A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Created with the construction of organization D Employer identification number With the construction of organization D Employer identification number Water of the construction of organization B Construction of the				** PUBLIC DISCLOSURE COPY	* *	
Form Status Under section 50 (c), 627, or 4947(a)(1) of the Internal Revenue Code (accept private foundations) Do not enter social security numbers on this form as it may be made public.		Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Deadtmetrix Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Graduling CName of organization D Employee identification number Warm Doing business as 81-0476317 Warm Same AsS C ABOVE H(a) Is this a group return I trax-exempt status: IX 5016(3) 501(c) () (insert no.) 4947(a)(1) or 557 I Tax-exempt status: IX 5016(3) 501(c) () (insert no.) 4947(a)(1) or 557 I Tax-exempt status: IX 5016(3) 501(c) () (insert no.) 4947(a)(1) or 557 I Tax-exempt status: IX 5016(3) 501(c) () (insert no.) 1496 Gro	Department of the Treasury			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	2023
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8 Contributions and grants (Part VIII, line 1h) 1,187,451. 2,024,362. 9 Program service revenue (Part VIII, column (A), lines 2g) 836,532. 1,253,295. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -51,101. -349,629. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1,053,350. 1,272,403. 16a Professional fundraising fees (Part IX, column (D), line 25) 131,215. 1 780,912. 849,469. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,834,262. 2,121,872. 1 19 Revenue less expenses. Subtract line 18 from line 12 138,620. 806,156. 8eginning of Current Year End of Year 21 <th>_</th> <td>b</td> <td>Net unrelated</td> <td>business taxable income from Form 990-T, Part I, line 11</td> <td></td> <td>-</td>	_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		-
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0.0.0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.0.0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -51,101349,629. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,972,882. 2,928,028. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.0.0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,053,350. 1,272,403. 16a Professional fundraising fees (Part IX, column (D), line 25) 131,215. 17 Other expenses (Part IX, column (A), line 11e. 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -51, 101. -349, 629. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 972, 882. 2, 928, 028. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 053, 350. 1, 272, 403. 16a Professional fundraising fees (Part IX, column (D), line 25) 131, 215. 1 7 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 780, 912. 849, 469. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 834, 262. 2, 121, 872. 19 Revenue less expenses. Subtract line 18 from line 12 138, 620. 806, 156. 20 Total assets (Part X, line 16) 7, 509, 055. 7, 213, 267. 21 Total liabilities (Part X, line 26) 5, 250, 533. 4, 185, 631. 22 Net assets or fund balances. Subtract line 21 from line 20 2, 258, 522. 3, 027, 636. <th>Sev</th> <td>10</td> <td></td> <td></td> <td></td> <td>0.</td>	Sev	10				0.
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17 Other expenses (Part X, columit (A), lines 112-110, 11124e) 17000, 5121 049, 409. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,834,262. 2,121,872. 19 Revenue less expenses. Subtract line 18 from line 12 138,620. 806,156. 20 Total assets (Part X, line 16) 7,509,055. 7,213,267. 21 Total liabilities (Part X, line 26) 5,250,533. 4,185,631. 22 Net assets or fund balances. Subtract line 21 from line 20 2,258,522. 3,027,636.	ens	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
17 Other expenses (Part X, columit (A), lines 112-110, 11124e) 17000, 5121 049, 409. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,834,262. 2,121,872. 19 Revenue less expenses. Subtract line 18 from line 12 138,620. 806,156. 20 Total assets (Part X, line 16) 7,509,055. 7,213,267. 21 Total liabilities (Part X, line 26) 5,250,533. 4,185,631. 22 Net assets or fund balances. Subtract line 21 from line 20 2,258,522. 3,027,636.	ЧХр				700 010	040 460
19 Revenue less expenses. Subtract line 18 from line 12 138,620. 806,156. 58 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,509,055. 7,213,267. 21 Total liabilities (Part X, line 26) 5,250,533. 4,185,631. 22 Net assets or fund balances. Subtract line 21 from line 20 2,258,522. 3,027,636.						$\frac{049,409}{0,101,070}$
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					4,430,344.	J,UZ/,UJO.

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

Sign	Signature of officer				Date	
-	JACOB KUNTZ, EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	TYLER BRYANT, CPA			11/14,	/24 self-employed	P01375059
Preparer	Firm's name JUNKERMIER, CLARK,	CAMPANELLA,	STEVENS, PO	C	Firm's EIN 81–	0348775
Use Only	Firm's address 3060 CABERNET DR,	STE 2				
	HELENA, MT 59601 Phone no.406-442-6901					
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) HELENA AREA HABITAT FOR HUMANITY 81-0476317	7 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS	5
	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		es 🚺 No
	If "Yes," describe these new services on Schedule O.	
•		es 🛛 No
3		es 🕰 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expension	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	revenue, if any, for each program service reported.	
4a		3 ,981.)
	IN FY2024, HELENA AREA HABITAT FOR HUMANITY COMPLETED TEN NEW HOME	
	HAD EIGHTEEN MORE UNDER CONSTRUCTION AT YEAR-END. THE ORGANIZATION	1
	FINALIZED A FOURTEEN-HOME DEVELOPMENT IN RED LODGE, MONTANA, COMPR	RISING
	TEN OWNER-OCCUPIED HOMES AND FOUR AFFORDABLE RENTAL UNITS. ALL HOM	IES IN
	THIS DEVELOPMENT WERE CONSTRUCTED WITH A LAND TRUST TO ENSURE PERM	
	AFFORDABILITY.	
	THE ORGANIZATION IS CURRENTLY RE-WORKING ITS HOMEOWNER SELECTION	
	PROCESS AND SERVICES. WE HOPE TO INCREASE FINANCIAL READINESS RESC	
	FOR PROSPECTIVE HOMEBUYERS AND HOUSEHOLDS TO ENSURE OUR CLIENTS HA	
		1V E
	RESOURCES TO IMPROVE THEIR FINANCIAL CONDITIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
+u		
A -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,804,176.	
4e		- 000 (0000)
	C = C C U = D U = C = C O C O M = T U = O U = C O U	n 990 (2023)
332002	32 12-21-23 SEE SCREDULE O FOR CONTINUATION(S)	

Form	990	(2023)
	330	(2020)

 Form 990 (2023)
 HELENA AREA HABITAT FOR HUMANITY

 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)?		37	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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?			
	If "Yes," complete Schedule D, Part IV	9	X	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
L	Schedule D, Parts XI and XII	12a	X	<u> </u>
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	120		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	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,"			v
20-	complete Schedule G, Part III	19		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	990	(2023)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	202		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
		1c		

023)	HELENA	AREA	HABITAT	FOR	HUMANITY
Statements R	egarding C	other IR	S Filings and	I Tax C	Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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?	5c		
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		Х
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		Х
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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Iou		
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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)
Part V Sta

Form	HELENA AREA HABITAT FOR HUMANITY 81-0476			age
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a h	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000				
			Vas	No
10a		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		Yes	
b	Did the organization have local chapters, branches, or affiliates?	10b		
b 11a	Did the organization have local chapters, branches, or affiliates?		Yes X	
b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a		
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10b 11a	x x	
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	X X X	
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a	x x	
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c	X X X X	
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13	X X X X	
b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13	X X X X	
b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	X X X X	
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14	x x x x	
b 11a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14 15a	x x x x	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c 13 14 15a	x x x x	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10b 11a 12a 12b 12c 13 14 15a	x x x x	X
b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x	
b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x	
b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x	
b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization 's CEO, Executive Director, or top management official Cother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x	
b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x	
b 11a b 12a c 13 14 15 a b 16a b Sec	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization t	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		
b 11a b 12a b c 13 14 15 a b 16a b Sec 17	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is r	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		

20	State the name, address, and telephone number of the person who possesses the organization's books and record
	JACOB KUNTZ - 406-449-4663
	PO BOX 459, HELENA, MT 59624

C 2 4 1 age 6

Х

Х

047631	7 Page
nd for a "No	' response

X

No

Х

Х

Х

No

Х

r		7	
	1	1	
	1		

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	์ Em	ployees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B) (C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			is bot	h an	compensation	compensation	amount of	
	week				from	from related	other			
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) JACOB KUNTZ	40.00									
EXECUTIVE DIRECTOR				Х				85,731.	0.	7,058.
(2) NANCY EVERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(3) HEATHER E LAY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) BRETT SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KACIE TOLLEFSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARK RUNKLE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) PAUL TSCHIDA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TRACY EGELINE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN GOOD GEISE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LEE FLASNICK	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) SARAH MAZANEC	1.00									
SECRETARY		х		х				0.	0.	0.
(12) CHRISTOPHER ABBOTT	1.00									
DIRECTOR		X						0.	0.	0.
(13) GREG WIRTH	1.00									
CHAIR		Х		Х				0.	0.	0.
		<u> </u>		<u> </u>						
		<u> </u>		<u> </u>			L			

Form 990 (2023)

	90 (2023)	HELENA A	REA HABI	ΓTZ	ΑT	FC	DR	HU	MZ	ANITY	81-04	<u>.763</u>	<u>317</u>	Page 8
Part V	VII Section A.	. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employe	es (continued)			
		(A)	(B)			(0	C)			(D)	(E)			F)
	Name and title		Average Position							Reportable	Reportable		Estimated	
			hours per (do not check more than one box, unless person is both an					s both	an	compensation	compensatior	on amount of		
			week	offic	cer an	d a d	irector	r/truste	e)	from	from related		her	
			(list any	ector						the	organizations		compe	nsation
			hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from	n the
			related	stee c	ustee			en sa		(W-2/1099-MISC/	1099-NEC)		•	ization
			organizations	al tru	onal t		loyee	comp e		1099-NEC)				elated
			below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ploye	Former				organiz	zations
				Ind	- Lus	Off	Key	e Ec	ē			\rightarrow		
												\rightarrow		
												$ \rightarrow $		
												\square		
1b S	Subtotal									85,731.		0.	7	,058.
сТ	otal from conti	inuation sheets to Part V	I, Section A							0.		0.		0.
		1b and 1c)								85,731.		0.	7	,058.
		individuals (including but n								eceived more than \$100	0,000 of reportable			
		om the organization						,			, i			0
		5											Υ·	es No
3 D)id the organizat	tion list any former officer,	director. truste	ee. k	kev e	mpl	lovee	e. or l	nia	hest compensated emr	olovee on	— Г		
	•	complete Schedule J for s							-		•	- 1	3	х
4 F	for any individua	al listed on line 1a, is the su	im of reportabl	 e cr	mne	nse	ation	and	 ∩tŀ	per compensation from	the organization	···· -		
		nizations greater than \$15									and organization	- 1	4	х
	-	isted on line 1a receive or a									dual for services	···· -	-	
		organization? If "Yes," com	-				-			-		- 1	5	х
		ent Contractors			01 50		00/00	011						
		ble for your five highest co	mpensated inc	lone	anda	nt c	ontra	actor	e tl	hat received more than	\$100.000 of com	nensa	ation from	
	-	Report compensation for	-	-								501150		
	le organization.	(A)	the calendar y	car	enuii	ig v			T	(B)			(C)	
		Name and business	address	NC	ONE	2				Description of s	ervices	Co	ompensa	ation
						-			+	•				
									+					
									+					
									+					
									+					
	otol pumber of :	indonondant contractors "	poluding but	<u></u>	mi+-	4+-	the	0 11-1			are then			
		independent contractors (i			mie	ם נס	tnos 0		ed	above, who received h				
\$	too,ooo of com	pensation from the organi	zaliuii				U	,						

						A H	ABITAT F	OR HUMANIT	Y	81-0476	317 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	onse	or note to any lir				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, G			Fundraising events								
Gift Iar /					1d						
imil		е	Government grants (contr								
tior sr S		f	All other contributions, gifts,	grant	s, and						
ibu			similar amounts not included	abov	/e 1f		2,024,362.				
ontr of O		g	Noncash contributions included in	lines	1a-1f 1g \$	5	36,236.				
a Č		h	Total. Add lines 1a-1f					2,024,362.			
							Business Code				
ice	2	а	RESTORE SALES				459510	483,659.			
erv ue		b	MISCELLANEOUS				900099	473,726.	473,726.		
m S ven		с	GAIN ON DISPOSAL OF CRITICAL HOME REPAIR		JIPMENT		900099 900099	247,578.	247,578. 43,964.		
Program Service Revenue		d	MORTGAGE DISCOUNT AN		ͲͳͲϪͲͳϴϒ		900099	43,964. 4,368.	43,964.		
Pro		e r						4,308.	4,308.		
_			All other program service i Total. Add lines 2a-2f	revei	nue			1,253,295.			
	3	g	Investment income (includ	ting (dividonde i	ntor	ost and	1,200,200.			
	5			Ŭ							
	4		Income from investment of								
	5		Royalties		-	-					
	-				(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
evenue			and sales expenses	7b							
ieve		С	Gain or (loss)	7c							
			Net gain or (loss)								
Other R	8	а	Gross income from fundraisin	ng ev	ents (not						
Ó			including \$		of						
			contributions reported on		-						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		-		1				
	э	а	Gross income from gamin								
		b	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from								
			Gross sales of inventory, I			<u> </u>					
	10	u	and allowances			10a	1,335,050.				
		h	Less: cost of goods sold			10b					
			Net income or (loss) from					-364,314.	-364,314.		
<i>(</i> ^		-				,	Business Code				
a source	11	а	RENT				532000	14,685.			14,685.
ane		b									
eve		с									
Miscellaneous Revenue		d	All other revenue								
<u> </u>			Total. Add lines 11a-11d					14,685.			
	12		Total revenue. See instructio					2,928,028.	888,981.	٥.	14,685.

HELENA AREA HABITAT FOR HUMANITY

332009 12-21-23

81-0476317

HELENA AREA HABITAT FOR HUMANITY

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,			20 510	
	trustees, and key employees	96,366.	56,856.	39,510.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	040 010		26 270	<u> </u>
7	Other salaries and wages	940,213.	853,504.	26,379.	60,330
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	225 024	215 065	0 272	10 607
10	Payroll taxes	235,824.	215,865.	9,272.	10,687
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
с	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	198,856.	153,356.	45,500.	
	column (A), amount, list line 11g expenses on Sch 0.)	27,575.	15,850.	627.	11,098
12	Advertising and promotion	106,841.	98,890.	7,180.	771
13	Office expenses	100,041.	90,090.	7,100.	//1
14	Information technology				
15	Royalties	66,231.	45,923.	19,430.	878
16		40,074.	35,452.	3,179.	1,443
17 10	Travel	40,0740	55,452.	5,175.	т, тт
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	· · · · · · · · · · · · · · · · · · ·	104,118.	94,922.	9,196.	
20	Interest Payments to affiliates	104,110.	54,522.	5,150.	
21 22	Depreciation, depletion, and amortization	96,064.	86,561.	9,503.	
23		38,081.	38,081.	575050	
23 24	Other expenses. Itemize expenses not covered	50,0011	50,0011		
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CAMPAIGN	42,492.			42,492
b	MISCELLANEOUS	31,506.	30,157.	1,176.	173
c c	VEHICLE	20,611.	18,353.	2,258.	
d d	HOME REPAIRS	19,210.	19,210.	,,	
	All other expenses	57,810.	41,196.	13,271.	3,343
25	Total functional expenses. Add lines 1 through 24e	2,121,872.	1,804,176.	186,481.	131,215
26	Joint costs. Complete this line only if the organization		_,,		,0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

HELENA	AREA	HABITAT	FOR	HUMANITY
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81-0476317 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,720.	1	296,673.
	2	Savings and temporary cash investments		2	578,536.		
	3	Pledges and grants receivable, net			589,168.	3	67,300.
	4	Accounts receivable, net			29,332.	4	12,062.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	ons		5		
	6	Loans and other receivables from other disqualit	sons (as defined				
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			95,442.	7	65,457.
Assets	8	Inventories for sale or use			46,815.	8	58,609.
Ä	9				6,111.	9	3,056.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>3,139,555</u> . 347,818.			
	b	Less: accumulated depreciation	10b	347,818.	3,188,067.	10c	2,791,737.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		3,215,400.	15	3,339,837.	
	16	Total assets. Add lines 1 through 15 (must equa			7,509,055.	16	7,213,267.
	17	Accounts payable and accrued expenses	159,685.	17	140,954.		
	18	Grants payable		18			
	19	Deferred revenue		500,000.	19	129,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
iab		controlled entity or family member of any of thes	e perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	4,590,848.	23	3,555,927.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			0.	25	359,750.
	26	Total liabilities. Add lines 17 through 25			5,250,533.	26	4,185,631.
s		Organizations that follow FASB ASC 958, che	ck here	e X			
JCe		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions			2,228,968.	27	3,021,500. 6,136.
Ä	28	Net assets with donor restrictions	29,554.	28	6,136.		
ň		Organizations that do not follow FASB ASC 9	58, che	eck here			
г		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
štА	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			2,258,522.	32	3,027,636.
	33	Total liabilities and net assets/fund balances			7,509,055.	33	7,213,267.

Form **990** (2023)

Form 990 (2023)	
Part X	Ba	lance	Sheet

	1990 (2023) HELENA AREA HABITAT FOR HUMANITY	81-04	176317	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,92					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,12		<u>72.</u> 56.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,25	8,5	22.			
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	-3	7,0	42.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,02	7,6	36.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul							
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	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X				

Form **990** (2023)

(Form 990)

Total

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
r	identification number

		of the Treasury enue Service			ttach to Form 990 or Fo /Form990 for instruction		Open to Public Inspection			
Name of the organization Employer identification num										identification number
	HELENA AREA HABITAT FOR HUMANITY 81-0476317									
Pa	rt I	Reason			(All organizations must c			See instruction		
The	orgar				(For lines 1 through 12, c					
1	Ľ	A church, co	nvention of ch	urches, or associati	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3					anization described in s e)(b)(1)(A)(i	ii).		
4		•	•		onjunction with a hospital			•)(iii). Enter	the hospital's name,
		city, and stat	-	·	, ,					· · ·
5		-		or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	unit descrit	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	-	antial part of its support f				he general	public described in
		-		complete Part II.)		U			0	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
					culture (see instructions).					
		university:			. , ,					
10	X		ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		-			ct to certain exceptions;	-			-	-
					e (less section 511 tax) fr					
				mplete Part III.)			-	-	-	
11		An organizat	ion organized	and operated exclusion	sively to test for public sa	afety. See	section 5	09(a)(4).		
12		An organizat	ion organized	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly	/ supported or	rganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	5 09(a)(3). (Check the box on
		lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	d 12g.	
а		🗌 Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s), 1	ypically by	giving
		the suppor	ted organizati	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organizatio	n. You must d	complete Part IV, S	ections A and B.					
b		🗌 Type II. A s	supporting org	anization supervise	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or r	management c	of the supporting org	anization vested in the s	ame perso	ons that c	ontrol or mana	ige the sup	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	egrated. A supportir	ng organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
		its support	ed organizatio	on(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A sup	porting organization oper	ated in co	nnection	with its suppo	rted organi	zation(s)
		that is not	functionally inf	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requiremer	nt (see instruct	tions). You must co	mplete Part IV, Sections	A and D,	, and Part	v .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, or Type III non-functionally integrated supporting organization.									
f	Ente	er the number	of supported	organizations						
g	Pro	vide the follow	ing informatio	n about the support	ed organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organizatior	ו		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

Schedule A	Eorm	000	0000
Schedule A	Гопп	990	2023

Part II

HELENA AREA HABITAT FOR HUMANITY

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.					1	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc. (see instruct	ions)			12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	b here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f),	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	2 Schedule A, Parl	II, line 14			15	%
16 a	33 1/3% support test - 2023. If the o	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check th	is box and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, che	ck this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the fact			-	-	t VI how the org	anization
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 1	5 is 10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruc	tions

Schedule A (Form 990) 2023

HELENA AREA HABITAT FOR HUMANITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 761,803 1,139,317 1,348,559 1,187,451 2,024,362 6,461,492. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 446,252. 910,162. 2,453,654 2,339,264 2,588,345 8,737,677. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,208,055 2,049,479 3,802,213 3,526,715 4,612,707 15,199,169. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 372,000 437,697. 324,563. 539,406 338,500 2,012,166. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 372,000 437, 697 324,563 539,406 338,500 2,012,166, 8 Public support. (Subtract line 7c from line 6.) 13,187,003. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 1,208,055 2,049,479 3,802,213 3,526,715 4,612,707 15,199,169. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 12,550. 15,919. 16,943. 19,934 14,685. 80,031. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 12,550 15,919 16,943 19,934 14,685 80,031. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 15,279,200. 1,220,605. 2,065,398. 3,819,156. 3,546,649. 4,627,392. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 86.31 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) % 15 82.54 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .52 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f) 17 % .55 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2023

HELENA AREA HABITAT FOR HUMANITY

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a Зb 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023 HELENA AREA HABITAT FOR HUMANITY

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>	L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below			

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

2a

2b

За

Yes No

Schedule A (F	orm 990)	2023
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HELENA AREA HABITAT FOR HUMANITY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

Schedule A	(Form 990)	2023
Dart V	Type III	Non-Funct

HELENA	AREA	HABITAT	FOR	HUMANITY
				Orrenizationa

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
 h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	. (Form 990) 2023	HELENA	AREA	HABITAT	FOR	HUMANITY	81-0476317 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	lc, 5a, 6, 9 art IV, Seo	9a, 9b, 9c, 11a, ction E, lines 1c,	11b, and 2a, 2b, 3	11c; Part IV, Section a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.

HELENA AREA HABITAT FOR HUMANITY

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

81-0476317

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
	372,000.	437,697.	324,563.	539,406.	338,500
otal to Schedule A,	372,000.	437,697.	324,563.	539,406.	338,500

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

HELENA AREA HABITAT FOR HUMANITY	HELENA	AREA	HABITAT	FOR	HUMANITY	
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81-0476317

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private 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

J 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), 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), 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).

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

Schedule B (Form 990) (2023)

6

No.

2-26-23		

Name of or	ganization	Emple	oyer identification number
HELEN	A AREA HABITAT FOR HUMANITY	82	L-0476317
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,200.	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
2		\$55,000.	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
3		\$10,000.	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
<u>4</u>		\$8,000.	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
	 	\$ <u>338,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Total contributions

5,000.

X

Schedule B (Form 990) (2023)

Type of contribution

23

\$

12-26-23		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$12,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,262.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$ <u>5,100.</u>	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
		\$16,472.	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
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HELENA AREA HABITAT FOR HUMANITY

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

Schedule B (Form 990) (2023) Name of organization

Part I

Employer identification number

81-0476317

Page 2

Schedule B (Form 990) (2023)

2-26-23		

13		\$58,447.	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
14		\$16,250.	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
<u>15</u>		\$32,250.	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
16		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$10,000.	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
18	-23	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	25		

HELENA AREA HABITAT FOR HUMANITY

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023) Name of organization

(a)

No.

(a) No.

(a) No.

(a) No.

(a) No.

(a) No. 81 - 0476317

(c)

Total contributions

(d)

Type of contribution

1	12-26-23	

Schedule B (Form 990) (2023)						
Name of organization						
HELENA	AREA	HABITAT	FOR	HUMANITY		

Part I (a)

No.

19

(a)

No.

20

(a) No.

(a)

No.

(a) No.

(a)

No.

Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
6-23		Schedule B (Form 990) (2023)

26

Employer identification number

81-0476317

Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		_ \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
323453 12-26-23			Schedule B (Form 990) (2023)

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

(b)

Description of noncash property given

HELENA AREA HABITAT FOR HUMANITY

Name of organization

Part II

(a)

No.

from

(d)

Date received

81-0476317

(c)

FMV (or estimate)

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Schedule	B (Form 990) (2023)		Page
Name of o	organization		Employer identification number
HELEN	A AREA HABITAT FOR HUMA	NITY	81-0476317
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.) \$
(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, a	nd 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	(,,	(-) 5	
		(e) Transfer of gift	
		(c) manolor of give	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(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, a	nd 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	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	1		

SCHEDULE [)
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(Form	990)
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332051 09-28-23

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.



Department of the Treasury Internal Revenue Service Name of the organization

HELENA AREA HABITAT FOR HUMANITY

Employer identification number 81 - 0476317

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or A	ccounts.Complete if the
		(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	writing that the assets held in dong	or advised fur	lds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor of			
			•	
Pa				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) 🛛 Preserva	ation of a histo	prically important land area
	Protection of natural habitat	Preserva	ation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	ne form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			nization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, hand	lling of	
	violations, and enforcement of the conservation easements in	t holds?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforci	ng conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing or	onservation e	esements during the year
'	Amount of expenses mounted in monitoring, inspecting, hare			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	on 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	C C		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures	, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or resear	rch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue stateme	nt and baland	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
				*
LHA	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

	dule D (Form 990) 2023 HELENA	AREA HABIT.				0476317 Page 2
3	Using the organization's acquisition, access		-			, ,
	collection items (check all that apply).		, ,	0	0	
а	Public exhibition	d	Loan or excl	hange program		
b	Scholarly research	e	Other			
с	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explai	n how they further th	ne organization's ex	empt purpose in	Part XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran	gements Complet	te if the organization	answered "Yes" or	Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					Yes X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		r	
						Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes X No
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds Complete if	(a) Current year	(b) Prior year		(d) Three years ba	ack (e) Four years back
4.		93,810.	(b) Filor year 84,178.	86,955.	., ,	
	Beginning of year balance	4,162.	7,942.	5,622.	,	
		13,531.	2,696.	-7,236.	,	
	Net investment earnings, gains, and losses	13,331.	2,000.	7,230.	15,7	///.
d	Grants or scholarships					
е	Other expenditures for facilities			29.		17. 21.
4	and programs	1,263.	1,006.	1,134.		73. 518.
	Administrative expenses	110,240.	93,810.			-
g 2	End of year balance Provide the estimated percentage of the cur	,	-			12,575.
2 a	Board designated or quasi-endowment	rent year end baland	%			
b	Permanent endowment 100.0000	%	/0			
c		%				
v	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the	
ou	organization by:					Yes No
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?			
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part X	(, line 10.	
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulated	(d) Book value
		basis (investr	• •		epreciation	
1 a	Land		66	0,669.		660,669.
	Buildings		2,08	3,568.	177,782.	1,905,786.
	Leasehold improvements					
	Equipment				170,036.	132,282.
	Other		9	3,000.		93,000.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))		2,791,737.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HELENA ARE	EA HABITAT FOR	HUMANITY	81-0476317 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Ye		11b. See Form 990, Part X, line	e 12.
(a) Description of security or category (including name of securit	y) (b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(H) Total (Col. (b) must equal Form 000, Dart V, line 12, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line	9 15.
	(a) Description		(b) Book value
(1) HOMES UNDER CONSTRUCTION			2,450,413.
(2) LAND HELD FOR HOME CONST	TRUCTION		720,395.
(3) RIGHT OF USE ASSET			169,029.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 220 027
Total. (Column (b) must equal Form 990, Part X, line 15, Part X Other Liabilities	соі. (В))		3,339,837.
Complete if the organization answered "Ye	se" on Form 990 Part IV line	11e or 11f See Form 990 Part	X line 25
	es official 350, Fait IV, inte	The of Th. See Form 990, Fait	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) FUNDS HELD IN TRUST			191,140.
			168,610.
			100,010.
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, line 25,	col(B)		359,750.

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

Sche	dule D (Form 990) 2023 HELENA AREA HABITAT FOR H	IUMANIT	Y	81-	0476317	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments Wi				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,627	,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d			1,699,364.			
е	Add lines 2a through 2d			2e	1,699	
3	Subtract line 2e from line 1			3	2,928	,028.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,928	,028.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements W	ith Expenses per	Retu	Irn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:					
1	Total expenses and losses per audited financial statements			1	3,821	,236.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	1,699,364.			
е	Add lines 2a through 2d			2e	1,699	
3	Subtract line 2e from line 1			3	2,121	,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	2,121	,872.
Pa	rt XIII Supplemental Information					

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART IV, LINE 2B

THE ORGANIZATION MAINTAINS AND ADMINISTERS ESCROW ACCOUNTS FOR PARTNER

FAMILY HOMES ON WHICH IT HOLDS THE FIRST MORTGAGE. PARTNER FAMILIES MAKE

MONTHLY PAYMENTS THAT ARE DEPOSITED INTO A DESIGNATED ESCROW ACCOUNT OWNED

BY THE ORGANIZATION. PAYMENT FOR THE INSURANCE AND TAXES ARE THEN REMITTED

FROM THIS ACCOUNT WHEN DUE FOR EACH PARTNER FAMILY. AMOUNTS IN ARREARS ARE

Part XIII Supplemental Information (continued)

TRACKED FOR FUTURE COLLECTION IN ACCORDANCE WITH THE ORGANIZATION'S

COLLECTION POLICY.

Schedule D (Form 990) 2023

12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MATERIALS FOR H)	Х	46	36	,236.	COST		
26	Other (
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement	29			
							 Yes	No
20-2	During the year did the organization receive by	v contributio	n any proporty ron	ortod in Part I lin	ac 1 throu	ah 28 that it		

Noncash Contributions

(c) Noncash contribution

amounts reported on

Form 990, Part VIII, line 1g

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

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

(b)

Number of

contributions or

items contributed

Name of the organization

Types of Property

1 Art - Works of art

Art - Historical treasures

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

2

HELENA AREA HABITAT FOR HUMANITY

(a)

Check if

applicable

3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (MATERIALS FOR H)	X	46	36	,236.	COST			
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement	29			_	
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any property rep	oorted in Part I, lin	es 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required t	to be used	l for			
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstanda	rd contrib	utions?	31		Х
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or se	ll noncash	l			
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which colum	n (a) is che	ecked,			
	describe in Part II.								
For F	Paperwork Reduction Act Notice, see the Inst	tructions fo	or Form 990.			Schedule I	M (Fori	m 990)	2023

OMB No. 1545-0047

2023

Open to Public . Inspection

Employer identification number

(d)

Method of determining

noncash contribution amounts

81-0476317

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

REPORTING NUMBER OF CONTRIBUTIONS.

81-0476317 Page 2

SCHEDULE O (Form 990)

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

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

ZU23 Open to Public Inspection Employer identification number 81-0476317

OMB No 1545-0047

Name of the organization HELENA AREA HABITAT FOR HUMANITY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES AND HOPE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH THE RED LODGE PROJECT NOW COMPLETE, HABITAT HAS FOCUSED ON

EXPANDING ITS OWNER-OCCUPIED CRITICAL REPAIR PROGRAMS, SUCCESSFULLY

COMPLETING FIVE OF THESE PROJECTS. THE ORGANIZATION ALSO LAUNCHED THE

"HELPING HANDS" PROGRAM, WHICH PROVIDES ESSENTIAL REPAIR SERVICES FOR

HOMEOWNERS NEEDING MINOR, HANDS-ON ASSISTANCE. THIS PROGRAM IS LIMITED

TO SMALL PROJECTS THAT REQUIRE ONLY BASIC MATERIALS AND LABOR TO HELP

PRESERVE HOMES.

THE HABITAT RESTORE CONTINUES TO OFFER AFFORDABLE BUILDING MATERIALS TO THE HELENA COMMUNITY. PLANS ARE CURRENTLY UNDERWAY TO EXPAND THE EXISTING RESTORE SPACE, AND IN FY2024, THE RESTORE SUCCESSFULLY DIVERTED 314 TONS OF MATERIAL FROM LOCAL LANDFILLS.

HELENA HABITAT FOR HUMANITY HAS ALSO MADE SIGNIFICANT PROGRESS IN PLANNING A NEW NEIGHBORHOOD IN EAST HELENA, MONTANA. THE ORGANIZATION COMPLETED THE DESIGN PROCESS IN FY2024 AND IS NOW WORKING WITH ENGINEERS ON A SUBDIVISION APPLICATION FOR THE DEVELOPMENT.

FINALLY, HELENA HABITAT MANAGES A RENTAL PROPERTY FOR AMERICORPS MEMBERS SERVING THE COMMUNITY. ROOMS ARE RENTED AT AN AFFORDABLE, FIXED RATE ALIGNED WITH MEMBERS' INCOME.

Name of the organization HELENA AREA HABITAT FOR HUMANITY	Employer identification number 81-0476317
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE BOAR	D TREASURER, AND THE
BOARD OF DIRECTORS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXECUTIVE DIRECTOR ASKS BOARD MEMBERS TO DISCLOSE ANY CO	ONFLICTS OF INTEREST
AS THEY ARISE. EVERY YEAR BOARD MEMBERS SIGN A CONFLICT	OF INTEREST
QUESTIONAIRE.	

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDES COMPARABILITY DATA AND

REVIEW BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE DURING BUSINESS HOURS UPON REQUEST.