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990 Form

Return of Organization Exempt From Income Tax

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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<u>A</u>	For the	e 2015 calend	lar year, or tax year begi	nning	07-	. 01 , 2015, and e	nding		06-3	0 ,2016
В	Check if	applicable	C Name of organization HAB	ITAT FOR HUMAN	ITY OF THE N	VOV			D	Employer identification no
	Address	change	Doing business as						55	5-0705729
X	Name ch	nange	Number and street (or PO b	ox if mail is not delivered to s	treet address)		Room/su	ite		Telephone number
	Initial reti	urn	PO BOX 462		,				- 1	304)422-7907
Ē.	Final retu	urn/terminated		e, country, and ZIP or foreign	postal code		<u> </u>		 ``	1,706,451
\Box	Amended	PARKERSBURG, WV 26102] _G	Gross receipts\$	
$\overline{}$		on pending	F Name and address of princip		PHILLIPS		\neg			0/000/1000/pio
_		,	SAME AS C ABOY				H(a)	Is this a grou subordinates	p retum f	or Yes No
	Tax-exem	npt status	501(c)(3) 501(c)() (insert no)	4947(a)(1) or	527				= =
J	Website	If "No," attac H(c) Group exemption							attach a l	ncluded? Yes No list (see instructions)
ĸ	Form of o			sociation Other		L Year of formation 1	.990	M State of		
	rt I	Summar							<u></u>	
<u></u>	1	Bnefly descr	be the organization's miss	sion or most significant	activities SEF	KING TO PUT	GOD'S	LOVE I	NTO A	ACTION.
as			FOR HUMANITY BRI	-						
ä	1					<u> </u>				
Ë	1									
Activities & Bovernance	2	Check this b	ox ▶ 🔲 if the organizatio	n discontinued its oper	ations or disposed	of more than 25% of	of its net a	ssets		
<u>το</u>	3	Number of v	oting members of the gove	erning body (Part VI, lin	ne 1a)				3	17
	4	Number of in	dependent voting membe	rs of the governing boo	ly (Part VI, line 1b)			[4	17
۲₩	5		r of individuals employed i	-				[5	14
∼ફ	6		r of volunteers (estimate if					[6	200
<u> </u>	7a	Total unrelate	ed business revenue from	Part VIII, column (C), I	ine 12				7a	0
2	b	Net unrelated	d business taxable income	from Form 990-T, line	34			[7b	0
<u> </u>					· · · · · · · · · · · · · · · · · · ·		Pri	or Year	7	Current Year
1	8	Contributions	s and grants (Part VIII, line	: 1h)				783,9	906	793,893
2 9	9		vice revenue (Part VIII, lin	•		h-		75,9		59,946
_ e	10	-	ncome (Part VIII, column (⊢		(91,7		30,432
Revenue	11	Other revenu	ie (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)			13,5		28,283
J —	12		e - add lines 8 through 11 (<u> </u>		781,7		912,554
	13		imilar amounts paid (Part	·	·			169,2		135,099
	14		to or for members (Part I		· · · · · · · · ·	<u> </u>				0
	15	Salaries, other	er compensation, employe	e benefits (Part IX, col	umn ₁ (A), luce 5-1(<u>,</u>		164,1	116	238,879
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)	RECEIV	ED.				0
ë	1		sing expenses (Part IX, co			56, \$69	······································			
Expenses			ses (Part IX, column (A), li		NOV- 0-7 3	70		134,3	34	206,086
			es Add lines 13-17 (must		- ' U / / /	ию Г.У. Н		467,7		580,064
			s expenses Subtract line			%		313,9	$\overline{}$	332,490
					OGDEN.	UT	Beginning o	of Current Ye		End of Year
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)			~ !		1,903,9		3,325,184
Ass	21	Total liabilities	s (Part X, line 26)			[48,3	51	640,042
E SE	22	Net assets or	fund balances Subtract	line 21 from line 20 .		<i></i> [1,855,6	33	2,685,142
Pa	rt II	Signatu	re Block							
Under	penalties	s of perjury, I decla	are that I have examined this retui aration of preparer (other than off	n, including accompanying s	chedules and statement	s, and to the best of my ki	nowledge ar	nd belief, it is		
true, c	orrect, ar	na complete Decis	aration of preparer (other trian off	carrisoased on administriation	on Divinion preparer has	s arry knowledge				10 21 11
٠.		ALVII	N H PHILLIPS U	W 14 11	nely					0-26-16
Sig	ľ	Signature	e of officer					i	Date	
Her	e	ALVII	N H PHILLIPS, EXI	CUTIVE DIRECTO	OR					
		Type or p	onnt name and title							
		Print/Type pre	parer's name	Preparer's signature		Date	CI	neck 📗 ı	f PTIN	
Paid			Cottle CPA	Brooks Cottle	CPA	10-25-2016	se	lf-employed	F	00163447
Pre	parer	Firm's name	▶ Brooks (Cottle CPA AC			Firm's EIN	>		
Use	Only	Firm's address		wcrest Dr			Phone no			
Parkersburg WV 26104 304-428-9000							-9000_			
May t	he IRS	discuss this r	eturn with the preparer sh		uctions)					· X Yes No

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 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 Х 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, 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 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f 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 Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 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 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 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 Χ 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 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 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? Χ 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 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 Χ 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): X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and Х 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 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 e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 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). X 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? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 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? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 17 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Χ **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in 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? If "No," go to line 13 12a 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X X Other officers or key employees of the organization 15b 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 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. 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 of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ALVIN H PHILLIPS (304)422-7907, PO BOX 462, PARKERSBURG, WV 26102

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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

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

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

- 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.

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

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

Column C					((C)					
A purpose A pu	(4)	(B)			Pos	sition			(D)	(E)	(E)
Week (stary Tendency Comparison related proposed or related programment of the related programme	Name and Title										
Comparison		week (list any	00	0. 0			,		from		
(1) JOHN NICHOLSON 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I	악파	5	g	K	e H	Fo		-	
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(1) JOHN NICHOLSON 2.00 X			6	lee			ısate				
PRESIDENT							ă				
PRESIDENT											
	(1) JOHN NICHOLSON	2.00									
VICE PRESIDENT	PRESIDENT	ļ	X						0		0
SECRETARY SECR	(2) JEN DENNIS	2.00									
SECRETARY X	VICE PRESIDENT		X						0	0	0
(4) CHARLIE MATTHEWS		2.00									
TREASURER	SECRETARY	<u> </u>	X						0	0	0_
S MIKE BUELL	(4) CHARLIE MATTHEWS	2.00									
DIRECTOR	TREASURER	<u> </u>	X	\Box					0	0	. 0_
G SANDY DELONG	(5) MIKE BUELL	2.00		l							
DIRECTOR X	DIRECTOR	ļ	X						0	0	0
Total	(6) SANDY DELONG	2.00				Ì					
DIRECTOR	DIRECTOR		X						0	0	0
(8) CAROLYN GARRITY	(7) JIM FULL	2.00									
DIRECTOR X	DIRECTOR		X	_					0	0	0
(9) CLINT HOLLEY	(8) CAROLYN GARRITY	2.00			ĺ					i	
Director X	DIRECTOR		X	_					0	0	00
10)TREASA MACKEY	(9) CLINT HOLLEY	2.00									
DIRECTOR	DIRECTOR		Х		_	\Box			0	0_	0_
(11)BEN POLING	(10)TREASA MACKEY	2.00				Ì					
DIRECTOR X 0 0 0	DIRECTOR		X						0	0_	0
Column	(11)BEN POLING	2.00			i					,	
DIRECTOR X 0 0 0 (13)JIM SALLIE 2.00 0 <td>DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0_</td> <td>0_</td>	DIRECTOR		X						0	0_	0_
(13)JIM SALLIE 2.00 X 0 0 0 (14)SHELENE SHREWSBURY 2.00	(12)AMMIE RASMUSSEN	2.00									
DIRECTOR X 0 0 0 (14)SHELENE SHREWSBURY 2.00	DIRECTOR	<u></u>	Х		ļ	_			0	0	0
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DIRECTOR X 0 0	(14)SHELENE SHREWSBURY	2.00					1				
	DIRECTOR		X						0	0	0

Page 8

Fait VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	and r	nıgn	iest C	ompen	sa	tea Employees (continuea)			
(A) Name and title	(B) Average hours per week (list any	box, u	unless er and	pers a dire	ition ore that on is b ector/tr	ooth an ustee)	-	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estima amour oth	nt of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from from organiz and re organiz	the zation elated
(15)GINGER SMITH DIRECTOR	2.00	х					+			,		0
(16)MIKE TUCKER DIRECTOR	2.00	Х								,		0
(17)ALLIE WARNER DIRECTOR	2.00	X					†			,		0
(18)ALVIN H PHILLIPS EXECUTIVE DIRECTOR	40.00			Х				65,556	()		0
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total						•	F					
d Total (add lines 1b and 1c)	<u> </u>							65,556	0			0
2 Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	vho	recei	ived moi	re 1	than \$100,000 of	C)		
			-						_		Ye	s No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			-		_			nsated		;	3_	x
4 For any individual fisted on line 1a, is the sum of reportangements of the sum of reportangements.	-											
ındıvıdual										4	4	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," or										1.	5	X
Section B. Independent Contractors	onpiete sch	edule .	<u> </u>	Suu	i per	3011	•	<u> </u>	· · <u>· · · · · · · · · · · · · · · · · </u>	<u> </u>	<u></u>	<u></u>
Complete this table for your five highest compensated	d independen	t contr	acto	rs th	at red	ceived n	nor	re than \$100,000	of			
compensation from the organization. Report compen year.	sation for the	calen	dar y	ear	endır	ng with o	or v	within the organiza	ation's tax			
(A) Name and business address								(B) Description of s	ervices	C	(C) Compensa	ation
							_					
							_					
							_					
Total number of independent contractors (including by received more than \$100,000 of compensation from the compensation from th				sæd	apo\	ve) wno						

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under sections 512-514 Total revenue Unrelated business revenue Related or exempt function Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues 1c 1d d Related organizations e Government grants (contributions) . . 1e 193,536 f All other contributions, gifts, grants, 1f and similar amounts not included above 600,357 g Noncash contributions included in lines 1a-1f. \$ 17,565 <u>.</u>. ▶ 793,893 Total. Add lines 1a-1f **Business Code** 59,946 Revenue 624200 59,946 2a MORTGAGE DISCT AMORT Program Service f All other program service revenue 59,946 Investment income (including dividends, interest, 795 795 Income from investment of tax-exempt bond proceeds . . . ▶ (ı) Real (II) Personal 10,674 6a Gross rents **b** Less: rental expenses 10,674 c Rental income or (loss) . . . 10,674 10,674 (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 505,726 **b** Less: cost or other basis 476,089 and sales expenses 29,637 c Gain or (loss) 29,637 29,637 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) 35,996 See Part IV, line 18 a 7,259 b Less: direct expenses b 28,737 28,737 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a 299,421 **b** Less: cost of goods sold b 310,549 (11, 128)c Net income or (loss) from sales of inventory ▶ (11, 128)**Business Code** Miscellaneous Revenue 11a e Total. Add lines 11a-11d ▶ 29,078 89,583 912,554 Form 990 (2015)

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) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (D) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 135,099 135,099 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 52,442 19,202 19,892 13,348 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 117,921 19,338 75,596 22,987 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,472 4,443 1,023 948 9 22,768 <u>12,6</u>69 5,243 4,856 10 41,305 22,864 9,631 8,810 11 Fees for services (non-employees): 3,833 3,833 Legal....... 99 99 9,188 9,188 Professional fundraising services. See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 7,023 7,023 13 37,003 3,316 28,067 5,620 14 15 16 6,121 6,121 17 9,199 3,953 5,246 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 12,024 11,259 765 753 24,731 20 25,484 21 20,525 20,525 22 Depreciation, depletion, and amortization 33,334 33,334 23 37,065 386 36,679 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.) TOOLS, EQUIP, SUPPLIES 5,188 5,188 b C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 580,064 350,449 173,046 56,569 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)

55-0705729

Balance Sheet

Part X

5) HABITAT FOR HUMANITY OF THE MOV

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 24,977 18,639 1 2 2 349,111 20,637 3 3 989 4 12,357 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 1,118,544 7 Notes and loans receivable, net 822,555 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 477,841 10c 1,772,689 190,147 11 11 12 Investments - other secunties. See Part IV, line 11 12 13 13 14 14 382,318 228,511 15 15 16 3,325,184 1,903,984 16 17 65,766 25,681 17 18 18 19 19 20 20 5,066 21 10,285 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 iabilities. trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 537,046 Secured mortgages and notes payable to unrelated third parties 23 2,801 24 3,541 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 23,404 14,803 26 640,042 48,351 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 2,685,142 27 1,516,133 28 339,500 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 2,685,142 1,855,633 33 1,903,984 34 3,325,184

		55-0705	729	F	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		912,	554
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		580,	064
3	Revenue less expenses. Subtract line 2 from line 1	. 3	:	332,	490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,	855,	633
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		20,	750
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	4	176,	269
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	2,6	585,	142
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u> .		· · ·	. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a рпот year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	<u>L</u> .
	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		1 1		1
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	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		. 3b		
EEA			Form	990 ((2015)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public Inspection

Employer identification number HABITAT FOR HUMANITY OF THE MOV 55-0705729 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see (described on lines 1-9 instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

55-0705729

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

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

Galendary year (or fiscal year beginning in) Gits grants contributions and in the contributions and in the contribution of the contribution o	260	tion A. Fublic Support						
membership fees recoved. (Co not include any "unusual grants.") 2 Toor revenues leved for the organizations 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 lives 1 through 3 5 The portion of total contributions by each preson (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) 5 Public support Subract lines from line 4 5 Section B. Total Support 6 Gross income from invariest divideral lines from line 4 6 Public supported from line 4 7 Amounts from line 4 8 Gross income from invariest divideral lines from similar sources 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 sele of capital assets (Espian in Part VL) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organizations fixet second, thrid, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here 5 Section C. Computation of Public Support Percentage 14 Public support percentage from 2014 Schedule A. Part II, line 14 15 Years and the second specifies and publicly supported organization 16 Years and support terest 2015. If the organization dri not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Explain in Part VL) 16 Years and the organization meets the "facts-and-circumstances" test, theolit his box and stop here. Explain in Part VL in the organization on the set of recommissions as a publicly supported organization 17 10 Years and the organization meets the "facts-and-circumstances" test, the organization organization 18 10 Years and the organization meets the "facts	Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended on its behalf 1. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3.	1	membership fees received. (Do not						
tumbled by a governmental unit to the organization without charge 4 Total. Add lines 1 Brough 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 lines 5 from line 4 5 Soction B. Total Support Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar Year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendar (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) 7014	2	organization's benefit and either paid						
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supported organization) included on line 1 that exceeds 2% of the amount show on oline 11, column (f) 8 Public support Subtract line 5 from line 4 Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned 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? If though 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 90 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 3 31/3% support test- 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization and of the check a box on line 13, 16a, 16b, or 17a, and line 15 is 0% or more, and if the organization meets the "facts-and-circumstances" test, theck this box and stop		each person (other than a						
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shown on line 11, column (f) 6 Public support Subtract line § from line 4		• •						
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Calendar year (or fiscal year beginning in) A mounts from line 4					<u> </u>	<u> </u>	<u> </u>	1
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on secunities loans, rents, royalities and income from similar sources 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Inst five 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage form 2014 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization			(a) 2011	(b) 2012	(a) 2013	(4) 2014	(a) 2015	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on			(a) 2011	(6) 2012	(6) 2013	(u) 2014	(6) 2010	(1) Total
activities, whether or not the business is regularly carried on the common of the comm	-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five 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 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2014 Schedule A, Part II, line 14 Sox and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	9	activities, whether or not the business						
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First five 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10 .						
Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions)				12	
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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								▶ □
	18							_
							<u></u>	▶ □

55-0705729

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.)

<u>Se</u>	ction A. Public Support	 			·		
Cal	endar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	484,387	383,209	291,525	783,906	793,893	2,736,920
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	594,695	853,236	829,601	695,583	841,143	3,814,258
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						
6	Total. Add lines 1 through 5	1,079,082	1,236,445	1,121,126	1,479,489	1,635,036	6,551,178
7a	Amounts included on lines 1, 2, and 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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						6,551,178
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1,079,082	1,236,445	1,121,126	1,479,489	1,635,036	6,551,178
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	117,609	59,286	66,239	76,727	71,415	391,276
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	117,609	59,286	66,239	76,727	71,415	<u>391,276</u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1,196,691	1,295,731	1,187,365	1,556,216	1,706,451	6,942,454
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, sed	cond, third, fourth, c	or fifth tax year as a	a section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·	▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	olumn (f) divided by				15	94.36 %
16	Public support percentage from 2014 Schedu			<u> </u>	<u> </u>	16	93.12 %
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2015 (line	10c, column (f) divid			· · · · · · ·	17	6.00 %
18	Investment income percentage from 2014 Sci	hedule A, Part III, lir	ne 17		· [18	6.88 %
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box a	ation did not check and stop here. The	the box on line 14, organization qualif	and line 15 is more ies as a publicly si	e than 33 1/3%, an upported organizat	d line ion	▶ 🏻
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this b	oox and stop here.	The organization q	ualifies as a public	ly supported orgar	nization	▶ □
20	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		<u>▶ ⊔</u>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) 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.
- 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	3b		
	3с		
	4a		
	<u>4a</u>		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
ĺ	9b		
	9с		
	40-		
	10a		
	10b		
A (F	orm 990	or 990-	EZ) 2015

SCHEDULE D (Form 990)

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.

1d, 11e, 11f, 12a, or 12b.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	Employer Identification number
$\overline{}$	BIȚAT FOR HUMANITY OF THE MOV	55-0705729
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(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 donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes 🗌 No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
	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	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation of	easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(ı)
	and section 170(h)(4)(B)(II)?	L. Yes L. No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	nerance of
	public service, provide the following amounts relating to these items:	_
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	▶ \$

4	Describe in Part Aill the intended uses of the organiza	uons endowment lund:	»		
Pa	rt VI Land, Buildings, and Equipment.				
	Complete if the organization answer	ed "Yes" on Form	990, Part IV, line 1	1a. See Form 990, P	art X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		415,000		415,000
b	Buildings		1,411,069	115,436	1,295,633
С	Leasehold improvements		ļ		
d	Equipment		136,767	74,711	62,056
е	Other		<u> </u>		
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	n 990, Part X, column (I	3), line 10c.)	<u> ▶ </u>	1,772,689

	(a) Description of equipment or enter	(b) Book value	/, line 11b. See Form 990, Pa	art, mie iz.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	l derivatives			
	held equity interests	• •		
(3) Other				
(A)		}		
(B)				
(C)	· — — · · · · · · · · · · · · · · · · ·			
(D) (E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments - Program Related			
	Complete if the organization answ		, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
<u>(1)</u> (2)				·····
(3)				
(4)			·	·
(5)	·			
(6)				
(7)				
(8)				
(0)				
(9)				
(9)	o) must equal Form 990, Part X, col (B) line 13)	>		
(9) Total (Column (b	Other Assets.			
(9)			, line 11d. See Form 990, Pa	rt X, line 15.
(9) Total (Column (b	Other Assets.		, line 11d. See Form 990, Pa	(b) Book value
(9) Fotal (Column (t) Part IX (1) ACCT	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT	Other Assets. Complete if the organization answ	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY	vered "Yes" on Form 990, Part IV	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS	vered "Yes" on Form 990, Part IV (a) Description	, line 11d. See Form 990, Pa	(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part IX))	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS onn (b) must equal Form 990, Part X, col. (B) li	vered "Yes" on Form 990, Part IV (a) Description	, line 11d. See Form 990, Pa	(b) Book value 166,350
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	vered "Yes" on Form 990, Part IV (a) Description		(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part IX))	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ	vered "Yes" on Form 990, Part IV (a) Description		(b) Book value 166,350 215,966
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal (Column (t) Part X	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	vered "Yes" on Form 990, Part IV (a) Description		(b) Book value 166,350 215,966
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal (Column (t) Part X	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS Inn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV		(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part X) I. (1) Federal	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV		(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part X) I. (1) Federal (2) 2111	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes WH TAX	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value		(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part X) (1) Federal (2) 2111 (3) 2200	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893		(b) Book value 166,350 215,966
(9) Fotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (to Part X) 1. (1) Federal (2) 2111 (3) 2200 (4) 2400	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS on (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639		(b) Book value 166,350 215,966
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) 2111 (3) 2200 (4) 2400 (5) 2125	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes WH TAX SALES TAX DEF CR	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639 10,314		(b) Book value 166,350 215,966
(9) Total (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) 2111 (3) 2200 (4) 2400 (5) 2125	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX DEF CR SECURITY DEPOSITS	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639 10,314 6,250		(b) Book value 166,350 215,966
(9) Fotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) Fotal (Column Part X (1) Federal (2) 2111 (3) 2200 (4) 2400 (5) 2125 (6) 2215	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX DEF CR SECURITY DEPOSITS	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639 10,314 6,250		(b) Book value 166,350 215,966
(9) rotal (Column (t) Part IX (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) rotal. (Column Part X (1) Federal (2) 2111 (3) 2200 (4) 2400 (5) 2125 (6) 2215 (7)	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX DEF CR SECURITY DEPOSITS	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639 10,314 6,250		(b) Book value 166,350 215,966
(9) rotal (Column (to Part IX) (1) ACCT (2) ACCT (3) (4) (5) (6) (7) (8) (9) rotal. (Column Part X) (1) Federal (2) 2111 (3) 2200 (4) 2400 (5) 2125 (6) 2215 (7) (8) (9) rotal (Column (to Column	Other Assets. Complete if the organization answ 1411 PROPERTY INVENTORY 1501 WORK IN PROGRESS In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answ line 25. (a) Description of hability Income taxes WH TAX SALES TAX DEF CR SECURITY DEPOSITS	vered "Yes" on Form 990, Part IV (a) Description ne 15.) vered "Yes" on Form 990, Part IV (b) Book value 3,893 2,639 10,314 6,250 308	, line 11e or 11f. See Form 9	(b) Book value 166, 350 215, 968 382, 318

Sched	ule D (Form 990) 2015 HABITAT FOR HUMANITY OF THE MOV	55-0705729	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,860,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,000,125
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	\dashv \mid	
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	<u>, </u>	
e	Add lines 2a through 2d		947,859
3	Subtract line 2e from line 1	3	912,554
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	312,554
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	\dashv 1	
	Add lines 4a and 4b	⊢ , 1	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	010 554
_			912,554
Га		per Keturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,527,920
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	⊣	
Þ	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	947,856
3	Subtract line 2e from line 1	3	580,064
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.)	→	
С	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	580,064
Par	t XIII Supplemental Information.		
Provi	de 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; F	'art X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
01.	Escrow account liability (Part IV, line 2b)		
THE	ORGANIZATION COLLECTS MONTHLY ADDITIONS TO MORTGAGE ESCROW FUNDS, AND ANNUA	LLY PAYS	
REAL	ESTATE TAXES AND HOMEOWNER'S INSURANCE PREMIUMS IN BEHALF OF THE HOMEOWNER	≀S	
THE	ORGANIZATION ALSO HOLDS DOWNPAYMENTS PAID BY FUTURE HOMEOWNERS.		
-			

Schedule D (Form 990) 2015 HABITAT FOR HUMANITY OF THE MOV	55-0705729	Page 5
Part XIII Supplemental Information (continued)		
02. Other revenues not included on Form 990 (Part XI, line	24)	
02. Other revenues not included on Form 330 (Part XI, Time	20)	
COST OF HOMES SOLD \$337,891		
RESALE STORE EXPENSES \$310,549		
RESALE STORE SALES TREATED AS IN-KIND DONATION \$299,420		
03. Other expenses not included on Form 990 (Part XII, line	e 2d)	
· — — · — · — · — · — · — · — · — · — ·		
COST OF HOMES SOLD \$337,891		
RESALE STORE EXPENSES \$310,549		
RESALE STORE SALES TREATED AS IN-KIND DONATION \$299,420		
		
		
		

Pa	int IV Supporting Organizations (continued)			
٠.	No. 1		Yes	No
	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 in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ction B. Type I Supporting Organizations	10		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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			
			Yes	No
1				
	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)	11_		
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		163	_110
•	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				
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 in (2), 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		3	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
202	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions)	
•	☐ 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 government entity (see in	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	1 1		
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b	ſ	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
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.	3ь		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public inspection

Name of the organization					En	nployer ident	ification number
HABITAT FOR HUMANITY OF THE	MOV					55-070	5729
Eundraicing Activities		the organ	ization an	swered "Yes" on	Form 990, I	Part IV, I	ine 17.
Form 990-EZ filers are no					•	•	
1 Indicate whether the organization raise				uties Check all that a	pply.		
a Mail solicitations	J		_	of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations				draising events			
d In-person solicitations		9 🗀	Openial luli	araising events			
·			امريام مراريم	in- officers deserters	t		
2a Did the organization have a written o		-					п.,.
or key employees listed in Form 990,	•		•	_		∐ Yes	_
b If "Yes," list the ten highest paid indiv		(tundraisers)	pursuant to	agreements under whi	ich the fundrais	er is to be	
compensated at least \$5,000 by the	organization						
	 						
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount (or retained		(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of	from activity	fundraiser lis		(or retained by)
		Contric	outions?		col (i)		organization
		Yes	No			ľ	
1							
2							
3		-		-			
	i		1				
4							
5			1		·		
			1 1				
6		1					_
·		1					
7		- 	-				
•							
8		+	-				
•							
9		ľ	1 1			-	
		-		-			
10							
Total							
3 List all states in which the organization	is registered or li	censed to so	licit contribu	tions or has been notif	fied it is exemp	t from	
registration or licensing.							
	-						
							
							
			-				
							
							

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through AUCTION NONE col (c)) (event type) (event type) (total number) Revenue Gross receipts 35,996 35,996 Less Contributions Gross income (line 1 minus 35,996 35,996 4 Cash prizes Noncash prizes Rent/facility costs 7,259 7,259 Direct Expenses Food and beverages Entertainment Other direct expenses 7,259 Net income summary. Subtract line 10 from line 3, column (d) ▶ 28,737 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Part V · Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Section 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		
Section 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):			
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
7 Check here if the current year is the organization's first as a non-functionally	-integra	ted Type III supporting	g organization (see

instructions).

SCHEDULE I (Form 990)		Govern Complete if the	ts and Other ments, and Ir	Assistance to ndividuals in 1	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Compete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	s, les r 22.		OMB No 1545-0047 2015
Department of the Treasury Internal Revenue Service	A	Information abou	► A t Schedule I (Form 9	Attach to Form 990.rm 990) and its instruction	Attach to Form 990.Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	form990.	D	Inspection
Name of the organization							Employer identification number	' , , , , , , , , , , , , , , , , , , ,
E	ITY OF THE MOV				·		55-0705729	
Part I General I	Til General Information on Grants and Assistance Does the organization mannam records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s and Assista	nce of the grants or assist	ance, the grantees' elig	inblity for the grants or	assistance, and		
	the selection cnteria used to award the grants or assistance?	assistance?						. 🛭 Yes 🗆 No
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States I Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	s for monitoring the Domestic Organ	e use of grant funds in nizations and Don	the United States	ts. Complete if the c	organization answered	"Yes" on Form	
,	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	nt that received	more than \$5,000.	Part II can be dup	cated if additional s	pace is needed.		
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								1
(5)								
(9)							,	
(2)								
(8)								
(6)								
(10)								
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organizat n the line 1 table	ons listed in the line 1	table			A A	
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for Form	990.				Š	Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) FOREGONE MORTGAGE INTEREST (f) Description of non-cash assistance THE ORGANIZATION HAS A HOMEOWNER SELECTION COMMITTEE WHO VERIFIES THE QUALIFICATIONS OF APPLICANTS WHO WILL PURCHASE HOMES Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 55-0705729 BUILT WITH VOLUNTEER LABOR. HOMEOWNERS RECEIVE PRE-PURCHASE EDUCATION TO ENSURE THEIR SUCCESS IN HOMEOWNERSHIP MTG PMTS MINUS PV (e) Method of valuation (book, 135,099 AT MARKET RATES FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. HABITAT FOR HUMANITY OF THE MOV (b) Number of recipients HABITAT FOR HUMANITY DOES NOT CHARGE 1 INTEREST OR PROFIT FROM THE POOR. (a) Type of grant or assistance Schedule I (Form 990) (2015) Part IV Part III 8 က Ŋ 4 9 EEA

6 H ,

55-0705729

	t V ϸ Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		,	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9				
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			<u> </u>
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013		·	
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		48.794.794.79	
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			### N- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1
4	Distributions for 2015 from Section			
	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	}		
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	A CONTRACT OF THE CONTRACT OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Employer Identification number

HABITAT FOR HUMANITY OF THE MOV	55-0705729
01. Form 990 governing body review (Part VI, line 11)	
FINANCE COMMITTEE HAS FIVE MEMBERS, INCLUDING THE TREASURER AND THE PRESID	ENT. THE
EXECUTIVE DIRECTOR PASSES OUT A HARD COPY OF THE 990 TO THE FINANCE COMMIT	TEE AND REVIEWS
IT WITH THEM IN DETAIL. AN ELECTRONIC COPY IS CIRCULATED TO ALL BOARD MEMBI	ERS. THE FINANCE
COMMITTEE REVIEWS THE RESULTS AT THE NEXT REGULARLY-SCHEDULED BOARD MEETING	G. ALL THESE
REVIEWS TAKE PLACE BEFORE THE 990 IS FILED WITH THE IRS.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE	CE WITH THE
CONFLICT OF INTEREST POLICY BY ANNUALLY REQUIRING OFFICERS, DIRECTORS AND	KEY EMPLOYEES TO
DISCLOSE INTERESTS THAT COULD GIVE RISE TO A CONFLICT.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE. THE FINA	ANCE COMMITTEE
SETS A CAP ON RAISES, GENERALLY NO MORE THAN 5%. THE EXECUTIVE COMMITTEE IS	S FAMILIAR WITH
SALARIES FOR COMPARABLE POSITIONS IN THE AREA AND ENSURES THAT THE SALARY I	DOES NOT EXCEED
THOSE AMOUNTS.	
04. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
05. Audited by an independent accountant (Part XII, line 2b)	
THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM T	HE PREVIOUS
YEAR.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer Identification number
HABITAT FOR HUMANITY OF THE MOV	55-0705729
06. Explanation of other changes in net assets or fund balances (Part XI,	line ()
ve. Explanation of other changes in het assets of fund barances (Part XI,	Tine 9)
DURING FYE 6/30/2016, COMPLETED A MERGER WITH WASHINGTON COUNTY, OHIO HABI	TAT FOR
HUMANITY.	
ACQUIRED 13 MORTGAGES, A VACANT HOME AND A VACANT LOT, AND THE BALANCES IN	TWO CHECKING
ACCOUNTS.	
<u>. </u>	
	

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC., A WEST VIRGINIA NONPROFIT CORPORATION

The undersigned, being the Chairperson of the Board of Directors of the Corporation, adopts the following Amended and Restated Articles of Incorporation for such company, in accordance with the provisions of Article 10 of Chapter 31E of the Code of West Virginia of 1931, as amended. There are no members of the Corporation, so the Board of Directors of the Corporation approved the adoption the following Amendments to the Articles of Incorporation, as follows:

AMENDMENT TO AND RESTATEMENT OF ARTICLES OF INCORPORATION

Prior to adoption of the following Amendments, the name of the corporation was Wood County Habitat for Humanity, Inc. The Board of Directors of the corporation met on the 4th day of April, 2016, in order to consider adoption of the following Amended and Restated Articles of Incorporation. There was a quorum of the Board of Directors present at said meeting, and more than two-thirds (2/3) of the elected directors of the Board of Directors voted to adopt the Amended and Restated Articles of Incorporation in accordance with the provisions of Section 1003 of Article 10 of Chapter 31E of the Code of West Virginia of 1931, as amended. The entirety of the Articles of Incorporation was amended and restated as follows, to-wit:

I.

The name of the Corporation shall be HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC.

II.

HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. is a non-stock, non-profit corporation.

The address of the principal office of the corporation shall be Post Office Box 462, Parkersburg, West Virginia 26102-0462.

IV.

The name of the initial agent for service of process upon HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC., shall be ALVIN PHILLIPS, whose address is c/o HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC., Post Office Box 462, Parkersburg, West Virginia 26102-0462.

V.

The initial purposes of HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC., shall be:

- A. To demonstrate the love of Jesus Christ. We undertake our work to demonstrate the love and teachings of Jesus, acting in all ways in accord with the belief that God's love and grace abound for all, and that we must be "hands and feet" of that love and grace in our world. We believe that, through faith, the miniscule can be multiplied to accomplish the magnificent, and that, in faith, respectful relationships can grow among all people; and
- B. To focus on shelter. We have chosen, as our means of manifesting God's love, to create opportunities for all people to live in decent, durable shelter. We put faith into action by helping to build, renovate or preserve homes, and by partnering with others to accelerate and broaden access to affordable housing as a foundation for breaking the cycle of poverty; and
- C. To advocate for affordable housing. In response to the prophet Micah's call to do justice, to love mercy and to walk humbly with God, we promote decent, affordable housing for all, and we support the global community's commitment to housing as a basic human right. We will advocate for just and fair housing policy to eliminate the constraints that contribute to poverty housing. And, in all of our work, we will seek to put shelter on hearts and minds in such powerful ways that poverty housing becomes socially, politically and religiously unacceptable; and
- D. To promote dignity and hope. We believe that no one lives in dignity until everyone can live in dignity. We believe that every person has something to

contribute and something to gain from creating communities in which all people have decent, affordable places to live. We believe that dignity and hope are best achieved through equitable, accountable partnerships; and

- E. To support sustainable and transformational development. We view our work as successful when it transforms lives and promotes positive and lasting social, economic and spiritual change within a community; when it is based on mutual trust and fully shared accomplishment; and when it demonstrates responsible stewardship of all resources entrusted to us; and
- F. To receive, maintain, and accept as assets of the corporation, any property, whether real, personal, or mixed by way of gift, bequest, devise or purchase from any person, firm, trust, or corporation, to be held, administered, and disposed of exclusively for charitable, religious, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended, and in accordance with and pursuant to the provisions of these articles of incorporation; but no gift, bequest, devise or purchase of any such property shall be received or made and accepted if it is conditioned or limited in such manner as shall require the disposition of income or principal to any organization other than a charitable organization or for any purposes of the charitable purposes which would jeopardize the status of the corporation as an entity exempt from federal income tax pursuant to the relevant provisions of the Internal Revenue Code, as amended; and
- G. To exclusively promote and carry on any other religious, charitable, or educational purposes and activities for which corporations may be organized and operated under the relevant provisions of the Internal Revenue Code, as amended, and under the state of Chapter 31E of the West Virginia Code, as amended.

Regardless of any of the foregoing, this corporation shall not engage in any activity that would jeopardize its tax-exempt status; nor shall the corporation engage in any political campaigns or political activities, the same being specifically prohibited.

VI.

HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. is not a term company and shall exist perpetually.

HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. shall not have any members at its inception.

VIII,

The initial Board of Directors of HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. shall consist of seventeen (17) persons, whose names and addresses are

Name	Address
Buell, Mike	613 Third Street, Marietta, OH, 45750
DeLong, Sandy	535 Rainbow Cemetery Road, Lowell, OH, 45744
Dennis, Jen	108 S. Second Street, Marietta, OH, 45750
Full, Jim	123 13th Street, Parkersburg, WV, 26101
Garrity, Carolyn	1102 21st Street, Vienna, WV, 26105
Holley, Clint	109 Merryhill Street, Marietta, OH, 45750
Mackey, Treasa	4405 9th Avenue, Parkersburg, WV, 26101
Matthews, Charlie	3002 25 th Street, Parkersburg, WV, 26101
Nicholson, John	1214 Ann Street, Parkersburg, WV, 26101
Poling, Ben	3010 23 rd Street, Parkersburg, WV, 26101
Rasmussen, Ammie	1305 Market Street, Parkersburg, WV, 26101
Sallie, Jim	1625 Washington Avenue, Parkersburg, WV, 26101
Shrewsbury, Shelene	237 Cedar Dr., Mineral Wells, WV, 26150
Smith, Ginger	20 Greenland Dr., Washington, WV, 26181
Tucker, Mike	59 Bonita Circle, Parkersburg, WV, 26104
Tuten, Keith	200 Bellevue Street, Marietta, OH, 45750
Warner, Allie	117 Meadow Lane, Marietta, OH, 45750

IX.

HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. shall

have four officers, elected by the Board of Directors at the annual meeting of the Board of Directors.

No director of the corporation shall be personally liable to the corporation for monetary damages for any action taken, or any failure to take any action, as a director, except liability for: (A) The amount of a financial benefit received by the director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation; (C) a violation of § 833 of Article 8 of Chapter 31E of the *Code of West Virginia* of 1931, as amended, regarding unlawful distributions; or (D) an intentional violation of criminal law.

The corporation shall indemnify each director of the corporation for liability as that term is defined in § 850 of Article 8 of Chapter 31E of the *Code of West Virginia* of 1931, as amended, to any person for any action taken, or any failure to take any action, as a director, except liability for: (A) Receipt of a financial benefit to which he or she is not entitled; (B) an intentional infliction of harm on the corporation; (C) a violation of § 833 of Article 8 of Chapter 31E of the *Code of West Virginia* of 1931, as amended, regarding unlawful distributions; or (D) an intentional violation of criminal law.

XI.

HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC. is

organized exclusively for charitable, religious, educational, and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under § 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officer, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth hereinabove. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the aforesaid Code, or corresponding section of any future federal tax code, or (b) by a corporation, contributions to

which are deductible under § 170(c)(2) of the aforesaid Code, or corresponding section of any future federal tax code.

Upon the dissolution of the corporation, the assets of the corporation shall be distributed in kind, or converted to cash, or some combination thereof, by and at the discretion of the Board of Directors, for one or more exempt purposes within the meaning of § 501(c)(3) of the aforesaid Code, or corresponding section of any future federal tax code. Preference in any such distribution shall be given to: (A) Habitat for Humanity International, Inc., or its successor; or (B) any other organization(s) organized and operating for the same or similar purposes for which the corporation is organized and operating, as the Board of Directors shall determine in its discretion. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which they principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

XII.

The name and address of the Incorporator of the Corporation is JOHN NICHOLSON, whose address is c/o HABITAT FOR HUMANITY OF THE MID-OHIO VALLEY, INC., Post Office Box 462, Parkersburg, West Virginia 26102-0462

XIII.

An e-mail address where informational notices and reminders of annual filings may be sent is: alvin@habitatmov.com.

THE UNDERSIGNED, for the purpose of forming a non-profit corporation under the laws of the State of West Virginia, does hereby make and file these <u>AMENDED AND</u>

RESTATED ARTICLES OF INCORPORATION OF HABITAT FOR HUMANITY OF

THE MID-OHIO VALLEY, and has hereto accordingly set his hand this, the ______day of April, 2016.

JOHN NICHOLSON