

**COPY TO ACCOMPANY STATE RETURN**  
EXTENDED TO MAY 16, 2022

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KNOXVILLE HABITAT FOR HUMANITY, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 27478</b> City or town, state or province, country, and ZIP or foreign postal code <b>KNOXVILLE, TN 37927</b>	<b>D</b> Employer identification number <b>58-1727980</b>
	<b>F</b> Name and address of principal officer: <b>KELLE SHULTZ</b> <b>PO BOX 27478, KNOXVILLE, TN 37927</b>	<b>E</b> Telephone number <b>865-523-3539</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.KNOXVILLEHABITATFORHUMANITY.COM</b>	<b>G</b> Gross receipts \$ <b>8,255,332.</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1985</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>M</b> State of legal domicile: <b>TN</b>		<b>H(c)</b> Group exemption number ▶

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SIMPLE, DECENT, AFFORDABLE HOMES FOR SALE TO LOW-INCOME FAMILIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>42</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>897</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	2,878,229.	5,137,100.
<b>9</b>	Program service revenue (Part VIII, line 2g)	2,359,692.	2,952,377.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-25,637.	6,044.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,687.	132,471.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,232,971.	8,227,992.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,000.	10,000.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,060,068.	2,110,950.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>363,600.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,159,806.	3,655,342.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,235,874.	5,776,292.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,002,903.	2,451,700.
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	11,389,526.	14,590,203.
<b>21</b>	Total liabilities (Part X, line 26)	3,132,681.	3,858,051.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	8,256,845.	10,732,152.

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>2/2/22</b>
	<b>KELLE SHULTZ, PRESIDENT/CEO</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KELLY A. TUCKER, CPA</b>	Preparer's signature 
	Date <b>02/02/22</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01015909</b>
	Firm's name ▶ <b>PUGH &amp; COMPANY, P.C.</b>	Firm's EIN ▶ <b>62-1142155</b>
	Firm's address ▶ <b>315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923</b>	Phone no. <b>(865) 769-0660</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No