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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

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<u> </u>			ndar year, or tax year		July 01	, 2012, 3	and ending	Jur	ne 30			
В		k if applicable C Name of organization Habitat for Humanity - Spokane							D Employer identification number			
	Address o	· · · · · · · · · · · · · · · · · · ·								94-3066722		
\sqcup	Name cha	ange	Number and street (or I	O box if mail is r	ot delivered to stre	et address)	Room/suit	e	E Telephor	ne number		
\sqcup	Initial retu									509-534-2552		
	Terminate	ninated City, town or post office, state, and ZIP code										
	Amended	return	Spokane, WA 99220-	0130					G Gross re	eceipts \$	2,812,458	
Application pending F Name and address of principal officer Michone Preston H(a) Is this a group return for affiliates?										for affiliates? 🗹 Ye	s 🗌 No	
_			Same as C					H(b) Are a	ll affiliates ir	ncluded? 🔲 Ye	s 🗹 No	
ī	Tax-exempt status 501(c)(3)										ons)	
J	J Website: ▶ www.habitat-spokane.org H(c) Group exemption number ▶ 8545											
K	Form of or	rganization [Corporation Trust	Association [Other ▶	L Ye	ar of formation	on 1987	M State	of legal domicile	WA	
P	art I	Summa	ary					<u>-</u>				
1 Briefly describe the organization's mission or most significant activities: Habitat for Humanity-Spokane is an ecumenical										nical,		
•			Christian ministry de									
ဋ	1 -	people in		·	·	20-2						
'n	(••						
Governance	2 0	Check thi	is box ▶ 🔲 if the org	anization disc	ontinued its ope	erations or d	isposed o	f more than	1 25% of	its net assets.	- 	
ၓ			of voting members of						3		10	
Š			of independent votin			•			4		10	
ij			nber of individuals e	•		• •			5		43	
Activities			nber of volunteers (e		•		•		6		6,950	
ĕ	1		elated business reve		••				7a		0,930	
			ated business taxab						7b		BI/A	
	 ''	iver diller	ated business taxab	ie income non	TT OITH 330 PAGUA) 	Prior Ye		Current \	N/A	
	8	Contribut	ions and grants (Pai	4 \/!!! lmo 1h\			ال					
Revenue			service revenue (Pai		MA	Y 11 @ 200	· 080		644,329		890,013	
Ven		-	•			Y I & 201	* · . ›		1,285,471		1,261,871	
æ			nt income (Part VIII,	• •			—;! દ્ધ⊦		378,145		3,450	
			enue (Part VIII, colui						165,781		163,209	
			enue-add lines 8 thr				ine 12)		2 <u>,473,</u> 726		<u>2,318,543</u>	
									46,650		0	
							_ · _ :		0		0	
ės			other compensation,						484,452		533,036	
Expenses			nal fundraising fees	•			· ·		0		0	
ă			draising expenses (F				52,257					
щ			oenses (Part IX, colu				· ·		2,286,391		1,91 <u>1,</u> 963	
	1	•	enses. Add lines 13	•			· —		2,8 <u>17,493</u>		2,444,999	
		Revenue	less expenses. Sub	tract line 18 fro	<u>m line 12</u>	<u> </u>			(343,767)		(126,456)	
Net Assets or Fund Balances							В	eginning of Ci	urrent Year	End of Y	'ear 	
sets	20	Total asse	ets (Part X, line 16)				· · L		6,0 <u>13,289</u>		6,171,187	
A A	21	Total liab	ılıtıes (Part X, Iıne 26)			· · L		2 <u>,3</u> 04,265		2,569,146	
			ts or fund balances.	Subtract line 2	1 from line 20	<u> </u>	<u> l</u>	:	3,709,024		3,602,041	
P	art II	Signat	ure Block							·		
			ry, I declare that I have ex							my knowledge ar	id belief, it is	
tru	ie, correct,	and comple	ete Declaration of prepar	er (other than office	er) is based on all in	tormation of wh	nich preparer	has any know				
		.	UNUM	14					<u> </u>	8-14		
Sig		Signa	ature of officer	1. 110.	~		۱۸	Da	ate			
He	ere	\	Char	les Alan	, lleas	ver - Cf	<u>'14</u>			<u></u>		
	Type or print name and title											
Pa	hid	Print/Typ	pe preparer's name	Prep	arer's signature		Dat	te	Check	PTIN		
	eparer	r L					_		self-em			
	se Only	, <u> </u>	ame ►					Firm	n's EIN ▶			
U	oe Only	y ——	ddress ►						one no			
Ma	y the IR		s this return with the	preparer show	vn above? (see	instructions)			<u> </u> Y	es 🔲 No	
_			ction Act Notice, see					11282Y		Form	990 (2012)	

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$

2,002,484

David	W. Chaellist of Deguired Cahadulas			ugo
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		<u>,</u>
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	√	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	✓	
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		1
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	✓	
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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓_	/
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	 ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	IV Checklist of Required Schedules (continued)	_		age
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	√	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		▼
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
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		✓
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	L
		Eor	n 990	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
Lu	Obstance to filed for the extended constant of the state			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	120	•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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		✓
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>√</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6ь		
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		✓
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?	7.		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		√
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		i	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
D	ii ites. Has it liieu a rorm 720 to report these payments? It "No " provide an explanation in Schedule Ω	14h l	ı	

	50 (2012)			Page C			
Part	, , ,						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	see in:	struct	ions.			
Secti	on A. Governing Body and Management	• •	•	<u>. Ц</u>			
0001	on 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 10		-	 			
	If there are material differences in voting rights among members of the governing body, or	1					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10						
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	<u> </u>	. ✓			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	_	•	,			
4		4		✓			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓			
	6 Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	_	✓			
	one or more members of the governing body?	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or 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:						
a	The governing body?	8a	√	<u> </u>			
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode)	<u> </u>			
••			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	ļ			
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	√				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	✓_	<u> </u>			
	describe in Schedule O how this was done	12c	✓				
13	Did the organization have a written whistleblower policy?	13	\				
14	Did the organization have a written document retention and destruction policy?	14	1				
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>			
a	The organization's CEO, Executive Director, or top management official	15a	√	<u> </u>			
b	Other officers or key employees of the organization	15b	✓	ļ			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
·Ju	with a taxable entity during the year?	16a		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	-	_			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► WA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.						
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f ,	oct -	oli e :			
, 3	and financial statements available to the public during the tax year.	ı ıntel	est p	юнсу,			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,				
_	organization: ► Greg Griffin, CFO, 732 N. Napa St., Spokane, WA 99202 (509)534-2552 Ext 28	C					

Form	990	(2012)

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no		d org	anız	atıo	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee
<u> </u>					-					
(A) Name and Title	(B) Average hours per			than c is both	oth an Reportable ustee) compensation		(E) Reportable compensation from	(F) Estimated amount of		
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Richard Repp	2.0									
Board Chair	ļ	✓						0	0	0
(2) Tennille Jeffries-Simmons	2.0									
Board Vice Chair		✓						0	0	0
(3) Tim Graybeal	2.0									
Board Secretary		✓						0	0	0
(4) Charles Adams	2.0									
Board Treasurer		✓						0	0	. 0
(5) Heidi Austin	1.0									
Board Member		✓						0	0	0
(6) Larry Jenkins	1.0									
Board Member		✓			L			0	0	0
(7) Tom Hansen	1.0	1			ļ					
Board Member		✓						<u> </u>	0	0
(8) Melissa Murphy	1.0								-	
Board Member		✓						0	o	0
(9) Steve Larsen	1.0					i				
Board Member		✓						0	_ 0	0
(10) Pat Millen	1.0									
Board Member		✓						0	. 0	O
(11) Michone Preston	40.0									
Chief Executive Officer		L		✓	<u> </u>		L	72,951	0	17,919
(12) Fred Johnston	40.0									
Chief Operations Officer	L		L	✓	l		Ĺ	49,068		8,040
(13) Greg Griffin	40.0									
Chief Financial Officer		L		✓				47,720	0	3,678
(14)	ļ									
	<u> </u>	L.,		Щ.	<u>L</u> _			L	L	

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (a	ontini	ued)		
		(C)												
	(A)	(B) Position (do not check more than				one	(D)	(E)			(F)			
	Name and title Average box, unless person officer and a director			is both	n an	Reportable	Reportable			mated				
		week (list any			_	1	,	<u> </u>	compensation from	compensation related	irom		ount of ther	
		hours for	Individual trustee or director	<u>s</u>	Officer	Key employee	밝호	Former	the	organizatioi		comp	ensatio	n
		related organizations	i g d	≩	<u> </u>	g	Joy est	ner	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)		m the	_
		below dotted	학	22		등	8 8		(44-2/1099-10130)				nızatıor related	
		line)	rust	=	•	è	l pg			Į			ization	
			ee	Institutional trustee			Highest compensated employee			į				
							<u>8</u>							
(15)			Ì											
			<u> </u>											
(16)														
										<u>L</u>				
(17)														
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(22)														-
_					١.,									
(23)														-
(24)											\neg			
			1						ļ					
(25)			-											
			1											
1b	Sub-total			_					169,739		0			9,637
С	Total from continuation sheets to Part	VII, Sectio	n A					•			\neg			
d	Total (add lines 1b and 1c)							>	169,739		0		2	9,637
2	Total number of individuals (including but							e) w		ore than \$10) of		.0,00
	reportable compensation from the organi							.,			-,			
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	key e	emp	oloyee, or high	est comper	ısatec	3 [
	employee on line 1a? If "Yes," complete S											3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	nper	nsatio	n a	nd other comp	ensation fro	m the			
	organization and related organizations													
	ındıvıdual	·										4		1
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	tion	fror	m any	un	related organiz	ation or indi	vidua			
	for services rendered to the organization?											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than	. \$100	0.000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar v	ear ending wit	h or within t	he orc	nanizatıc	n's ta	ах
	year.	•						. ,	· · · · · · · · · · · · · · · · · ·			,		
	(A)		_				-		(B)			(C)		
	Name and business add	ress							Description of s	ervices		Compens	ation	
					_					-				
												· · ·		
		-						\vdash						
	· · · · · · · · · · · · · · · · · · ·		_						<u> </u>					
2	Total number of independent contracto	rs (includir	na hu	ıt n	ot I	imit	ed to		ose listed abo	ove) who				_
_	received more than \$100,000 of compens									710, 1110				
				J~'			-		0					

Par	t VIII	Statement of Revenue		•			
		Check if Schedule O contains a resp	onse to any quest	tion in this Part V	III		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a	147,128				
ărai our	b	Membership dues 1b					
S, (С	Fundraising events 10	;				
ā Ē	d	Related organizations 10					
ing.	е	Government grants (contributions) 1e	100,763				
er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 11	,				}
on E	g	Noncash contributions included in lines 1a-1f \$					
	<u>h</u>	Total. Add lines 1a-1f		890,013			
E E	_		Business Code				
e	2a	Sale of Homes	900099	720,769	720,769		
ě	b	Amortization of Mortgages	900099	523,102	523,102		
ξ	C	Administration Cost Recovery	900009	18,000	18,000		
နို	d						
Program Service Revenue	e	All other program conuce revenue			 -		
õ	f g	All other program service revenue. Total. Add lines 2a–2f	•	4 004 074			L
	3	Investment income (including divi		1,261,871	- 1		Ι
		and other similar amounts)		2.450	2 450		
	4	Income from investment of tax-exempt	L	3,450	3,450		
	5	Royalties	•				· · · · · · · · · · · · · · · · · · ·
		(i) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses	1				l
	c	Rental income or (loss)	 				
	d	Net rental income or (loss)	•		·		
	7a	Gross amount from sales of (i) Securities	(II) Other	-			
		assets other than inventory	1				
	b	Less cost or other basis		,			
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					
nue	8a	Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c).					
ē		0 0 101 40	a				
돺	b	Less direct expenses	b				
	С	Net income or (loss) from fundraising	g events . >				
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
			b				
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less					
			a 657,124				
	b		b 493,915				
	С	Net income or (loss) from sales of in		163,209	163,209	<u> </u>	
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С		<u> </u>				
	d	All other revenue					
	е	Total. Add lines 11a-11d	🟲				
	12	Total revenue. See instructions	N	0 040 740	4 400 -001		1

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization:	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se to any question i	n this Part IX		🗀
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	205,044	126,904	54,878	23,262
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	217,646	74,154	108,312	35,180
9	Other employee benefits	3,981	1,947	1,487	547
10	Payroll taxes	30,752	14,087	13,584	3,081
11	Fees for services (non-employees)	75,613	55,217	14,147	6,249
	Management				
b	Legal	24,152	18,923	5,229	
C	Accounting	23,336	10,822	7,900	4,614
d	Lobbying			.,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion [18,179	1,404	2,079	14,696
13	Office expenses [49,865	17,204	23,291	9,370
14	Information technology	14,882	5,160	7,439	2,283
15	Royalties				
16	Occupancy	35,704	18,106	11,232	6,366
17	Travel	13,887	7,184	3,810	2,893
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,521	19,121	15,919	14,481
20	Interest	36,222	27,902	4,342	3,978
21	Payments to affiliates	14,685			14,685
22 23	Depreciation, depletion, and amortization .	25,176	15,216	5,433	4,527
23 24	Insurance	15,942	10,370	4,262	1,310
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Construction Cost of Home Building	921,487	921,487		
b	Discounts on Receivables	650,105	650,105		
C	Association Dues	6,636	2,614	804	3,218
d					
е	All other expenses Miscellaneous	12.184	4.557	6,110	1,517
25	Total functional expenses. Add lines 1 through 24e	2,444,999	2,002,484	290,258	152,257
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	(A)	· · ·	<u>· · · · □</u> (B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	187,414	1	263,959
		Savings and temporary cash investments	816,928	2	411,967
	3	Pledges and grants receivable, net	19,389	3	15,24
		Accounts receivable, net	20,233	4	97,38
		Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L	53,928	6	59,386
Assets		Notes and loans receivable, net	2,914,652	7	3,127,715
AS .		Inventories for sale or use	57,944	8	49,556
		Prepaid expenses and deferred charges	89,328	9	
		Land, buildings, and equipment: cost or	09,320	-	87,083
		other basis. Complete Part VI of Schedule D 10a 1,130,497			
	b	Less: accumulated depreciation 10b 368,412	556,657	10c	762,085
1	1	Investments—publicly traded securities		11	
1:	2	Investments—other securities. See Part IV, line 11	·	12	
1:	3	Investments—program-related. See Part IV, line 11	1,279,315	13	1,278,707
1-	4	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
1:	5	Other assets. See Part IV, line 11	17,501	15	18,101
1	6	Total assets. Add lines 1 through 15 (must equal line 34)	6,013,289	16	6,171,187
1		Accounts payable and accrued expenses	137,045	17	179,869
1:		Grants payable		18	
		Deferred revenue		19	
		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D .	83,189	21	83,432
Liabilities		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>و</u> ا ۾		Secured mortgages and notes payable to unrelated third parties	404.470	23	
_ - '		Unsecured notes and loans payable to unrelated third parties	421,173	24	367,661
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	54,620	24	329,946
		of Schedule D	1,608,238	25	1,608,238
2	26	Total liabilities. Add lines 17 through 25	2,304,265	26	2,569,146
sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
호 2		Unrestricted net assets	3,696,884		3,588,989
ස් ²		Temporarily restricted net assets	12,140		13,052
Net Assets or Fund Balances		Permanently restricted net assets		29	
ह्य । उ		Capital stock or trust principal, or current funds		30	
8 3		Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 3		Retained earnings, endowment, accumulated income, or other funds .		32	
				-	
ĕ 3:	3	Total net assets or fund balances	3,709,024	33	3,602,041

	Pa	ge 12						
2,318,543 2,444,999 -126,456 3,709,024								
19,473								
	3,60	2,041						
• •								
	Yes	No						
2a	✓							

Form 990 (2012) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 2 2 3 Revenue less expenses. Subtract line 2 from line 1 . . . 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 5 6 Donated services and use of facilities 6 7 7 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization							Employer #	dentificatio	n number	
Habit	at for Humanity - S									66722	
Pai	ttl Reason 1	for Public Cha	rity Status (All orga	ınizatıon	s must c	omplete	this pa	rt.) S <u>ee</u> i	nstruction	ons.	
The 6 1 2 3	A church, cor	ivention of churc cribed in section	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches ch Sched	s describe ule E.)	ed in sec	tion 170	(b)(1)(A)(i	i).		
4	A medical res		on operated in conjun						0(b)(1)(A)	(iii). Enter	the
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit de	scribed in
6 7	An organization	on that normally	nment or government receives a substantia ((A)(vi). (Complete Par	al part of					nit or fror	n the gen	eral public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre- fter June 30, 1975. Se	ions—su lated bu	bject to d siness ta	certain e xable in	xceptions come (les	s, and (2) ss section) no more	e than 33	¹/₃% of its
10 11	An organization	on organized ar one or more pub	operated exclusively od operated exclusive blicly supported organ describes the type of	ely for th	ne benefi described	t of, to d in sect	perform ion 509(a	the funct a)(1) or so	tions of, ection 50	9(a)(2). Se	
	a ☐ Type I									tionally int	ograted
е	By checking t	this box, I certify undation manage	that the organization ers and other than one	ıs not co	ntrolled d	- Irrectly o	r ındırectl	y by one	or more	disqualifie	ed persons
f	_	ation received a check this box	a written determination	on from	the IRS t	that it is	a Type	I, Type 	II, or Typ	e III sup _l	porting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	on from a	ny of the	Э	_	
			ndirectly controls, eitlody of the supported o			her with	persons	describe 	dın (ıı) aı 	nd 11g(i)	Yes No
		•	on described in (i) abo							11g(iı)	
		-	a person described in							11g(iii)	
<u>h</u>	Provide the fo	llowing informati	on about the support	ed organ	ızatıon(s).						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	in your the organization is		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetar support	
				Yes	No	Yes	No	Yes	No	<u> </u>	
(A)											
(B)											
(C)											
(D)											
(E)											

Total

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total contributions.

•	membership fees received. (Do not include any "unusual grants.")	1,066,267	740,563	905,372	646,863	760 776	4 120 041
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,000,207	7 40,000	303,072	040,003	769.776	4.128.841
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,066,267	740,563	905,372	646,863	769.776	4.128.841
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)						412,642
6	Public support. Subtract line 5 from line 4.						3,716,199
	on B. Total Support		# 1 a a a a			· · · · · · · · · · · · · · · · · · ·	
Calen 7	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8		1,066,267	740,563	905,372	646,863	769.776	4.128.841
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,853	3,142	3,120	3,239	3,450	25.804
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						4.154.645
12	Gross receipts from related activities, etc.					12	3,593,337
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he		· · · · ·	· · · · ·	· · · · ·		<u> ▶ □</u>
14	on C. Computation of Public Suppor Public support percentage for 2012 (line 6			1 001(6)		44	
15	Public support percentage from 2011 Sch					15	89.45 % 96.6 %
16a	331/3% support test—2012. If the organiz						neck this
	box and stop here. The organization qual	lifies as a publi	cly supported	organization			. ▶ ☑
b	331/3% support test—2011. If the organicheck this box and stop here. The organic					15 is 33½% (or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factorization".	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che t. The organiza	eck this box an	id stop here. E as a publicly su	xplain in Ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-cu and-circumst-	rcumstances" ances" test. Tl	test, check th	iis box and sto n qualifies as a	and line op here. publicly
18	Private foundation. If the organization distructions	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and s	see
					~	· .	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support						-
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			_			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					1	
4				-			
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					ļ	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					ļ	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	\$ 15 June 2 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		特殊人们为的	14.1	· "是我们"	
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less			·			
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he			<u> </u>		· · · · ·	▶ □
	on C. Computation of Public Suppor						
15 16	Public support percentage for 2012 (line 8					-	%
16 Section	Public support percentage from 2011 Schoon D. Computation of Investment In	come Percei	ntage	<u> </u>	· · · · ·	16	<u>%</u>
17	Investment income percentage for 2012 (v line 13. colur	nn (fl)	17	%
18	Investment income percentage from 2011					18	
19a	331/3% support tests-2012. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizatio	on . ▶ 🗀
b	331/3% support tests—2011. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 33	3 ¹ /3%, and
20	line 18 is not more than 331/3%, check this to						zation 🕨 🔲

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	t for Humanity - Spokane		94-3066722
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subject	_	
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		
Par		lete if the organization answered "Yes"	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		T
	-		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer	· · · · · · · · · · · · · · · · · · ·	
d	Number of conservation easements include historic structure listed in the National Regist		I I
3	•		24
3	Number of conservation easements modified tax year ▶	i, transferred, released, extinguished, or te	minated by the organization during the
4		conservation appearant is leasted	
4 5	Number of states where property subject to or Does the organization have a written political pol		penation handling of
•	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitor		
·	Land volunteer hours devoted to monitor	mig, inspecting, and emorcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ear	sements during the year
•	▶ \$	mopeoung, and ornoroning contact valient call	sometries during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
			· · · · · · · · · · · · · No
9	In Part XIII, describe how the organization re	ports conservation easements in its reveni	
	balance sheet, and include, if applicable, the		· · · · · · · · · · · · · · · · · · ·
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, c	or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in I	ts revenue statement and balance sheet
	works of art, historical treasures, or other s	similar assets held for public exhibition, ϵ	education, or research in furtherance of
	public service, provide, in Part XIII, the text of	of the footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted un	ider SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other s	simılar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works	of art, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported un	nder SFAS 116 (ASC 958) relating to these	items.
а	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	e1	> \$
b	Assets included in Form 990, Part X		> \$

Part										
3	Using the organization's acquisition, according tems (check all that apply):	cession, and oth	er reco	rds, chec	k any of th	e follov	wing that are a s	ignifica	nt us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		е	☐ Other	•					
C	☐ Preservation for future generations									
4	Provide a description of the organization	i's collections ai	nd expla	ain how tl	hey further	the org	ganization's exer	npt pur	pose	ın Part
	XIII.									
5	During the year, did the organization sol							ar		
	assets to be sold to raise funds rather that					_			_	□ No
Part	line 9, or reported an amount o	n Form 990, P	art X, lı	ne 21. Č					0, Pa	ırt IV,
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and complet	te the fo	ollowing ta	able.		A	mount		
c	Beginning balance					10	;			83,189
d	Additions during the year					10				283,414
е	Distributions during the year					16				283,171
f	Ending balance					11	<u> </u>		-	83,432
2a	Did the organization include an amount of	n Form 990, Pa	rt X, line	21? .				<u> </u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part									<u> </u>
Par										
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bac	(e) Fo	ur year	rs back
1a	Beginning of year balance	10,000		0		0		0		0
b	Contributions			10,000				_		
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and	}								
	programs							4		
f	Administrative expenses							+		
g	End of year balance	10,000		10,000				_ <u></u> .		
2	Provide the estimated percentage of the	-		e (line 1g	, column (a	i)) held	as:			
a	Board designated or quasi-endowment		2%							
b		%								
С	Temporarily restricted endowment ►		20/							
30	The percentages in lines 2a, 2b, and 2c s Are there endowment funds not in the per	•		zation the	at are hold	and ad	ministered for th			
Ja	organization by:	0336331011 01 1116	organi	Zauon inc	at are riciu	and ad	iriiinstered tor ti		Ye	s No
	(i) unrelated organizations							3a(i	-	
	(ii) related organizations		•					3a(i	_	1
b	If "Yes" to 3a(ıı), are the related organizat			n Schedi	 ule B2	• •		3b	_	+ `
4	Describe in Part XIII the intended uses of									
Part										
	Description of property	(a) Cost or oth			or other basis	(c)	Accumulated	(d) B	ook val	 lue
	,	(investme		1	ther)		epreciation	\-, -		
1a	Land		581,652							581,652
b	Buildings		342,811				176,936			165,875
С	Leasehold improvements									
d	Equipment		201,892				187,334			14,558
e	Other		4,142				4,142			0
Total.	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Part	X, column	(B), line 10	O(c).)	. <u></u> . >			762,085
		-								

Part VII Investments—Other Securities	See Form 990, Part X. I	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►	d Coo Form 000 Dort V	line 12
Part VIII Investments—Program Relate		T
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in the Habitat Store		Net Assets of The Habitat Store at fiscal year end
(2) Investment in HFHI - SA Leverage	1,239,700	Cost of Investment Cash & Construction in Process
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	1,278,707	
Part IX Other Assets. See Form 990, Part IX		<u> </u>
	a) Description	(b) Book value
(1) One Week Time Share used for fundraising		7,
(2) One Week Time Share used for fundraising		
(3) Habitat for Humanity-Spokane Endowment (Par	rt V - Schedule D)	10,
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, c	oct (P) tipo 15)	
Part X Other Liabilities. See Form 990		▶ 18,
1. (a) Description of liability	(b) Book value	T
(1) Federal income taxes	(b) Book Value	1
(2) POB QLICI Loan Joint Venture LLC - NMTC	1,608,238	1
(3)	1,000,238	1
(4)		1
(5)		1
(6)		1
(7)		1
(8)		1
(9)		1
(10)		1
(11)		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,608,238	.1
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	ganization's financial statements that reports the organizatio
liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Part XIII

Total revenue, gains, and other Amounts included on line 1 but a Net unrealized gains on investm b Donated services and use of face Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 a Investment expenses not include b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4	renue per Audited Financial Statements support per audited financial statements not on Form 990, Part VIII, line 12: nents	2a 2b 2c 2d 4a 4a	Nith Revenue per	1	2,338,016 19,473 2,318,543
 Amounts included on line 1 but Net unrealized gains on investment Donated services and use of face Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990 Investment expenses not included Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4 	not on Form 990, Part VIII, line 12: nents	2a 2b 2c 2d 		2e	19,473
 a Net unrealized gains on investm b Donated services and use of factor c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990 a Investment expenses not included of the Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4 	nents	2b 2c 2d 4a 4b	19,473	2e	
 b Donated services and use of face Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990 a Investment expenses not included to the Dother (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 	Cilities	2b 2c 2d 4a 4b	19,473	2e	
 c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990 a Investment expenses not included b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 		2c 2d 4a 4b		2e	
 d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990 a Investment expenses not included b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4 		2d 4a 4b			
 d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990 a Investment expenses not included b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4 		4a 4b			
 3 Subtract line 2e from line 1. 4 Amounts included on Form 990 a Investment expenses not included b Other (Describe in Part XIII.). c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 		4a 4b			
 4 Amounts included on Form 990 a Investment expenses not included b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 	Part VIII, line 12, but not on line 1: led on Form 990, Part VIII, line 7b	4b		3	2.318.543
 a Investment expenses not includ b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 	led on Form 990, Part VIII, line 7b	4b			
 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4 		4b			
c Add lines 4a and 4b5 Total revenue. Add lines 3 and 4		للتنا			
5 Total revenue. Add lines 3 and 4					
	In /This must sound Form 000 David Live			4c	0
Day VII Decembilistics of Fun		<u>-</u>		5	2,318,543
Part XII Reconciliation of Exp	enses per Audited Financial Statem	ents	With Expenses pe	er Return	
1 Total expenses and losses per a	audited financial statements			1	2,444,999
2 Amounts included on line 1 but	not on Form 990, Part IX, line 25:				
a Donated services and use of face	cilities	2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.) .		2d			
e Add lines 2a through 2d				2e	0
3 Subtract line 2e from line 1 .				3	2,444,999
4 Amounts included on Form 990	, Part IX, line 25, but not on line 1:	[
a Investment expenses not include	led on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.) .	<i>.</i>	4b			
c Add lines 4a and 4b				4c	0
	d 4c. (This must equal Form 990, Part I, line	e 18.)	<u> </u>	5	2,444,999
Part XIII Supplemental Informa	ation				
Part V, line 4; Part X, line 2; Part XI, line information. Part IV, Line 1b & 2b: Habitat for Humanit	riptions required for Part II, lines 3, 5, and es 2d and 4b; and Part XII, lines 2d and 4b ty includes an escrow amount with the morts where insurance and any homeowner assoc	o. Also gage p	complete this part to	provide an	y additional
month and hold them in Trust until they be designated Trust non-interest bearing ac	pecome due. We then pay these amounts on	our h	omeowner's behalf. T	hese funds a	ire held in a
Part V, Line 4: Habitat Spokane establish					

donors who wish to make a long term investment in the affiliate's good works with distributions going to the affiliate. It is managed by the

non-profit Inland Northwest Community Foundation as a reciprocal transfer under FASB statement ASC 958-605.

Schedule D (Form 990) 2012	Page 5
Part XIII Supplemental Information (continued)	
Part X, Line 2: Habitat Spokane affiliate participated with four other Habitat affiliates in joint venture (HFHI-SA Leverage IX, LLC)	in order to
take advantage of the New Markets Tax Credit (NMTC) program.	
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·	
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	•

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(9) (10) or Form 990-EZ, Part V, line 38a or 40b.

Open

Note: Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

94-3066722 Habitat for Humanity - Spokane Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (g) In default? (a) Name of interested person (c) Purpose of (d) Loan to or (e) Onginal (f) Balance due (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? To From No Yes Yes No (1) Lynda Compton Homeowner MortgageLoan 32,090 20,645 (2) Kelly Lynch Homeowner MortgageLoar 43,614 25,645 (3) Amy Meyer Homeowner MortgageLoan 26,410 13,096 (4) (5)(6)(7) (8)(9)(10)Total 59,386 Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5) (6)(7)(8)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
	 				
					
V Supplemental Information Complete this part to provide	additional information for res	ponses to guestion	s on Schedule L (see instruction	ns).	
for Humanity-Spokane's Board of Dire					
n this Board member has with Habita	t is the mortgage of their Hab	tat home. This loan	is secured by their Habitat		
d is entered into prior to them being	asked to serve on the Board of	of Directors. The per	sons listed in Part II of		
ule L are all current (1) or former (2) Bo	pard members.				

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

94-3066722 Habitat for Humanity - Spokane Types of Property (c) (a) (b) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . 4,185 FMV at donation 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded . . Securities-Closely held stock . 10 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 . . . 6 245,200 FMV at donation 16 Real estate-Commercial . . 17 Real estate-Other 1 600 FMV at donation 1 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . 25 Other ▶ (Building Materials) 26 46,089 FMV at donation Other ► (Volunteer Meals) 26 ✓ 1,050 3,548 FMV at donation Other ► (Office network svc) 27 ✓ 9,360 FMV at donation 1 28 Other ► (Professional Service) 110 6,565 FMV at donation 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II	Supplemental Information. Complete this part to 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.
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-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Habitat for Humanity - Spokane

tach to Form 990 or 990-EZ.

Inspection

Employer identification number

94-3066722

Part IV, Line 26: Habitat for Humanity-Spokane's Board of Directors includes a representative from our current Habitat homeowners. The loan
this Board member has with Habitat is the mortgage of their Habitat home. This loan is secured by their Habitat home and is entered into
prior to them being a Board member.
Part VI, Line 11a: Our Chief Financial Officer prepares form 990 which is then reviewed by the Finance and Executive Committees of the
Board of Directors. A copy is then given to each member of the Board of Directors for review and approval. It is then signed by the Treasurer
of the Board of Directors.
Part VI, Line 12c: Habitat for Humanity-Spokane's conflict of interest policy is in our bylaws which are reviewed on annual basis. This policy
requires that all Board members and Habitat staff report any conflict of interest immediately.
Part VI, Line 15b: The process for determining the salaries of the affiliate's C.E.O., C.O.O., and C.F.O. is done by researching salaries of other
similar non-profits and comparable for-profit businesses for these 3 positions. This is done annually by Executive Committee of our Board of
Directors. Board members are not compensated.
Part VI, Line 19: Habitat for Humanity-Spokane has copies of form 990, annual audited financial statemements, articles of incorporation, and
bylaws in our office and are made available upon request. Our conflict of interest policy is not available to the public.
Part XI, Line 6: The amount listed is the noncash contributions of services and facilities recognized by the affiliate.