,651. Form 990 (2021)

1,593,754.

30

31

32

1,612,038.

1,832,718.

30

31

32

	1990 (2021) PIEDMONT HABITAT FOR HUMANITY, INC.	34-T2	99433	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			83.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20	8, (32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,612	2,0	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	2	$\frac{2}{3}$, $\frac{5}{3}$	<u>48.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,593	7.	<u>54.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 ((2021)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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

2021

Open to Public Inspection

Name of the organization

PTEDMONT HARTTAT FOR HIMANITY INC 54-1599433

		FIEL	MONI HABII.	AI FOR HUMAN.	<u> </u>	TIAC.		4-1333433
Pa	art I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.	
The	organ	ization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	l in section	on 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (0		-	-			
6		A federal, state, or local go		nental unit described in	section 1	70(b)(1)(A))(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C	-	,	J		g	P 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	unction with a land-grant	college
		or university or a non-land-						
		university:		,		,,	,	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exer						
		income and unrelated busin						
		See section 509(a)(2). (Co		•		•		,
11		An organization organized	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	<i>r</i> ing
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.				
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.	
d	L		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an attentiv	veness
		requirement (see instruct	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	V.	
е	L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.		
f		er the number of supported o	-					
<u>g</u>		vide the following information i) Name of supported			(iv) Is the oras	anization listed	T 63 A	I 6-23 A
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see matructions)	support (see instructions)
Tota	al							

54-1599433 Page 2 PIEDMONT HABITAT FOR HUMANITY INC. Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 471,707. 577,109. 427,154. 389,673. 331,539. 2197182. 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 471,707. 577.109. 427,154. 389,673. 331,539. 4 Total. Add lines 1 through 3 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) 2197182. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 471,707 577,109 427,154 7 Amounts from line 4 389,673 331,539 2197182 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 122 47 263. 282. 237 951. and income from similar sources 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 11,114. 323,106. assets (Explain in Part VI.) 26,893. 767.374. 6,263. 1134750. 11 Total support. Add lines 7 through 10 3332883 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 65.92 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \mathbf{X} b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

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

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 PIEDMONT HABITAT FOR HUMANITY, INC. 54-1599433 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.)

Se	ction A. Public Support	siow, piease comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 <i>a</i>	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.)						
Sec	ction B. Total Support	<u> </u>		_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business	i					
	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.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
	tion C. Computation of Publi					Ţ	
	Public support percentage for 2021 (li			column (f))		15	<u>%</u>
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						is not
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶□
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, an	nd
	line 18 is not more than 33 1/3%, chec		-				▶□
~	Private foundation. If the organization	n did not check a l	oox on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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11. Has the organization accepted a gift or contribution from any of the following persons? a A parson 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? b A family member of a person described on line 11a or 11b above? If "yes" to line 11a, 11b, or 11c, provide details in Part VII. c A 33% controlled entity of a person described on line 11a or 11b above? If "yes" to line 11a, 11b, or 11c, provide details in Part VII. cection B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberahip of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is officers, directors, or frustees at all times during the tax year? If "No," describe in Part VI how the supported organization of certification, describe how the power to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of each than the supported organization of partial controlled the companies of the supported organization of the than the supported organization of the supporting organization of the supporting organization of the supported organization of the supp			39943	3 Pa	age 5
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1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's opticents, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer lines 2a and 2b below. c The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Instructions). 2 Activities Test. Answer lines 2a and 2b below. b The organization supported and provided provided provided provided organization was responsive? If "Yes," then in Part VI identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to		or management of the supporting organization was vested in the same persons that controlled or managed			
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	3	The state of the s			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а				
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			3a	o considerá de la C	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		a manta da

	dule A (Form 990) 2021 PIEDMONT HABITAT FOR H			54-1599433 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting ord	anization (see

Schedule A (Form 990) 2021

instructions).

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga			4-1599433 Page 7
	tion D - Distributions	(a)(b) Supporting Orga	inizations (continu	uea)	Current Year
1		mnt nurnoses		1	Current Year
	Amounts paid to supported organizations to accomplish exemption of the perform activity that directly furthers exemption of the performance of the			-	
_	organizations, in excess of income from activity	or purposes or supported		2	
3		es of supported organization	2	3	
	Amounts paid to acquire exempt-use assets	es of supported organizations	<u> </u>	4	
5		rouido dotoilo in Dart VI)		5	
6		Ovide details iii Fait Vi)		6	
7	Total annual distributions, Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		-	
0	(provide details in Part VI). See instructions.	ne organization is responsive		8	
9			***************************************	9	
10				10	
10	Line o amount divided by line 3 amount	(i)	(ii)	10	/:::\
Sect	tion E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2					
	able cause required - explain in Part VI). See instructions.				
3					
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
q	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4		AF - WA			
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	_				
_	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
			The state of the s		

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PIEDMONT	HABITAT	FOR	HUMANITY,	INC.	54-1599433	Page 8
Part VI	Supplemental Informat IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide 1, 2, 3b, 3c, 4b, 4c, lines 2 and 3: Part	the explanation 5a, 6, 9a, 9b, 9d IV. Section E. lir	s requir , 11a, 1 nes 1c. 2	ed by Part II, line 10; 1b, and 11c; Part IV 2a. 2b. 3a. and 3b: P	; Part II, line 17a , Section B, lines Part V, line 1: Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section t V. Section B. line 1e: Par	C.
	(See instructions.)							

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization PIEDMONT HABITAT FOR HIMANITY TNC

Employer identification number 54-1599433

Pa	rt I Organizations Maintaining Donor Advised Fu		r Account	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			•
		(a) Donor advised funds	(b) Fund	ls and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writin	g that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisor			
	for charitable purposes and not for the benefit of the donor or don			
			_	Yes No
Pa	rt II Conservation Easements. Complete if the organiz	ation answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	heck all that apply).		
	Preservation of land for public use (for example, recreation of	or education) Preservation of a	historically in	mportant land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form of	a conservation	on easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Takat same or market at the second se			
С	Number of conservation easements on a certified historic structure	e included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a historic structure	•	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the o	rganization d	uring the tax
	year ▶			
4	Number of states where property subject to conservation easement	nt is located >		
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it hold	s?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easem	nents during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation	n easements	during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above sati	isfy the requirements of section 170(h)	(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation ea	•		
	balance sheet, and include, if applicable, the text of the footnote to	o the organization's financial statemen	ts that descri	bes the
	organization's accounting for conservation easements.			
Pal	t III Organizations Maintaining Collections of Art	•	er Similar	Assets.
	Complete if the organization answered "Yes" on Form 990,			
1a	If the organization elected, as permitted under FASB ASC 958, no	•		
	of art, historical treasures, or other similar assets held for public ex		-	ıblic
	service, provide in Part XIII the text of the footnote to its financial s			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exhil	bition, education, or research in furthe	rance of publi	c service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
			🕨 \$	
2	If the organization received or held works of art, historical treasure	- · · · · · · · · · · · · · · · · · · ·	ain, provide	
	the following amounts required to be reported under FASB ASC 98	•		
a	Revenue included on Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		▶ \$	

		HABITAT				54	$\frac{4-15}{1}$	<u>99433</u>	Pa	ige 2
	Mar street.							(continu	ued)	
3	Using the organization's acquisition, accession	n, and other record	is, check any of t	he following that	make sign	ificant use	of its			
	collection items (check all that apply):		. — .							
a	Public exhibition	•		exchange prograi						
b	Scholarly research	•	e Other							
C	Preservation for future generations									
4	Provide a description of the organization's coll						in Part	XIII.		
5	During the year, did the organization solicit or						_	7		1
Da	to be sold to raise funds rather than to be main	ntained as part of t	he organization's	collection?	·			Yes		No
Га	rt IV Escrow and Custodial Arrange reported an amount on Form 990, Part		lete if the organiz	ation answered "\	es" on Fo	orm 990, P	art IV, I	ine 9, or		
12			lian, for contribut	ione or other see	to not inc	ludad				
ıa	Is the organization an agent, trustee, custodiar		-					7 v		
L	on Form 990, Part X?			••••••			L	」Yes		No
D	If "Yes," explain the arrangement in Part XIII ar	ia complete the to	llowing table:				***************************************	Amount		
_	Designing belongs							Amount		
ب 2	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance Did the organization include an amount on For							7.,		
2a							∟	」Yes	\vdash	No
Pai	If "Yes," explain the arrangement in Part XIII. C									
		(a) Current year	(b) Prior year			Three year	rs hack	(e) Four	veare h	nack
1a	Beginning of year balance	(a) Curront your	(b) i noi year	(C) Two years	Dack (u	, Trifico your	3 Dack	(e) i oui	years L	auk
	Contributions									
b	Net investment earnings, gains, and losses		 							
۲ C	Grants or scholarships									
	Other expenditures for facilities									
-	*			1						
4	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the current	**	. (i.e. 1 e. e.)	- (a)\ b ald a - :		***************************************				
2	Board designated or quasi-endowment			i (a)) neid as:						
	Permanent endowment	%	%							
	Term endowment > %									
C	The percentages on lines 2a, 2b, and 2c should									
20		•			al &a., Ala		_			
Sa	Are there endowment funds not in the possess	non or the organiza	ation that are nei	and administere	a for the c	organizatio	n	Г	Yes	No
	by: (i) Unrelated organizations							$\overline{}$	res	NO
	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	•••••				3a(i)	-+	
	(ii) Related organizations		and an Cabadula				•••••	3a(ii)	_	
4	Describe in Part XIII the intended uses of the o			n/		•••••		3b		
Par	t VI Land, Buildings, and Equipme		wment lunus.							
	Complete if the organization answered) Part IV line 11:	See Form 990	Part Y line	a 10				
-	Description of property	(a) Cost or o	T T					(-/\ D '		
	Description of property	basis (investr	(-, -	ost or other sis (other)		umulated ciation		(d) Book	value	
	Land	<u> </u>	50	CIS (CUIEI)	uapre	JIQUUI I				
	Land			24,100.		4,380		10	,72	_
D	Buildings Leasehold improvements			2 - ,100.		±,30U	+	19	, 14	<u> </u>
				30,086.	2	2,731	_	7	, 35	5
	Equipment Other			11,361.		$\frac{2}{6}, 144$, 21	
	. Add lines 1a through 1e. (Column (d) must equ		V askurs (D) "			J,144	-		,29	
<u>ı va</u>	. maa iiree Ta iireagii Te. (Column (a) must eal	iai roim 990. Part	z. column (B). lin	e /UC.)				J 4	, 43	4 •

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. Sae Form 990, Part X, line 12. (a) Description of security or collegory incubring same of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (f)			BITAT FOR HUM	ANITY, INC.	54-1599433 Page 3
(a) Book value (c) Method of valuation: Cost or end of year market value (f) Floatical derivatives (g) Closely held equity interests (g) Closely held (g) Closely (g) Closel	Part		F 000 D + 1 1 / 1	441 O E 000 D . V .	-
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (3) Other (A) (3) Other (A) (4) (5) (6) (6) (7) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(a) D				
			(b) Book value	(c) Method of Valuation: C	ost or end-or-year market value
(8) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		***************************************			
(A) (B) (C) (C) (D) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(B) (C) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E					
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(f) (9) (h) Total, (Cot. (b) must equal form 990, Part X, cot. (B) line 12.) ▶ Total, (Cot. (b) must equal form 990, Part X, ot. (B) line 12.) ▶ (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Cot. (b) must equal form 990, Part X, cot. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Book value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Book					The state of the s
Grain Cot. (b) must equal Form 990, Part X, col. (B) line 12.) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Total_(Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	(G)				
Part VIII Investments - Program Related. Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (6) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (8) (9) (9) (9) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		VIII Investments - Program Related.			
(1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (10 Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) LAND & PROPERTY HELD FOR CONSTRUCTION (551, 466 (2) HOMES UNDER CONSTRUCTION (551, 466 (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)					
(2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) LAND & PROPERTY HELD FOR CONSTRUCTION 551, 466 (2) HOMES UNDER CONSTRUCTION 163 , 305 (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ (714, 771 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3, 7077 (3) (4) (5) (6)		(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
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(4) (5) (6) (7) (8) (9) Total. (Col. (i)) must equal Form 990, Part X, col. (ii) line 13,) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) LAND & PROPERTY HELD FOR CONSTRUCTION 551, 466 (2) HOMES UNDER CONSTRUCTION 163 , 305 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (ii) line 15.) ▶ 714 , 771 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (ii) must equal Form 990, Part X and (iii) line 15.) ↑ 714 , 771 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3, 707 (3) (4) (5) (6) (7)					
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(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					**************************************
Part IX		Col. (h) must equal Form 000. Part V. col. (P) line 12.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) LAND & PROPERTY HELD FOR CONSTRUCTION 551, 466 (2) HOMES UNDER CONSTRUCTION 163, 305 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3, 707 (3) (4) (5) (6)			<u> </u>		
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	(2)				163,305.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7) (8)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 714, 771 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 714,771 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	(6)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 3, 707 (3) (4) (5) (6) (7) (8)		Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		► 714,771.
1. (a) Description of liability (b) Book value (1) Federal income taxes 3,707 (2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)	Part				
(1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7) (8)			on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
(2) PAYROLL LIABILITIES 3,707 (3) (4) (5) (6) (7) (8)					(b) Book value
(3) (4) (5) (6) (7) (8)					
(4) (5) (6) (7) (8)		PAYROLL LIABILITIES			3,707.
(5) (6) (7) (8)					
(6) (7) (8)					
(7) (8)					
(8)					
rai	(<u>8)</u> (9)				
		Column (b) must equal Form 200. Deat V and (D) "	- 0E \		3,707.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 PIEDMONT HABITAT FOR HUMANITY, INC.	54-15	599433 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	747,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2,548	3.	
С			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	2,548.
3	Subtract line 2e from line 1	. 3	744,851.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	744,851.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	765,683.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	0.
3	Subtract line 2e from line 1		765,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	765,683.

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

Part X, Line 2:

Part XIII Supplemental Information.

The Financial Accounting Standards Board has issued ASC 740-10, Accounting for Uncertainty in Income Taxes, which prescribed a comprehensive model for how an organization should measure, recognize, present, and disclose in its financial statements uncertain tax positions that an organization has taken or expect to take on a tax return. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization?s financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves,

Schedule D (Form 990) 2021 PIEDMONT HABITAT FOR HUMANITY, INC. Part XIII Supplemental Information (continued)	54-1599433 Page 5
Fait Aiii Supplemental information (continued)	
or related accruals for interest and penalties for uncertain	income tax
positions at June 30, 2022 and 2021. Fiscal years ending on	or after June
30, 2019 remain subject to examination by federal and state t	tax
authorities.	
SCHEDULE D, PAGE 4 PART XI, LINES 2D AND 4B	
ADJUSTMENT FOR MORTGAGE DISCOUNT ORIGINATION NETTED IN REVENU	JE ON
FINANCIAL STATEMENTS, INCLUDED IN EXPENSES ON FORM 990.	

SCHEDULE L (Form 990)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Name of the organization

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

OMB No. 1545-0047

2021

Open To Public Inspection

lame of the organization	PIEDMONT	HABITAT	FOR	HU	MANITY, INC	Z.	1	-	r ident		on nu	mber
Part I Excess Bene	efit Transact	ions (section 50	01(c)(3	3), sect	ion 501(c)(4), and sec	ction 501(c)(29) orga						
Complete if the o	organization ans	wered "Yes" on f	orm 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, F	art V,	line 40)b			
1 (a) Name of disqualified p	person (b)	Relationship bety person and or			lified (c	c) Description of tra	nsactio	on		(d)	Corre	cted?
		person and or	yanıza	ation						Y	es	No
										+		
		· · · · · · · · · · · · · · · · · · ·								+		
										\top	\dashv	
										1		
2 Enter the amount of tax i	ncurred by the	organization man	agers	or disc	qualified persons duri	ng the year under						
section 4958												
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization			> \$				
Part II Loans to and	l/or From In	terested Ders	one									
					, Part V, line 38a or F	'arm 000 Dart IV lin	00.	:£ Al-				
reported an amo					, mart v, line soa or m	orm 990, Part IV, III	1e 26;	or it tri	e orga	nizatio	on	
(a) Name of	(b) Relationship		(d) Lo	an to or	(e) Original	(f) Balance due	(a) In	(h) Ap	proved	(i) V	/ritten
interested person with organ				principal amount	(1) Dalai 100 au		ault?			ment?		
				From			Yes	No	Yes	No	Yes	No
URTIS SMITH	FORMER E	TO FINAN	X		15,000.	0.		Х	X		X	
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otal					> \$							
Part III Grants or As		_										
Complete if the c		wered "Yes" on F	orm 9	90, Pa	art IV, line 27.							
(a) Name of interested p	person	(b) Relationship interested pers	on and		(c) Amount of assistance	(d) Type assistar			•) Purp assist		f
		the organiza	tion									
				-				_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 PIEDMO	<u>NT HABITAT FOR HUMAI</u>	NITY, INC.	54-1599	433	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
					+
					
					+
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see i	nstructions).			
Schedule L, Part II, Loans			:		
(a) Name of Person: CURTIS	SMITH				
(b) Relationship with Orga	nization: FORMER BOA	RD MEMBER			
(c) Purpose of Loan: TO FI			PERTY HELD F	OR	
CONSTRUCTION					
		M. M. C.			

					11

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 instructions and the latest information.

Employer identification number

Pa	rt I Types of Property	ITAT F	OK HUMANI	ry, inc.		5994.	33	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			s
1	Art - Works of art			, , , , , , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests					-		
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other				·			
15	Real estate - Residential	X	2	33 700	TAX ASSESSMI	ייזאי		
16	Real estate - Commercial			33,700.	TAN ADDEDDE	314 T		
17	Real estate - Other							
18								
19	Collectibles							
	Food inventory							
20 21	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28_	Other (
29	Number of Forms 8283 received by the organiz			i i				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29				
					,	Y	es	No
30a	During the year, did the organization receive by			~	The state of the s			
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ons?	31	\perp	X
32a	Does the organization hire or use third parties of	or related org	ganizations to solic	cit, process, or sell noncash	l			
	contributions?				[32a		X
b	If "Yes," describe in Part II.					T	I	
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,		- 1	
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Schedule M	1 (Form 990) 2021	PIEDMONT	HABITAT	FOR	HUMANITY,	INC.	54-159943	3 Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information. t I, column (b), the dditional informatio	Provide the info number of cont on.	rmation ributions	required by Part I, , the number of ite	lines 30b, 32 ems received,	b, and 33, and whether the org or a combination of both. Also	anization complete

			-					
				·····				
	·							
			·					

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

PIEDMONT HABITAT FOR HUMANITY, INC.

Employer identification number 54-1599433

Form 990, Part I, Line 1, Description of Organization Mission:

COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE

HAS A DECENT PLACE TO LIVE. PIEDMONT HABITAT FOR HUMANITY ADHERES TO A

STRICT NON-PROSELYTIZING POLICY AND WILL NOT OFFER ASSISTANCE ON THE

EXPRESSED OR IMPLIED CONDITION THAT PEOPLE MUST ADHERE OR CONVERT TO A

PARTICULAR FAITH OR LISTEN AND RESPOND TO MESSAGING DESIGNED TO INDUCE

CONVERSION TO A PARTICULAR FAITH.

Form 990, Part III, Line 1, Description of Organization Mission:

WILL NOT OFFER ASSISTANCE ON THE EXPRESSED OR IMPLIED CONDITION THAT

PEOPLE MUST ADHERE OR CONVERT TO A PARTICULAR FAITH OR LISTEN AND

RESPOND TO MESSAGING DESIGNED TO INDUCE CONVERSION TO A PARTICULAR

FAITH.

Form 990, Part III, Line 4a, Program Service Accomplishments:

HOME FOSTERS - INSTEAD OF HINDERS - HEALTH AND SAFETY, FAMILIES CAN

FLOURISH. OWNING AN AFFORDABLE HOME ALSO ALLOWS HOMEOWNERS TO LIFT UP

THEIR ENTIRE FAMILY BY SAVING FOR THEIR FUTURES AND INVESTING IN

EDUCATIONAL OPPORTUNITIES, BULSTERING JOB OPPORTUNITIES AND CAREER

GROWTH. DURING THE 2020-2021 FISCAL YEAR, PIEDMONT HABITAT FOR HUMANITY

SERVED MORE THAN 109 PEOPLE THROUGH ITS LONG-TERM HOMEOWNERSHIP

PROGRAM.

Form 990, Part III, Line 4b, Program Service Accomplishments:

FOR HUMANITY HAS PARTNERED WITH 14 LOCAL HOMEOWNERS, WITH 3 HOMEOWNERS

SERVED DURING THE 2020-2021 FISCAL YEAR.

Schedule O (Form 990) 2021	Page 2
Name of the organization PIEDMONT HABITAT FOR HUMANITY, INC.	Employer identification number 54-1599433
Form 990, Part VI, Section B, line 11b:	
THE 990 IS REVIEWED BY BOARD MEMBERS PRIOR TO FILING.	
Form 990, Part VI, Section B, Line 12c:	
THE BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST POLICY	ANNUALLY.
Form 990, Part VI, Section B, Line 15:	
INFORMATION REGARDING SALARIES AND BENEFITS FROM OTHER HAE	SITAT AFFILIATES
IN THE STATE WAS USED TO DETERMINE EXECUTIVE DIRECTOR'S SE	ALARY.
Form 990, Part VI, Section C, Line 19:	
THE FINANCIALS STATEMENTS AND OTHER GOVERNING DOCUMENTS AF	RE AVAILABLE UPON
REQUEST.	

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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6				19	12	11	16	9	•	4			17		16	15	14	13		Asset No.
ALARM SYSTEM	Machinery & Equipment	Furniture & Fixtures		2 HP 15' LAPTOPS	FIREPROOF FILE CABINET	20 OFFICE CHAIRS	COMPUTER AND MONITOR	STORAGE TRAILER	FIRE PROOF FILE CABINET	STORAGE TRAILER	Furniture & Fixtures		RESTORE * 990 Page 10 Total	LEASEHOLD IMPROVEMENT -	SECURITY SYSTEM - RESTORE	RESTORE SIGNAGE	OFFICE	OFFICE SIGNAGE LEASEHOLD IMPROVEMENT -	Buildings	Description
11/14/14 SL			W. 20	12/01/21	04/13/20	12/11/19	12/23/19	10/25/17	05/11/17	05/21/10			09/18/19		10/15/19	09/04/19	11/12/19	11/25/19		Date Acquired
SI				SL	TS.	SI	SL	ST	SL	SI			SI		SL	SI	IS	SI		Method
7.00				7.00	7.00	7.00	7.00	7.00	7.00	7.00			15.00		15.00	15.00	15.00	15.00		Life
_				Д		, <u> </u>	ь	ь												<=00
16				16	91	16	16	16	16	16			16		16	6	16	16		No. C
3,556.		11,361.		1 622	1,900.	927.	505.	3,407.	1,500.	1,500.		24,100.	1,238.		4,426.	9,269.	2,000.	7,167.		Unadjusted Cost Or Basis
																				Bus % Excl
																				Section 179 Expense
																				Reduction In Basis
3,556.		11,361.	.,	1 622.	1,900.	927.	505.	3,407.	1,500.	1,500.		24,100.	1,238.		4,426.	9,269.	2,000.	7,167.		Basis For Depreciation
3,387.		4,833.			339.	209.	108.	1,785.	892.	1,500.		2,773.	145.		516.	1,133.	222.	757.		Beginning Accumulated Depreciation
																				Current Sec 179 Expense
169.		1,311.		1 ω 5	271.	132.	72.	487.	214.	0.		1,607.	83.		295.	618.	133.	478.		Current Year Deduction
3,556.		6,144.		ာ သ	610.	341.	180.	2,272.	1,106.	1,500.		4,380.	228.		811.	1,751.	355.	1,235.		Ending Accumulated Depreciation

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

									18	7	ហ	ь			Asset No.
Ending book value	Ending accum depr	Ending balance	Dispositions/Retired	Acquisitions	Beginning balance	Current Year Activity	Depr		2004 F-150 PICKUP * 990 Page 10 Total	2006 CHEVY COLORADO TRUCK	2006 GMC PARCEL VAN	1996 GMC BOX TRUCK	Transportation Equipment	* 990 Page 10 Total Machinery & Equipment	Description
									08/18/21	12/19/16	05/27/14	07/09/09			Date Acquired
									IS	TS	TS	SL			Method
									5.00	5.00	5.00	5.00			Life
									12	16	12	16	1 - 1 - 1 - 1		< n o C No. No.
		65,547.	0.	10,448.	55,099.		65,547.	26,530.	8,826.	2,184.	7,700.	7,820.		3,556.	Unadjusted Cost Or Basis
															Bus % Excl
															Section 179 Expense
		0.	0.	0.	0.										Reduction In Basis
		65,547.	0.	10,448.	55,099.		65,547.	26,530.	8,826.	2,184.	7,700.	7,820.		3,556.	Basis For Depreciation
32,292.	33,255.	28,479.	۰.	0.	28,479.		28,479.	17,486.		1,966.	7,700.	7,820.		3,387.	Beginning Accumulated Depreciation
															Current Sec 179 Expense
							4,776.	1,689.	1,471.	218.	0.	0.		169.	Current Year Deduction
		33,255.	0.	1,606.	31,649.		33,255.	19,175.	1,471.	2,184.	7,700.	7,820.		3,556.	Ending Accumulated Depreciation

^{128111 04-01-21}