

Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01, 2022, and ending 06-30, 2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: AITKIN COUNTY HABITAT FOR HUMANITY. D Employer identification number: 41-1756186. E Telephone number: (218) 927-4558. G Gross receipts: \$ 94,526. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [] No. H(c) Group exemption number: 8545. I Tax-exempt status: [X] 501(c)(3). J Website: N/A. K Form of organization: [X] Corporation. L Year of formation: 1993. M State of legal domicile: MN.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission or most significant activities: PARTNER WITH FAMILIES TO BUILD HOUSING. 2. Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7. Voting members and employees. 8-12. Revenue. 13-19. Expenses. 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: ANN SCHWARTZ, EXECUTIVE DIRECTOR. Signature of officer and Date fields.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions. Yes [] No [X]

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PARTNER WITH FAMILIES TO BUILD HOUSING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
THE AFFILIATE FINISHED 0 HOUSES DURING THIS FISCAL YEAR. FUNDRAISING WAS ALSO CONDUCTED FOR CURRENT AND FUTURE BUILDS. THE PROGRAM SERVICE EXPENSE (BUILDING HOUSES) ARE REPORTED AS EITHER CONSTRUCTION IN PROGRESS OR WHEN THE HOUSE IS TRANSFERRED TO THE HOMEOWNER IT IS THEN REPORTED ON LINE 7A (GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY).

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

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

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

