EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning ULL 1, 2020 and ending JUN 30, 2021 Check if C Name of organization D Employer identification number HABITAT FOR HUMANITY OF EASTERN Address change CONNECTICUT, INC. Name change **_**** Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 377 BROAD STREET (860)442-7890termin-ated City or town, state or province, country, and ZIP or foreign postal code 1,821,032. G Gross receipts \$ Amended return NEW LONDON, CT 06320 H(a) Is this a group return Applica F Name and address of principal officer: THERESA O'ROURKE Yes X No for subordinates? pending 377 BROAD STREET, NEW LONDON, CT H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Website: ► WWW.HABITATECT.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1987 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: HABITAT FOR HUMANITY OF EASTERN Activities & Governance CONNECTICUT, IN THE SPIRIT OF SHARING, BUILDS DECENT AND AFFORDABLE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 14 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 18 5 Total number of volunteers (estimate if necessary) 175 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 965,025 173,386. Revenue 9 Program service revenue (Part VIII, line 2g) 834,227. 1,642,963. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,359 -235. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 570. 643. 807,181. 1,816,757. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 630,126. 612,762. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 761,422. 1,364,139. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 391,548. 1,976,901. 415,633. -160,144.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 6,193,939. 20 Total assets (Part X, line 16) 6,112,842. 1,207,501. 21 Total liabilities (Part X, line 26) 1,157,666. t l Net assets or fund balances. Subtract line 21 from line 20 4,986,438. 4,955,176. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date 2 K Sign THERESA O'ROURKE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature NANCY D. HAYES, CPA 2/1/22 Paid ₽00057237 renarer Firm's name CARTER, HAYES + ASSOCIATES, P.C. **_**** Firm's EIN ▶ Firm's address 1970 WHITNEY AVENUE, BLDG. se Only HAMDEN, CT 06517 Phone no. 203-287-3990

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form 990 (2020) CONNECTICUT, INC. **_**** Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, IN THE SPIRIT OF SHARING, BUILDS DECENT AND AFFORDABLE HOMES IN PARTNERSHIP WITH FAMILIES IN NEED. WE DO THIS THROUGH THE DEDICATED EFFORTS OF COMMUNITY VOLUNTEERS, FINANCIAL SPONSORS AND PARTNER FAMILIES WHO FIND REWARDING Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,696,078. including grants of \$ 1,641,531.) (Expenses \$ THE AFFILIATE SOLD 3 HOMES TO LOCAL FAMILIES, WORKED ON BUILDING 6 NEW HOME PROJECTS IN WILLIMANTIC, EAST LYME AND NORWICH, AND 1 RENOVATION PROJECT IN DANIELSON. THE AFFILIATE IS POSITIONED TO SELL NO LESS THAN 6 HOMES IN THE NEXT FISCAL YEAR. THE AFFILIATE RE-OPENED ALL STORES IN MID-JUNE 2020 AFTER CLOSING ALL OPERATIONS IN MARCH 2020 DUE TO COVID 19. RESTORE SALES WERE SIGNIFICANTLY INCREASED AFTER RE-OPENING, REALIZING A NET REVENUE OF \$470,000 COMPARED TO FISCAL YEAR 2020'S \$69,000 NET REVENUE. CONTRIBUTING TO THE INCREASE WAS A COLLABORATION WITH A MOVING COMPANY TO COMPLETE THE PICKUP OF DONATED PRODUCT FROM RESIDENTIAL HOMES. THE INCREASED NET REVENUE FROM RESTORE OPERATIONS HELP OFFSET THE LOWER FUNDRAISING REVENUE RESULTING FROM THE COVID ENVIRONMENT. (Code:) (Expenses \$ including grants of \$) (Revenue \$ (Code: _____) (Expenses \$ including grants of \$ (Revenue \$ Other program services (Describe on Schedule O.) including grants of \$) (Revenue \$ 1,696,078. Total program service expenses ▶

Form 990 (2020) CONNECTICUT, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			220
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
2727	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- ESSENCE OF	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		32000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		- 72
u		11d	x	
Δ.	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ļ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			V4040A
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Name of		7.7
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
20	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I. Parts I and II	21		Х
	domostio government out i at its, column (rs), intel 11 II "Yes." complete Schedille I Parts Land II			47

Form 990 (2020) CONNECTICUT, INC.

Part IV Checklist of Required Schedules (continued)

or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization increaive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization increaive dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization on on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Line 3, 4, or 5 about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the very interface and the property of the compensation with a state issued after Discerber 31, 2002? If "Yes," answer lines 24th trough 24th and complete Schedule K. If "No," yo to line 25a 24b Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax eventy bonds? 24c Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax eventy bonds? 25c Section 50(15), 501(16)4), and 501(x)209 organizations. Did the regalizations are as an "on behalf of issuer for bonds outstanding at any time during the year? 25d Section 50(15), 501(16)4), and 501(x)209 organizations. Did the organization aware that the regalization are some the regalization with a discussified person during the year? If "Fes," complete Schedule L, Part I Did to organization aware that the regalization and the test of regalization and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 EZP; If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor, or 39% controlled entity of nor the observable of a main years are provided and the properties of the during an employee thereof, or family member of any individual described in line 28s or 28s? If "Yes," complete Schedule L, Part IV and the organization provide a part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes,"	22				
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is at day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24th through 24th and complete Schedule K. If "No," go to line 25a. 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization marks an exercive account other them a returning secrov at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (c)(3), 50 (c)(4), and 50 (c)(29) organizations. Did the organization engage in an oxcess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of the organization spiror forms 90 or 950 EZ? If "Yes," complete Schedule L, Part I 25b Diff 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 fineduring an employee thereof) or family member of any otherse persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II and the organization and exception of a part of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II and I			22		X
Schedule 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?	23				
24a Dit 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 24th through 24th and complete Schedulo K. If "No." go to line 25a bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d city the complete schedule L, Part I assuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 24d did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)3, 501(x)40, and 501(x)230 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I assuer for bonds outstanding at any time during the year? 25a Section 501(x)3, 501(x)40, and 501(x)230 organizations. Did the organization engage 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 is prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II 25b Id the organization exported a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founding an employee thereof) or family statistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete 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 "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions? If "Yes," complete Schedule I, Part IV instr					١
static day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to the 25s b) Did the organization minetain an escrive vaccount other than a refunding secrev at any time during the year to defease any tax exempt bonds? d) Did the organization maintain an escrive vaccount other than a refunding secrev at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I b) Is the organization avance that it orgaged 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 organizations prior Forms 990 or 990 E27 If "Yes," complete Schedule I., Part II 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 of ramily member of any of these persons? If "Yes," complete Schedule I., Part IV is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, organization and the organization and part to a business transaction with one of the following parties gees Schedule I., P	•		23	-	X
Schedule K. If 'No.' go to line 25a bill the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25a Section 801(s)3, 801(s)43, and 501(s)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? '' If 'ves,' complete Schedule L, Part I' b is the organization avare that it orgaged 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 900 or 990 E27 '' Yes,' complete Schedule L, Part I' b is 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% corticular 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or fauntify an employee thereof) or family member of any of these persons? '' '''''''''''''''''''''''''''''''''	24 a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 50 f(c)(3), 80 f(c)(4), and 50 f(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I b Is the organization report any amount on Part X, line 5 or '22, for receivables from or payables to any current or former officer, director, fustee, 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 25b X 27c 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 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 IV 27d X 28d Was the organization review thereof) or family member of any of these persons? If 'Yes," complete Schedule L, Part IV 28d A A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes," complete Schedule L, Part IV 28d A A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes, 'complete Schedule L, Part IV 28d A A A A A A A 29d Did the organization receive more than \$25,000 in non-cash contributions?	h	Did the organization invest any proceeds of tay exempt hends beyond a temporary paried execution?			<u> </u>
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(52), 501(54), and 501(62) and 501(62) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I	·		240		
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? # "yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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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? # "Yes," complete \$Chedule L, Part I			25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization and the standard or any of these persons? If "Yes," complete 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 "Yes," complete Schedule L, Part IV 28a X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and 30	b				
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization and the standard or any of these persons? If "Yes," complete 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 "Yes," complete Schedule L, Part IV 28a X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and 30		2.2 - 2.3 C - 2.3 May 2.3 C - 2.4 May 2.4 C - 2.4 May			
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Tent the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	33				
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			7 mg Ca ya	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	C		10		

Form 990 (2020) CONNECTICUT, INC.

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

	Conunaed			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 18			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			FIELD
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	United to		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
9	sponsoring organizations maintaining depart adviced funds	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the annualization make a distribution to a d	9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1,040,000
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

_** CONNECTICUT, INC.

Page 6 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.

It there are material differences in voting rights among members of the governing body, or if the governing body delegated throat authority to an executive committee or similar committee, eyolian on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 1b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employee in the properties of the properties of the progranization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 5 A vary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? 10 Did the organization have written policies and procedures governing the activities of		Check if Schedule O contains a response or note to any line in this Part VI			X
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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CT 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	а		15a	Х	
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 List the states with which a copy of this Form 990 is required to be filed ►CT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Sec		100		
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X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			Grify)	avana	210
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.					
statements available to the public during the tax year.	10		financ	nia!	
	19		mano	ial	
Otate the harre, address, and telephone number of the derson who dossesses the ordanization's dooks and records	20				
HABITAT FOR HUMANITY OF EASTERN CT, INC (860)442-7890	20				
377 BROAD STREET, NEW LONDON, CT 06320				-	

Form 990 (2020) CONNECTICUT, INC.

÷	+	*	+	+	+	*	*	*	

Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average	ne er		((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	s both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THERESA O'ROURKE	40.00									
EXECUTIVE DIRECTOR				Х				80,266.	0.	9,277.
(2) NANCY BANKS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RICHARD BENNINK	1.00									
IRECTOR		Х						0.	0.	0.
(4) SUE LATOURETTE	1.00									
SECRETARY		X		X				0.	0.	0.
(5) JENNIFER MILLER	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOANN HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KEVIN LYDEN	1.00									
FORMER DIRECTOR		X						0.	0.	0.
(8) ISABELLA DONADIO	1.00									
DIRECTOR		X						0.	0.	0.
(9) MEGGAN LYNCH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ERICKA WINSTEAD	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) MELODY EDELMAN	1.00									
DIRECTOR		X						0.	0.	0.
(12) RHEA BAGNELL	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(13) KATHY CROTEAU	1.00									
DIRECTOR		X						0.	0.	0.
(14) JOHN FORTUNATO	1.00									
DIRECTOR		X						0.	0.	0.
(15) JUDI JORDAN	1.00									
DIRECTOR		X						0.	0.	0.
'16) PETER BACHIOCHI	1.00									
IRECTOR		X						0.	0.	0.
(17) JULIA MACHAJ	1.00									
FORMER DIRECTOR		X						0.	0.	0.

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

Section B. Independent Contractors

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

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
		NONE		
6				
·				
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those list	ed above) who received more than	

Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 173,386. 1f 16,669. 19 \$ g Noncash contributions included in lines 1a-1f 173,386. h Total. Add lines 1a-1f **Business Code** 2 a RESTORE 453310 035,677.1,035,677. Program Service Revenue 495,000. b TRANSFER TO HOME OWNER 531390 495,000. c MORTGAGE LOAN DISC AMO 97,126. 97,126. 531390 d COLLECTION OF SECOND M 531390 15,160. 15,160. f All other program service revenue 642,963. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,840. 1,840. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 2,200. assets other than inventory 7a b Less: cost or other basis 4,275 Other Revenue and sales expenses -2,075.c Gain or (loss) ______7c d Net gain or (loss) -2,075.-2,075.8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 531390 643. 643. b d All other revenue e Total. Add lines 11a-11d 643. 816,757.1 641,531. Total revenue. See instructions 0. 1,840.

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Form 990 (2020) CONNECTICUT, INC.
Part IX | Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons		this Part IX	(C)	/D\
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 206	60 057	10 470	12 060
-	trustees, and key employees	92,396.	60,057.	18,479.	13,860.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	416,602.	303,350.	43,213.	70 020
7	Other salaries and wages	410,002.	303,350.	43,213.	70,039.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	55,976.	33,412.	10,444.	12,120.
9	Other employee benefits	47,788.	32,813.	5,875.	9,100.
10	Payroll taxes Fees for services (nonemployees):	47,700.	32,013.	3,073.	5,100.
11	DE RECORDE MANUEL DE LA MANUEL DE CAMBRE SERVICIO DE CONTROL DE CAMBRE DE CA				
a b	Management	345.	232.	113.	
D	Legal Accounting	28,308.	252.	28,308.	
d		20,300.		20,300.	
u _	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	24,690.	12,186.	790.	11,714.
13	Office expenses	36,981.	16,842.	11,813.	8,326.
14	Information technology	·	·		
15	Royalties				
16	Occupancy	15,900.	10,483.	4,755.	662.
17	Travel	13,782.	13,436.	310.	36.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	31,505.	31,505.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,900.	43,244.	2,125.	531.
23	Insurance	88,695.	82,899.	2,898.	2,898.
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.) COST OF HOMES TRANSFERR	436,308.	436,308.		
d h	RESTORE RENT	191,709.	191,709.		
D	DISCOUNT ON PROPERTIES	161,342.	161,342.		
ر د	MORTGAGE DISCOUNTS	101,059.	101,059.		
a	All other expenses	187,615.	165,201.	22,024.	390.
	Total functional expenses. Add lines 1 through 24e	1,976,901.	1,696,078.	151,147.	129,676.
25 26	Joint costs. Complete this line only if the organization	2,2,0,301.	_,000,010.		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					5 000 maga

CONNECTICUT, INC.

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	222,209.	1	552,475.
	2	Savings and temporary cash investments	1,020,656.	2	749,798.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	63,274.	4	21,945.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net	2,250,751.	7	2,315,313.
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	101,076.	9	108,717.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 722,231. Less: accumulated depreciation 10b 372,750.		255	
	b	Less: accumulated depreciation 10b 372,750.	349,011.	10c	349,481.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,186,962.	15	2,015,113
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,193,939.	16	6,112,842.
	17	Accounts payable and accrued expenses	126,121.	17	153,083.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1 000	20	0 116
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,809.	21	2,116.
es	22	Loans and other payables to any current or former officer, director,			
#		trustee, key employee, creator or founder, substantial contributor, or 35%		1200110	
Liabilities		controlled entity or family member of any of these persons	1 070 571	22	1 000 467
-	23	Secured mortgages and notes payable to unrelated third parties	1,079,571.	23	1,002,467.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	00	of Schedule D	1,207,501.	26	1,157,666.
-	26	Total liabilities. Add lines 17 through 25	1,207,301.	26	1,137,000.
S.		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
og	07		4,013,091.	27	4,321,389.
ala	27 28	Net assets without donor restrictions Net assets with donor restrictions	973,347.	28	633,787.
9	20	Organizations that do not follow FASB ASC 958, check here	3/3/31/6	20	033,707
ᇤ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,986,438.	32	4,955,176.
z	33	Total liabilities and net assets/fund balances	6,193,939.	33	6,112,842.
	00	Total habilities and not assets/fully balances	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50	5 000 (200

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, INC.

Eorn	990 (2020) CONNECTICUT, INC.	**_*	****	Da	_{ge} 12
DESCRIPTION OF THE PERSON NAMED IN	rt XI Reconciliation of Net Assets			Ра	ge 12
A	Check if Schedule O contains a response or note to any line in this Part XI				X
	Officer it Schedule O Contains a response of flote to any line in this Part XI	T T	************		Λ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,816	5.7	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,976		
3	Revenue less expenses. Subtract line 2 from line 1	3	-160		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,986		
5	Net unrealized gains (losses) on investments	5	•	•	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	128	3,8	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,955	5,1	76.
Pa	rt XII Financial Statements and Reporting	2.00			2
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audit			
	Act and OMB Circular A-133?		За		_X_
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 **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

HABITAT FOR HUMANITY OF EASTERN

2020

OMB No. 1545-0047

Inspection
Employer identification number

			ECTICUT, I						* - * * * * * *
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	S.	
The 1 2 3 4	organ	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or association 170(b)(1)(A)(ii). (hospital service orga	on of churches described (Attach Schedule E (Fornanization described in s	d in section on 990 or 99 ection 170	on 170(b)(90-EZ).) 0(b)(1)(A)(ii	ii).)(iii). Enter	the hospital's name,
5		An organization operated for section 170(b)(1)(A)(iv).	Complete Part II.)					nit describe	ed in
6 7		A federal, state, or local go An organization that normal section 170(b)(1)(A)(vi). (O	ally receives a substa complete Part II.)	ntial part of its support f	rom a gove			ne general	public described in
8 9	H	An agricultural research are				od in ooni	ination with a	land arant	collogo
		An agricultural research orgor university or a non-land-guniversity:							
10	X	An organization that normal activities related to its exensincome and unrelated businessee section 509(a)(2). (Co.)	npt functions, subject ness taxable income	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
11 12		An organization organized a An organization organized a more publicly supported or	and operated exclusi and operated exclusi ganizations describe	vely for the benefit of, to d in section 509(a)(1) of	perform to per section	he function 509(a)(2) .	ns of, or to ca See section 	509(a)(3).	No. 17 at the second
а		Innes 12a through 12d that Type I. A supporting orgathe supported organization organization. You must o	anization operated, son(s) the power to req	upervised, or controlled gularly appoint or elect a	by its supp	oorted org	anization(s), ty	pically by	
b		Type II. A supporting org control or management o organization(s). You mus	f the supporting orga	anization vested in the sa		(2 A)	(7	N 100 10	150
С		Type III functionally inte	grated. A supporting	g organization operated				ly integrate	ed with,
d		its supported organization Type III non-functionally	3H 30K	2007				ted organi:	zation(s)
u		that is not functionally int requirement (see instruction	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	10 To	
е		Check this box if the orga					Type I, Type I	II, Type III	
f	Ente	functionally integrated, or r the number of supported of		nally integrated supporti		ation.			
g		ide the following information	about the supporte	d organization(s).		nization listed			1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi	anization listed ing document? No	(v) Amount of support (see in	a successive and a second district	(vi) Amount of other support (see instructions)
				-					
	E.				70 ST A R R R R R R R R		1		1

Section A. Public Support

ŀ	_	*	*	*	*	*	*	*	Page
									Page

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

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

Jal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) 2010	(6) 2017	(0) 2010	(u) 2013	(6) 2020	(i) rotai
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-4- / :				40	
	Gross receipts from related activities,		,	f1		12	
13	First 5 years. If the Form 990 is for th				ā	Wester B	
Sec	organization, check this box and stop ction C. Computation of Public						
	Public support percentage for 2020 (li			oolumn (fl)		14	0/
	Public support percentage from 2019					15	<u>%</u>
	33 1/3% support test - 2020. If the o						
IUa	stop here. The organization qualifies a						
h	33 1/3% support test - 2019. If the o		9			or more shook thi	
U	and stop here. The organization quali						
170	10% -facts-and-circumstances test						
ı / d	and if the organization meets the facts						
					200		-
L	meets the facts-and-circumstances test					17a and line 15 is 1	
a	10% -facts-and-circumstances test						U% Of
	more, and if the organization meets the						▶ □
10	organization meets the facts-and-circu			The state of the s			
18	Private foundation. If the organization	n dia not check a l	oox on line 13, 16a	a, 160, 1/a, or 1/b	And the second	The second second	The second of th
					Sch	edule A (Form 990	OF 990-EZ) 2020

_** Page 3

Schedule A (Form 990 or 990-EZ) 2020 CONNECTICUT, INC.

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

Se	qualify under the tests listed b	elow, please comp	ete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(0) 2018	(u) 2019	(e) 2020	(I) Iolai
٠	membership fees received. (Do not						
	include any "unusual grants.")	1388145.	1353674.	1027681.	971,375.	173,386.	4914261.
_		1300143.	1333074.	102/001.	311,313.	173,300.	4914201.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1180278.	1260746.	1396229.	834,227.	1640887.	6312367.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					3	
	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	2568423.	2614420.	2423910.	1805602.	1814273.	11226628.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b					***************************************	0.
	Public support. (Subtract line 7c from line 6.)		Decition Decided				11226628.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	2568423.	2614420.	2423910.	1805602.	1814273	11226628.
	Gross income from interest,			21203201	1000001	20212701	
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	9.	805.	3,012.	7,359.	1,840.	13,025.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	9.	805.	3,012.	7,359.	1,840.	13,025.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain			7,000			
	or loss from the sale of capital assets (Explain in Part VI.)	837.	6,198.	1,778.	570.	643.	10,026.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2569269.	2621423.	2428700.	1813531.	1816756.	11249679.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Perd	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	99.80 %
	Public support percentage from 2019					16	99.80 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	7 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 .12 %						
18	8 Investment income percentage from 2019 Schedule A, Part III, line 17						
19a	33 1/3% support tests - 2020. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	es as a publicly su	ipported organizat	ion	X
b	33 1/3% support tests - 2019. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						88
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	

_*** Page 4

Yes No

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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.)

1		
2		
За		
3b		
3c		
4a		
4b		
4c		
10		
5a		
5b	-	
5c	7200 113	
6		
7		
8		
9a		
	F23	
9b		
9c		
10a		
10b	90-EZ)	2020

_** Schedule A (Form 990 or 990-EZ) 2020 CONNECTICUT, INC. Page 5 Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide *detail i*n Part VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. a b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) Yes Activities Test. Answer lines 2a and 2b below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or За trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

_** Schedule A (Form 990 or 990-EZ) 2020 CONNECTICUT, INC. Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year lection A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3. 4 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 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 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. Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions)

	HABITAT FOR H	UMANITY OF EAST	TERN		
_	dule A (Form 990 or 990-EZ) 2020 CONNECTICUT,	INC.		**	_***** Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	R	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
15.75.7000	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			9	
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			2	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017	自然 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基			

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 CONNECTICUT,	INC.		**_****	Page 8
Part VI	Supplemental Information. Provide the expert IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, I (See instructions.)	olanations required 9a, 9b, 9c, 11a, 11b tion E, lines 1c, 2a,	2b, 3a, and 3b; Part V, line 1; Part	v, Section B, line Te; Pa	C,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, INC. **_**** Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
HABITAT FOR HUMANITY OF EASTERN
CONNECTICUT, INC.

Employer identification number

_**

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 RICHARD AND VIRGINIA BENNINK 35 SOUTH RIDGE ROAD NIANTIC, CT 06357	\$ 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 HFHI CARS FOR HOMES VEHICLE DONATION PROGRAM P.O. BOX 9124 BEND, OR 97708-9124	Total contributions \$ 42,185.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DOMINION ENERGY CHARITABLE FOUNDATION 314 ROPE FERRY ROAD WATERFORD, CT 06385	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEANNE ALLYN 687 COLONEL LEDYARD HIGHWAY LEDYARD, CT 06339	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RICHARD AND BONNIE DENTON 280 WHALEHEAD ROAD GALES FERRY, CT 06335	\$5,283.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	INTERNATIONAL CORDAGE EAST LTD 226 UPTON ROAD COLCHESTER, CT 06415	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HABITAT FOR HUMANITY OF EASTERN
CONNECTICUT, INC.

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHAMBER OF COMMERCE EASTERN FOUNDATION 39 KINGS HIGHWAY GALES FERRY, CT 06335	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JEWETT CITY SAVINGS 111 MAIN STREET JEWETT CITY, CT 06351	\$9,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANONYMOUS 377 BROAD STREET NEW LONDON, CT 06320	\$8,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GENERAL DYNAMICS ELECTRIC BOAT P.O. BOX 1291 GROTON, CT 06340	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CHELSEA GROTON FOUNDATION ONE FRANKLIN SQUARE NORWICH, CT 06360	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	HFHI GIFTS IN KIND, HALSTEAD FLOORING P.O. BOX 9124 BEND, OR 97708-9124	\$8,272.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization
HABITAT FOR HUMANITY OF EASTERN
CONNECTICUT, INC.

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DOW 2211 H.H. DOW WAY MIDLAND, MI 48674	\$6,418.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7.7		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

HARTMAN FOR HIMANITY OF

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, INC.

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Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FLOORING MATERIAL 12 8,272. 04/29/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOAM BOARD 13 6,418. 05/21/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number HABITAT FOR HUMANITY OF EASTERN CONNECTICUT INC. **_**** Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info_once.) 🕨 \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

HABITAT FOR HUMANITY OF EASTERN

CONNECTICUT, INC.

Employer identification number **_****

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds 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 v	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose or	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
4	year ►	annual factor of No.	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalities assessment it.		T ves T ve
6	violations, and enforcement of the conservation easements it	***************************************	Yes No
O	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on accoments during the year
	\$	ing of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	60 E - TOO MAE 19 MAN AND AND AND AND AND AND AND AND AND A	
	organization's accounting for conservation easements.		
Par		Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	•
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	*	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	(A)	> \$
	Assets included in Form 990 Part X		•

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			CICUT, INC.							****	Page 2
a Public exhibition d	Pa	rt III Organizations Maintaining (Collections of A	rt, Hist	torical Tre	easures, o	r Othe	r Similaı	Assets	(continu	ued)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization as olicitor? Ves No Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1c 1c Amount 1c 1d Additions during the year 1cd 4 deplaced to the part X line 21. for escrew or custodial account tability. 1c Ending blance 1cd 4 deplaced to the part X line 21. for escrew or custodial account tability. 1c Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Ivo years task (d) Three years bask (e) Four years back (e) Four years bac	3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	following tha	t make s	ignificant ι	ise of its		
b Scholarly research c Preservation for future generations c Preservation for future generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be solid to grained to grained the contraction of the organization scellection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		collection items (check all that apply):									
c Presevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During they year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Perro 90, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount to dead Additions during the year 1. 1c Ending balance	а	Public exhibition	9	d 🔲	Loan or exc	hange progr	am				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1c Amount 1c Amount 1d Additions during the year 1d Additions during the year 1d Additions during the year 1d Beginning balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If Ending balance 2c Solitan balance 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization and programs 1 Administrative expenses 2 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held a	b	Scholarly research	· ·	e \square	Other						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	С	Preservation for future generations		0.00	0 0 0						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld for arise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspect, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No If "Yes," explain the arrangement in Part XIII and complete the following table: C	4		collections and explai	n how th	hev further th	ne organizati	on's exe	mpt purpos	se in Part	XIII.	
Descrivation Description	5										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No If "Yes", explain the arrangement in Part XIII and complete the following table: C										Yes	No
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 12 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fability? A Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships 1c Other expenditures for facilities and programs f Administrative expenses g End of year balance 1c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estinated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment 5 Terms endowment 5 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V I Endon Balance (d) Book value basis (investment) basis (investment) basis (investment) basis (orthor) depociation (e) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accomplated (d) Book value (d) Book value (e) Accomplated (e	Pa										110
on Form 990, Part X? □ Ves					3				, ,	-, -	
on Form 990, Part X? □ Ves	1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other as	sets not	included			
B f 'Yes,* explain the arrangement in Part XIII and complete the following table: Amount Amount C C Beginning balance 1 C Amount C C C C C C C C C										Yes	X No
C Beginning balance 1	b					******************					
d Additions during the year				0						Amount	
d Additions during the year	С	Beginning balance						1c			
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Fart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Fo	d										
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Part V Endowment Funds. Complete if the explanation has been provided on Part XIII X	2a	Did the organization include an amount on F	orm 990, Part X, line	21. for	escrow or cu	ustodial acco	unt liabil	litv?	X	Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
1a Beginning of year balance		t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line	10.			
1a Beginning of year balance	0,000								ears back	(e) Four	vears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance			•						
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b										
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е										
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Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) 3a(i)	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		- Control Cont									
a Board designated or quasi-endowment				e (line 1d	r column (a)) held as:					
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a		20 March 100 Mar									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 555,643. 555,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 666,364. 66,005. 359. e Other Other			* T.								
Yes No (i) Unrelated organizations 3a(i)	За			ation tha	t are held ar	nd administer	ed for th	e organiza	tion		
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3a(ii) 3b 3a(ii) 3b 3b </th <th></th> <th></th> <th>3</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Г</th> <th>res No</th>			3							Г	res No
(iii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.		-									110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other											-
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.	200									0.5	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 55,643. 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.	Par						n=W=u=				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 55,643. 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.		Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.			
basis (investment) basis (other) depreciation 1a Land 55,643. 55,643. b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.		tractic way years and the second seco		-	201000 0000				d T	(d) Book	value
b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.		,	, ,		` '		6.480			(4) - 44	
b Buildings 239,001. 141,020. 97,981. c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.	1a	Land								55	,643.
c Leasehold improvements 43,561. 24,684. 18,877. d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.								141.02	0.		
d Equipment 66,364. 66,005. 359. e Other 317,662. 141,041. 176,621.											
e Other 317,662. 141,041. 176,621.											
										176	
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Schedule D (Form 990) 2020

CONNECTICUT, INC. **_**** Schedule D (Form 990) 2020 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (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) (2)(3)(4)(5)(6)(7)(8)(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 CONSTRUCTION IN PROGRESS 790,864. LAND HELD FOR DEVELOPMENT 1,133,302. PROPERTY HELD FOR SALE (3)90,947. (4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) 2,015,113. 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)(3)(4)(5)(6)(7)(8)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CONNECTICUT, INC.				*****	Page 4
Part XI Reconciliation of Revenue per Audited Finan		th Revenue per Re	eturn.		
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial state	ments		1	1,976,	,209.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		т			
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities		30,570.			
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d	128,882.			
e Add lines 2a through 2d			2e	159,	452.
3 Subtract line 2e from line 1			3	1,816,	757.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)			A STATE		
c Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par			5	1,816,	757.
Part XII Reconciliation of Expenses per Audited Finar	ncial Statements W	ith Expenses per	Return		
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.				
Total expenses and losses per audited financial statements	***		1	2,007,	471.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		************	SEX		
a Donated services and use of facilities	2a	30,570.			
b Prior year adjustments					
c Other losses			AC.		
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d			2e	3.0	570.
3 Subtract line 2e from line 1			3	1,976,	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,510,	701.
a Investment expenses not included on Form 990, Part VIII, line 7b	42				
b Other (Describe in Part XIII.)			-		
			10		٥
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa			4c	1,976,	901
Part XIII Supplemental Information.	п. і. ііпе 18.) ·····		1 5	1,510,	701.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	a 1a and 4: Part IV lines	1h and 2h: Dart V line	1. Dort V	line 0: Dort V	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			+, Pari A	, iiile 2, Part A	1
intes 2d and 4b, and 1 art An, intes 2d and 4b. Also complete this part to	orovide arry additional irri	omation.			
PART IV, LINE 2B:					
TAKT IV, DINE ZD.					
THE ORGANIZATION HOLDS AN ESCROW ACCO	NINT FOR COND	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	יכי אוז	.D	
THE ORGANIZATION HOLDS AN ESCROW ACCO	JONI FOR COND	O FEES, TAKE	S AN	ע	
INSURANCE FOR A FEW HOMEOWNERS.					
INSURANCE FOR A FEW HOMEOWNERS.					
DADM V IINE 2.					
PART X, LINE 2:					
MILE ODGANITAMION HAG NOW WATER AND WA	W DOGTETONG	m		DDI	~
THE ORGANIZATION HAS NOT TAKEN ANY TA	X POSITIONS	THAT MANAGEM	IENT	BELIEVE	S
			<u> </u>		
WOULD RESULT IN ADDITIONAL TAX LIABII	ITIES UPON E	XAMINATION C	F TH	E TAX	
	_				
RETURNS BY A TAX JURISDICTION. THE OF	GANIZATION H	AS NO OPEN T	'AX Y	EARS	
PRIOR TO JUNE 30, 2017. THE ORGANIZA	TION'S TAX R	ETURNS ARE S	UBJE	CT TO	
EXAMINATION, GENERALLY FOR THREE YEAR	S AFTER THEY	WERE FILED.			
		·		·	

PART XI, LINE 2D - OTHER ADJUSTMENTS:

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT. INC.

Schedule D (Form 990) 2020 CONNECTICUT, INC.	**_****	Page 5
Schedule D (Form 990) 2020 CONNECTICUT, INC. Part XIII Supplemental Information (continued)		and the state of t
(oorning out)		
PPP FUNDING		
		-
		-
		-

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, INC.

Employer identification number ** - * * * * * *

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOMES IN PARTNERSHIP WITH FAMILIES IN NEED. WE DO THIS THROUGH THE DEDICATED EFFORTS OF COMMUNITY VOLUNTEERS, FINANCIAL SPONSORS AND PARTNER FAMILIES WHO FIND REWARDING EXPERIENCES BY SHARING THEIR TIME TALENTS AND RESOURCES. OUR GOAL IS TO MAKE A DIFFERENCE IN THE LIVES OF FULFILL THE DREAM OF HOME OWNERSHIP AND HELP ELIMINATE OTHERS, SUB-STANDARD HOUSING IN EASTERN CONNECTICUT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCES BY SHARING THEIR TIME, TALENTS AND RESOURCES. OUR GOAL IS TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS, FULFILL THE DREAM OF HOME OWNERSHIP AND HELP ELIMINATE SUB-STANDARD HOUSING IN EASTERN CONNECTICUT. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE FINANCIAL MANAGER, THEN THE BOARD OF DIRECTORS REVIEWS IT BEFORE THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS. FORM 990, PART VI, SECTION B, LINE 12C: THE MEMBERS OF THE BOARD OF DIRECTORS REVIEW AND SIGN A NEW CONFLICT OF INTEREST POLICY EACH YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE MEETS TO DETERMINE COMPENSATION. USES DATA FROM

OTHER AFFILIATES AS WELL AS FOR THE AREA TO ARRIVE AT COMPENSATION.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization HABITAT FOR HUMANITY OF EASTERN CONNECTICUT, INC.	Employer identification number * * - * * * * * *
FORM 990, PART VI, SECTION C, LINE 18:	
ALL DOCUMENTATION IS AVAILABLE UPON REQUEST AT THE MAIN OF	FICE LOCATION.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE UPON REQUEST AT THE MAIN OFFIC	CE LOCATION.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PPP FUNDING	128,882.
FORM 990 PART XII LINE 2C	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT OVERSEES THE	AUDIT AND
THE SELECTION OF AUDITORS.	