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SCANNED JUN 0 9 2017

Form .990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury

Department of the Treasury

_	nai Hevenu				99 19		
<u>A</u>	For the	2015 calendar year, or tax year beginning July 01 , 2015, and endi	ng Ju	ne 30	, 20 16		
В	Check if a	pplicable C Name of organization Habitat for Humanity-Spokane		D Employ	er identification number		
	Address o				94-3066722		
	Name cha	nge Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephone number			
	Initial retu				509-534-2552		
	Final return	/terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return Spokane, WA 99220-0130		G Gross re	_ 		
	Application	n pending F Name and address of principal officer Michelle Girardot	II		subordinates ⁷ Yes No		
		Same as C			s included? Yes Vo		
<u></u>	Tax-exem	pt status	If "N	lo," attach a	a list (see instructions)		
J	Website:	www.habitat-spokane.org	H(c) Group	exemption	number ► 8545		
K	Form of or	ganization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Non-Profit L Year of forms	ation 1987	M State	of legal domicile WA		
Р	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: Habita	at for Humani	ty-Spokar	ne is an ecumenical,		
çe] !	nonprofit Christian ministry dedicated to bringing the community together to build	decent, afford	lable hous	sing for all of God's		
Governance	<u> </u>	people in need.					
Ver	1	Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more than	า 25% of	its net assets.		
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3_	12		
త	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	12		
ţį	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	32		
Activities	6	Total number of volunteers (estimate if necessary)		6	5,124		
Ac	7a `	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b_	N/A		
Revenue			Prior Y	ear	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		827,182	683,305		
	9	Program service revenue (Part VIII rline:2g)		683,138	484,900		
ě	10	Investment income (Part VIII) column (A) lines 3, 4, and 7d)		43,843	58,206		
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)		(29,869)	48,498		
	12	Total revenue—add lines 8 through 14 Ymust equal Part VIII, column (A), line 12)		1,524,294	1,274,909		
	13	Grants and similar amounts paid (Part IX, column (A), lines, 1-3)		28,897	8,996		
	14	Benefits paid to or for members (Part-IX, column (A), line 4).		0			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		551,022	483,793		
Expenses	16a	Professional fundraising fees (Part IX, column (A), Tine 11e)		0			
×pe	b	Total fundraising expenses (Part IX, column (D), line 25) ► 137,532					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,409,216	1,218,117		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,989,135	1,710,906		
	19	Revenue less expenses. Subtract line 18 from line 12		(464,841)	(435,997)		
20.0	3		Beginning of C	urrent Year	End of Year		
sets	20	Total assets (Part X, line 16)		5,900,131	7,509,250		
Net Assets or	21	Total liabilities (Part X, line 26)		2,478,469	4,509,915		
_		Net assets or fund balances. Subtract line 21 from line 20		3,421,662	2,999,335		
_	art II	Signature Block					
Ur tri	nder penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and stat and complete. Declaration of preparer (other than officer) is based on all information of which prepar	ements, and to	the best of r	my knowledge and belief, it is		
		and complete bodginor of prepared (other trial officer) is based on air mioritation of which prepare	er rias arry kriow	reage	To		
Sig	~n	Scoot to Market		5-1	12-16		
	ere	Signature Morricer	Da	ate			
116	16	PBIEZ COUNTER / I reasurer					
		Type or print name and title Print/Type preparer's name Preparer's signature			- Interior		
Pa			ate	Check			
	eparer	1 = .		self-emp	ployed		
Us	se Only			n's EIN ▶			
Ma	v the IR	Firm's address ► Sign discuss this return with the preparer shown above? (see instructions)	Pho	one no			
		Deducti A Mark	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· · Yes No		
ror	raperw	ork Reduction Act Notice, see the separate instructions. Cat.	No 11282Y		Form 990 (2015)		

Part I	V Checklist of Required Schedules			
			Yes	No
1 .	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>,</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	√	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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	_	√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v

Part	Checklist of Required Schedules (continued)		V 1	N-
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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	21		✓
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	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	•	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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 disqualified persons? If "Yes," complete Schedule L, Part II	26	√	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

- ak k				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		
		T Catalo	Yes	No
1a	Zittor the member reported in democratic and a second seco	3		1 20
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)	and the	22.200
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ww/		in X
	reportable gaming (gambling) winnings to prize winners?	1c	✓	3886.7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	KŸ.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			. as
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) .	310 200337		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ł		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	١.
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	2.7	Since Since	44.0
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	25 m z.		i âu.
	(FBAR)	-4/4		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	ł	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		>000	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Bar A		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\top
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	Appen.		A T
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	17
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		†
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		+-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		300	, Y
	sponsoring organization have excess business holdings at any time during the year?	8	30000.00.3	i immedia
9	Sponsoring organizations maintaining donor advised funds.		- 3/8	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Elter" "an
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	**	-97987317	
а	Initiation fees and capital contributions included on Part VIII, line 12		200	F .
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		1.
11	Section 501(c)(12) organizations. Enter:	1	and a	1
а	Gross income from members or shareholders			4,5650)
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	San Control		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12°0	- 70.0	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		18865
	Note. See the instructions for additional information the organization must report on Schedule O	3.7		\$7.5
b	Enter the amount of reserves the organization is required to maintain by the states in which	<u>`</u>	-200	<u> </u>
	the organization is licensed to issue qualified health plans	: **		-27
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Sistem :
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		┼ <u>~</u>
			1	1

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			ions.
	Check if Schedule O contains a response or note to any line in this Part VI		_ •	<u>. Ll</u>
Secti	on A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year 1a	د کام	res	NO 8/24/8
1a	If there are material differences in voting rights among members of the governing body, or	12		[[]
	if the governing body delegated broad authority to an executive committee or similar		100	
	committee, explain in Schedule O.	38	9.00	
b	Enter the number of voting members included in line 1a, above, who are independent1	12	7 . N	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct	.	1	ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	ļ	√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	 	
6 7a	Did the organization have members or stockholders?	6		-
1 a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		 	╀
_	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	200
	the year by the following:		36	*
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		_	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	***************************************		31 × 33
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		✓	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
40	describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13	1	
15	Did the process for determining compensation of the following persons include a review and approval by		V	Ø3"
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u> </u>
	with a taxable entity during the year?	16a	6 3 3	√
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			39
	organization's exempt status with respect to such arrangements?		a. m met it	<u> </u>
Secti	on C. Disclosure	16b		Ц
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	- \	,-	,,
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	policy	, and
00	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 r	ecords	•	
	Habitat for Humanity-Spokane, 1905 F. Tront Avenue, Spokane, WA 90202 (500) 524 2552			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	/	Position (do not check more					(D)	(E)	(F)
Name and Title	Average					s than to		Reportable	Reportable	Estimated
	hours per			nd a director/trustee)				compensation	compensation from	amount of
	week (list any hours for	악	- In 1		ξe.	Hig em	For	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	hest	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호호	ona		탕	8 0		(W-2/1099-MISC)		organization and related
	line)	Tust.	ā		ee e	npe				organizations
		8	stee			Highest compensated employee				
						ă.				
(1) Tim Graybeal	2									
Board Chair		✓			<u> </u>			0	0	0
(2) Gloria Ochoa	2									
Vice Chair	ļ	/						0	0	0
(3) Peter Conner	2									
Treasurer	_	✓					▙	0	0	0
(4) Tennille Jeffries-Simmons	2	_								
Secretary		✓					<u> </u>	0	0	0
(5) Rick Repp	11	,								
Board Member	ļ	✓		_				0	0	0
(6) Mike Loft	11	,					l			
Board Member		✓					<u></u> .	0	0	0
(7) Sr. Pat Millen	11	,								
Board Member		✓					_	0	0	0
(8) Patrick Kendrick	1									
Board Member		✓						0	0	0
(9) Heidi Austin	11	1								
Board Member (10) Agwa Taka		*						0	0	0
Board Member	11	1								
(11) Heidi Peterson		•	-				_	0	0	0
Board Member	11	1								
(12) Renee Coelho	-	. •						0	0	0
Board Member	1	· 🗸]								
(13) Michelle Giradot	40			-				0	0	0
Chief Executive Officer	40								_	
(14) Kathy Solomon	40	+	\dashv	·	\dashv		\dashv	66,651	0	7,440
Chief Administration Officer						ŀ	1	57.000		
The state of the s	<u></u>			•				57,229	0]	9,612

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinue	d)	
						C)							
	· (A)	(B)	(do n		Pos		than c	nne	(D)	(E)	- }	(F)	
•	Name and title	Average					is both		Reportable	Reportable		Estimated	
		hours per week (list any	office	er and	dad	irect	or/trust	ee)	compensation from	compensation related	from	amount of other	
		hours for	일	Inst	Officer	Key	Hig	Ş	the	organization		compensatio	on
		related	lrec	로	Cer	en	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the	
		organizations ibelow dotted	of all	ona		employee	ee cor		(W-2/1099-MISC)			organizatior and related	
		line)	Individual trustee or director	2		yee	npe		1		- 1	organization	ıs
			%	Institutional trustee			Highest compensated employee						
							8	_					
	c Lyons	40]			1			ĺ				
	Operations Officer				✓	-	ļ		54,883				7,905
(16)			ļ	ļ		ļ			1				
(17)		 		\vdash	-				 				
V		·	1										
(18)			-	1				\vdash					
3.1.27			1										
(19)								[
				ļ	L								
(20)													
12.11			<u> </u>	-	_	├	<u> </u>						
(21)			-										
(00)		 	ļ .	├	\vdash	 		╢			-+-		
(22)			1										
(23)		 	 	\vdash	╁		-	╁	 		_		
3		 	1	1	}	1				\			
(24)		<u> </u>						Ĭ					
			<u> </u>										
(25)]										
		L	<u> </u>	<u>L</u>	<u> </u>		L	<u> </u>	<u> </u>				
1b	Sub-total	 		٠	•	•	•		178,763				24,957
C	Total from continuation sheets to Part			•	•		•		470 760				
d		t not limitor						2) ···	178,763	oro than \$10			24,957
4	Total number of individuals (including bu reportable compensation from the organ		וו טו נו	IUSE	: 115	lea	above	e) w	mo receivea m	ore man \$10	,000 ()(
	repertuel compensation nem tre organ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-						Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	rust	ee,	key e	emp	oloyee, or high	est comper	nsated		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	1
4	For any individual listed on line 1a, is the												Siproje;
	organization and related organizations	greater th	an \$	150	,000)? [f "Ye	s,"	complete Sch	nedule J for	such		
	individual		• •	٠			•					4	/
5	Did any person listed on line 1a receive of for services rendered to the organization										ividual		لجنا
Saction	on B. Independent Contractors		Johnp	ere	301	ieu	ne o i	0/3	such person	· · ·	<u> </u>	5	<u> </u>
1	Complete this table for your five highest	compensat	ed in	dan	ond	ont	contr	oot	ore that recove	nd more the	¢100 (200 of	
•	compensation from the organization. Re	compensat	nsati	on f	or ti	he c	alend	acı lar v	ors mai receive vear ending wit	h or within t	n prou,i he orga	JUU OI Inization's t	av
	year.	· · · · · · · · · · · · · · · · · · ·			J. (.		u, 0, 1, 0		your onding with	01 *********************************	no orga		uA
-	(A)								(B)	T		(C)	
	Name and business add	iress							Description of s	ervices	C	ompensation	
-								\vdash					
								<u> </u>			_		
					_			-					
2	Total number of independent contractor	ors (includir	ng bi	ıt n	ot_	lımit	ed to) th	nose listed abo	ove) who	2200 -		V. Ministra
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	• · · · · · · · · · · · · · · · · · · ·	•		,			

Part	VIII	Statement of Reve					D-43/01		<u></u>
		Check if Schedule O	contains a	respo	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns Membership dues .	_	1a 1b	16,493		Tevenue		312-314
	c d	Fundraising events Related organizations	🗀	1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (con- All other contributions, gi and similar amounts not incl	fts, grants,	1e	43,200 202,070			minum	
Contrib and Ot	g h	Noncash contributions included in lines 1a-1f: \$		f: \$	421,542 ▶	683,305			
ue			<u>=</u>		Business Code				
Ne.	2a	Sale of Homes		[900099	247,080	247,080	0	
Program Service Revenue	b	Amortization of Mortga	ges]_	900099	237,820	237,820	0	
vice	С			-					
Sel	d)	***************************************		}					
ram	e	All alls a management		-		- 		<u> </u>	<u></u>
rog	g	All other program sentents 2a-2		_	•	404 000			
	3	Investment income and other similar amo	(including di	ıvıder		484,900 13,997		0	
	4	Income from investment	•	ot bon	d proceeds▶	13,337	13,337		<u> </u>
	5	D "					<u> </u>		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	- T	(II) Personal	TANK TONE	\$ ·	32. 35 35.	
	6a	Gross rents	45,	474					
	b	Less: rental expenses							
	С	Rental income or (loss)	45,	474					
	d	Net rental income or (▶	45,474	45,474	0	(
	7a	Gross amount from sales of	(ı) Securities	3	(II) Other	A Second Contraction of the Cont	1.57.59		
		assets other than inventory			409,472				
	b	Less cost or other basis and sales expenses .			365,163				
	С	Gain or (loss)			44,209				
	d	Net gain or (loss) .		· <u>-</u>	<u> </u>	44,209	44,209	0	(
nue	8a	Gross income from fu	ındraısıng						
Other Revenue		events (not including \$ of contributions reporte							
he				a_					
ō	b	Less: direct expenses		ID					
	e 9a	Net income or (loss) fi Gross income from ga See Part IV, line 19			vents . 🚩				
	h	Less: direct expenses		a					
	b	Net income or (loss) fi		b∐ activii	ties	prompt of the state of the stat	and a standard and a	A COMPANY OF THE PARTY OF THE P	to militario ex la militario en
		Gross sales of in		_		** ** *			Ann West State
		returns and allowance		a	427,895	and the second			4.
	b	Less: cost of goods s		b	424,893	way of the way			
(C	Net income or (loss) fr				3,024	3,024		
		Miscellaneous R			Business Code	3,024	3,024		
ļ	11a			_		abassad war walland was a was silled in			Marian de Amelia Maria de Amelia de
	b	-		· -	-				
	С								
	d	All other revenue .	. ,						
{	е	Total. Add lines 11a-			•		The state of the same of		West of the second
	12	Total revenue. See in	structions			1 274 000	F04 004		

Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete co	lumn (A)
	. Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,996	8,996		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees	207,381	114,111	58,718	34,552
7	Other salaries and wages	196,354	103,313	81,621	11,420
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,803	2,163	5,649	991
9	Other employee benefits	35,512	20,194	11,818	3,500
10	Payroll taxes	35,743	21,076	10,793	3,874
11	Fees for services (non-employees):				
а	Management				
b	Legal	13,600	9,575	4,025	0
С	Accounting	15,301	8,701	4,400	2,200
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u></u>	<u> </u>	146-2-7-36-5-46	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	42,337	9,680	0	32,657
13	Office expenses	39,131			
14	Information technology	23,693		12,708	
15	Royalties				
16	Occupancy	40,968	21,142	14,422	5,404
17	Travel	9,739	8,421	695	623
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	19,972	7,906	10,118	1,948
20	Interest	81,686	25,389	55,993	304
21	Payments to affiliates	10,781	5,391	0	5,390
22	Depreciation, depletion, and amortization .	82,267		13,371	6,499
23	Insurance	23,325	19,785	949	2,591
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Construction Cost of Home Building	660 450	660.450		
b	Discounts on Receivables (0% mortgages)	660,459	660,459	0	0
c	Association Dues	96,913 24,817	96,913 10,336	4,167	10 244
d	Mortgage Servicing Fees	23,154		4,167	10,314
e	All other expenses	9,974		1,078	
25	Total functional expenses. Add lines 1 through 24e	1,710,906		307,363	137,990
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	7,7,10,300	1,200,000	307,303	137,990

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 149,587 117,216 2 Savings and temporary cash investments 7,745 27,386 2 3 3 Pledges and grants receivable, net 2,302 4,942 4 4 71.688 89,576 5 Loans and other receivables from current and former officers, directors, er. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 49,857 53,298 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 Assets 7 2,918,133 2,861,459 8 8 Inventories for sale or use 144,021 122,983 9 9 Prepaid expenses and deferred charges 69,544 54,485 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b h Less: accumulated depreciation 1,147,766 10c 2,825,259 11 11 Investments—publicly traded securities Investments—other securities, See Part IV, line 11. 12 12 Investments—program-related. See Part IV, line 11 13 13 1,317,947 1,337,987 14 14 15 15 18,100 18,100 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 16 5,900,131 7,509,250 Accounts payable and accrued expenses . . 17 17 160,757 73,741 18 Grants payable 18 19 19 33,389 22,412 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 91,392 32,060 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 272,189 2,684,064 24 Unsecured notes and loans payable to unrelated third parties . . . 312,504 24 89,400 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X . . . of Schedule D . . . 25 1,608,238 1,608,238 26 Total liabilities. Add lines 17 through 25 2,478,469 26 4,509,915 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 3,421,662 2,999,335 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 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 33 3,421,662 2,999,335 34 5,900,131 7,509,250

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.

За

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.

OMB No 1545-0047

Department of the Treasury internal Revenue Service

▶ 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

Name of the organization						Employer identification	number				
Habitat for Humanity - S						94-3066722					
			organizations must				ns.				
The organization is not	•										
		•	on of churches descri								
			(Attach Schedule E (F ganization described i								
			onjunction with a hosp				(iii). Enter the				
	ne, city, and stat	•	sinjunionon with a noof	J. (4)		,001.011 11 0(2)(1)(0.1)	ini, Lincol and				
5 An organizati	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.)										
7 🗸 An organizati	☐ 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.)										
)(1)(A)(vi). (Complete	Part II \							
			ore than 331/3% of its		from con	tributions mambers	thin feet and arose				
receipts from support from	activities relate gross investme	d to its exempt ent income and	functions—subject to unrelated business 75. See section 509(a	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its				
10 An organizati	on organized and	d operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).					
11 An organization	 □ 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 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. 										
the support	ed organization(s) the power to re	supervised, or control egularly appoint or ele ections A and B.	-							
control or n	nanagement of th	ne supporting org	d or controlled in con- ganization vested in th , Sections A and C.			• •					
c 🔲 Type III fun	ctionally integra	ated. A supportir	ng organization opera s). You must comple				y integrated with,				
that is not f	unctionally integi	ated. The organi	porting organization o zation generally must mplete Part IV, Secti	satisfy a	distributi	on requirement and					
e Check this	oox if the organiz	zation received a	written determination onally integrated supp	from the	IRS that	it is a Type I, Type	I, Type III				
f Enter the numb	er of supported	organizations .									
g Provide the foll	owing informatio	n about the supp	oorted organization(s)								
(I) Name of supporte	d organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		ļ		Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)				-							
				ي در المساور الم							
Total											

Paņ	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qua	
Ca aki	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	ete Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2015	(i) Total
•	membership fees received. (Do not)	Ì				
	include any "unusual grants.")	646,863	760 776	1 202 007	027 102	602 205	4 210 122
2	Tax revenues levied for the	040,003	769,776	1,282,997	827,182	683,305	4,210,123
۷	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	646,863	769,776	1,282,997	827,182	683,305	4,210,123
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)	The second secon					982,827
6	Public support. Subtract line 5 from line 4.	1,					3,227,296
	on B. Total Support	 					
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	646,863	769,776	1,282,997	827,182	683,305	4,210,123
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,239	3,450	51,113	47,313	13,997	119,112
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						4,329,235
12	Gross receipts from related activities, etc					12	2,779,717
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u></u>		-		n 501(c)(3) ▶ □
	on C. Computation of Public Suppor					, , , , , , , , , , , , , , , , , , , 	
14	Public support percentage for 2015 (line		•			14	75.00 %
15 16a	Public support percentage from 2014 Sci 331/3% support test—2015. If the organibox and stop here. The organization qua	zation did not	check the box			15 /3% or more, cl	
b	331/3% support test—2014. If the organ	•		-	 16a and line		. ► ☑ or more
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. • 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	facts-and-ci	rcumstances"	test, check th	ns box and ste	op here.
18	Private foundation. If the organization de			16a, 16b, 17a	, or 17b, chec	k this box and	see

Part III	Support Sch	edule for Or	ganizations	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.)

Section	on A. Public Support						
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose					1	
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				1		
5	The value of services or facilities						
	furnished by a governmental unit to the				ļ		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			l			
b	Amounts included on lines 2 and 3						
-	received from other than disqualified	1		1	1	1	
	persons that exceed the greater of \$5,000				ľ		
	or 1% of the amount on line 13 for the year))	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		2.27				
	line 6.)					The Time State	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		}		1	}	
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources .				<u> </u>		
b	Unrelated business taxable income (less				ľ		
	section 511 taxes) from businesses)				1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b			ļ. <u></u>			
11	Net income from unrelated business	ł				[
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on				ļ		
12	Other income. Do not include gain or		1		1		
	loss from the sale of capital assets	}	1	1	}		
40	(Explain in Part VI.)			ļ		-	
13	Total support. (Add lines 9, 10c, 11, and 12)	1	ì	ĺ	1		
1.4	and 12.)		ale first	al 46,000 f			- FO4 () (C)
14	organization, check this box and stop he				•		
Socti	on C. Computation of Public Suppor		<u> </u>	· · · · · ·	- : : : :	<u> </u>	
15	Public support percentage for 2015 (line			3 column (fl)		15	
16	Public support percentage from 2014 Sci	hedule A. Part	III line 15	3, Coldinii (i))		16	<u>%</u>
-	on D. Computation of Investment In	come Perce	ntage	<u>· · · · · · · · · · · · · · · · · · · </u>		101	
17	Investment income percentage for 2015 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2014			-			
19a	331/3% support tests—2015. If the organ						6. and line
_	17 is not more than 331/3%, check this box	and stop here	The organizati	on qualifies as	a publicly supp	orted organizati	on $ ightharpoon$
b	331/3% support tests - 2014. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organ	ization \blacktriangleright
20	Private foundation. If the organization di						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

_			
Contina	A A 11	Cupporting	. Organizations
Section	M. AII	SUDDOI HILL	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 statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) are 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)(1) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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 discretio despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 Eli 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support 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 contribute (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 disgualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef 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 sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No_
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Scheau	ile A (Form 990 or 990-E2) 2015	Page 3
Part	Şupporting Organizations (continued)	-
44	Lieu the average transfer of a reft or another transfer on a fitting following access 2	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
a	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
	ion B. Type I Supporting Organizations	1110
		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	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1
	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
Sect	ion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	<u></u>
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described 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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	ion E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	•
c b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont	see instructions).
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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	
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	3a 3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-				
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) 7 Other expenses (see instructions)	6			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount	10	(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):				
a 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):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 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-functional	y-ın	tegrated Type III supportin	g organization (see	
instructions).				

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section	on D - Distributions			Current Year			
	Amounts paid to supported organizations to accomplish e						
2.	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted				
	organizations, in excess of income from activity		 				
	Administrative expenses paid to accomplish exempt purpo	nizations					
4	Amounts paid to acquire exempt-use assets	 					
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	n the organization is res	ponsive				
	(provide details in Part VI). See instructions.		·				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		400	1			
_	or which is all solitons (solitons)	(i)	(ii) Underdistributions	(iii) Distributable			
56	ection E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015			
	Data to to the constant of the CO15 for a Continuo C to a C		116-2010				
1 	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)		**** (
3	Excess distributions carryover, if any, to 2015:						
a		-/ \ \ \ ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b							
<u> </u>	5 0010						
d	From 2013	2					
<u>е</u>	From 2014	<u></u>					
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2015 distributable amount	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
<u> </u>	Carryover from 2010 not applied (see instructions)	رد ")،					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	w w., 18 }					
4	Distributions for 2015 from Section						
	D, line 7. \$ Applied to underdistributions of prior years						
<u>a</u>				3881			
b	Applied to 2015 distributable amount						
<u>c</u> 5	Remainder. Subtract lines 4a and 4b from 4.			***************************************			
3	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).	And the state of t					
6	Remaining underdistributions for 2015. Subtract lines 3h						
Ü	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				7.4 (3.5)			
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015	******					
		· · · · · · · · · · · · · · · · · · ·	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

Pag	e	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name	f the organization		Employer identification number
Habita	t for Humanity - Spokane		94-3066722
Pa	t I Organizations Maintaining Donor Adv		ds or Accounts.
	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		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par	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., recrea	ation or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	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 easemen	ts	. 2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
			2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	b	3	3 ,
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
•	▶ \$	g,g = · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • •	
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	_
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Par	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	,
	(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		
_	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .	• • •	
h	Access uncluded to Form 000. Part V		• \$

Part	.Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Otl	ner Similar Ass	ets (continue	<u>d)</u>
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther recor	ds, checl	k any of the	e follow	ring that are a sig	Inificant use of	its
a.	Public exhibition		d	Loan	or exchang	e progr	ams		
b	Scholarly research								
	☐ Preservation for future generations	6							
4	Provide a description of the organizat	tion's collections	and expla	an how th	ney further	the org	anization's exem	ot purpose in F	art [°]
	XIII.								
5	During the year, did the organization	solicit or receive	donation	s of art, i	historical tr	easures	s, or other sımılar		
	assets to be sold to raise funds rather	than to be mainta	ained as p	part of the	organizati	on's co	llection?	Yes 🔲 1	No
Part	IV Escrow and Custodial Arra			_				_	
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	e 9, or 1	reported an am	ount on Form	
	990, Part X, line 21.								—
1a	is the organization an agent, trustee,	, custodian or oth							NI -
	included on Form 990, Part X?							☐ Yes 🗹 I	NO
Ь	If "Yes," explain the arrangement in P	art XIII and compi	ete the 10	mowing ta	ibie:		T Am	nount	
_	Demosine belones					1c			392
C	Beginning balance					1d		145,	
d e	Distributions during the year					1e		204,	
f	Ending balance					1f	+		060
2a	Did the organization include an amount		art X. line	21. for e	scrow or cu	ustodial	account liability?		
	If "Yes," explain the arrangement in P								
Par						'			
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years ba	ıck
1a	Beginning of year balance	10,000		10,000		10,000	10,000		0
b	Contributions							10,0	000
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs		ļ						
f	Administrative expenses								
g	End of year balance	10,000		10,000		10,000	10,000	10,0	000
2	Provide the estimated percentage of t	•		e (line 1g	, column (a	a)) held a	as:		
а	Board designated or quasi-endowme		00%						
b	Permanent endowment >	0%							
С	Temporarily restricted endowment ►		1000/						
За	The percentages on lines 2a, 2b, and Are there endowment funds not in the	•		zation the	at are hold	and ad	minustared for the		
Ja	organization by:	e possession or t	ne organi	zauon in	at are nero	anu au	ministered for the		No
	(C) and take at the second							3a(i) ✓	10
	(ii) related organizations			-					<u> </u>
b	If "Yes" on line 3a(ii), are the related o							3b	<u>-</u>
4	Describe in Part XIII the intended uses								
Part									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or o		1	r other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land		1,333,650					1,333,6	650
b	Buildings		1,313,012				184,959	1,128,0	
С	Leasehold improvements		396,095				66,554	329,5	
ď	Equipment		257,859				223,844	34,0	
e	Other		7,095				7,095		0
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part)	K, column	(B), line 10	Oc)	▶	2,825,2	259

Part VII	Investments—Other Securities				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
,	(a) Description of security or categor (including name of security)	y :	(b) Book value		thod of valuation I-of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other					······································
(A)		-,			· ···
(B)				<u> </u>	
(C)					
(D)					
(E)			 		<u> </u>
(F)					
(G)					
(H)		~			
	(b) must equal Form 990, Part X, col (B) line 12)				48. 46.
Part VIII	Investments—Program Relate		000 D+ IV II-	- 11 - O F	000 Dad V II.a. 10
	Complete if the organization and	swered "Yes" on For			
	(a) Description of investment		(b) Book value	1-7	thod of valuation i-of-year market value
	nents in the Habitat Store	 			itat Store at fiscal year end
	nent in HFHI-SA Leverage		1,269,949	Cost of Investmen	it Cash & CIP
(3)			· -	 	
(4)					
(5)			<u> </u>	ļ	_
(6)					
(7)				 	
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)		4 227 227		
Part IX	Other Assets.		1,337,987	45364; 3000 VA	
Tartix	Complete if the organization and	swered "Yes" on For	m 990 Part IV lin	e 11d. See Form	990 Part X line 15
		(a) Description	111 000, 1 art 14, 1111	ic 11d. 0cc 1 0iii	(b) Book value
(1) One We	eek of Time Share used for fundraising	(-,	<u> </u>		7,50
	eek of Time Share used for fundraising			<u> </u>	600
	for Humanity-Spokane Endowment(Par	V-Schedule D)			10,00
(4)	To Humanity-Spokane Endownent(Fai	(V-Scriedule D)		•	10,00
(5)					
(6)					
(7)		<u> </u>			
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, o	col. (B) line 15.)			18,100
Part X	Other Liabilities.		000 B- + N/ E	44 446 0	
	Complete if the organization and line 25.	swered "Yes" on For	m 990, Part IV, IIn	e i i e or i it. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Realizable	46.700 20.700 20.00	· · · · · · · · · · · · · · · · · · ·	
	ncome taxes	(b) Book value			
					autoria (
(2) POB QL	ICI Loan Joint Venture LLC - NMTC	1,60	8,238		
(4)		 			
		 		1.00	
(5)		 	· · · · · · · · · · · · · · · · · · ·		
(7)		 			
(8)		 	· ·		
(9)	-	 			
	(b) must equal Form 990, Part X, col (B) line 25)	4.00	0 220		
	r uncertain tax positions. In Part XIII. prov		8,238	a's financial stateme	anto that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return	•		
	Complete if the organization answered "Yes" on Form 990, I			1	4 000 570		
1	Total revenue, gains, and other support per audited financial statements			-	1,288,579		
2 .	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	1	9			
a	Net unrealized gains (losses) on investments	2b	13,670				
b	Donated services and use of facilities	2c	13,670				
C C	Recoveries of prior year grants	2d					
d	Other (Describe in Part XIII.)			2e	13,670		
е 3	Subtract line 2e from line 1			3	1,274,909		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			1,274,505		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)		<u> </u>				
C	Add lines 4a and 4b			4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,274,909		
Part				er Retu			
	Complete if the organization answered "Yes" on Form 990, I						
1	Total expenses and losses per audited financial statements			1	1,710,906		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			\$5. ·			
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII)	2d					
е	Add lines 2a through 2d			2e	0		
3	Subtract line 2e from line 1			3	1,710,906		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		ł				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
þ	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c	<u>-</u>		
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,710,906		
	XIII Supplemental Information.						
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and						
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		*				
Part IV	, Line 1b & 2b: Habitat for Humanity includes an escrow amount with the mort	gage p	ayments due from our	homeov	vners. This amount		
covers	the annual property taxes, homeowners insurance and any homeowner associated	iation	dues, paid on behalf of	of our ho	meowner.		
Habita	for Humanity requires partner families to save at least \$3,000 each, prior to pr	urchas	sing a new habitat hom	ie.	•••••		
T 1	for the contratt of the contra						
Inese	funds are held in a designated Trust non-interest bearing bank account.		••••	•			
Habita	t for Humanity colleges a security deposit from Lessace of lessace performs all l		la abligationa Habitat				
парна	t for Humanity collects a security deposit from Lessees. If lessee performs all	essee	's obligations Habitat	wiii retur	n the deposit,		
withou	t interest but is not required to keep said deposit separate from its general acc	ounto	nor the lease agreem	omt			
WILLIOU	t interest but is not required to keep said deposit separate from its general acc	ounts	, per une lease agreem	ent.	•		
Part V. Line 4: Habitat Spokane established and funded the Habitat for Humanity-Spokane Endowment Fund. It is intended to approve							
Part V, Line 4: Habitat Spokane established and funded the Habitat for Humanity-Spokane Endowment Fund. It is intended to encourage							
donors who wish to make a long term investment in the affiliate's good works with distributions going to the affiliate. It is managed by the							
			de la company	idec. it is	managed by the		
non-pr	ofit Inland Northwest Community Foundation as a reciprocal transfer under FA	SB st	atement ASC 958-605				
Part X,	Line 2: Habitat Spokane affiliate participated with four other Habitat affiliates i	n joint	venture (HFHI-SA Lev	erage IX	, LLC) in order to		
take ac	vantage of the New Markets Tax Credit (NMTC) program.						

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Part II

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2012	Onen to Public

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the 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. Employer identification number 94-3066722 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Habitat for Humanity - Spokane

°N □

seu, Pari IV, IIITe 21, 10r any recipient that received more than \$5,000. Pari II can be ouplicated II additional space is freeded.	tor any recipient	that received m	ore than \$5,000.	Par II can be of	plicated if addition	mai space is needed.	
1 (a) Name and address of organization or government	(p) 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) HFHI Americus GA 31079	91-1914868	501(c)(3)	966'8				
(2)							
(6)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizati	1 501(c)(3) and gov	ernment organiza	tions listed in the line 1 table	ine 1 table			A
s Enter total number of other organizations listed in the line 1 table	organizations listed	In the line 1 table					0

Schedule I (Form 990) (2015)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance 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 of the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated of additional space is needed (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III N ო ß 9

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(7)(8) (9) (10) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 94-3066722 Habitat for Humanity - Spokane Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1) (2)(3)(4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (d) Loan to or (b) Relationship (f) Balance due (h) Approved (i) Written (c) Purpose of (e) Original (a) Name of interested person by board or principal amount agreement? with organization loan from the organization? committee From Yes No Yes No Yes No Tο (1) Lynda Compton 32,090 18,495 Homeowner Mortgage ✓ ✓ 43,614 23,261 (2) Kelly Lynch Homeowner Mortgage 26,410 8,101 (3) Amy Meyer Homeowner Mortgage (4)(5) (6)(7)(8) (9)(10)Total \blacktriangleright 49,857 Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5)(6)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	
					Yes	No
(1)					-}	}_
2) 3)					-	
4)						
				·- <u>-</u>		
6)						
7)						-
8)						-
9)					_	+
Part V	Supplemental Information	<u> </u>				L
	Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
			f No			
abitat fo	r Humanity-Spokane's Board of D	irectors includes a representati	ve from the current of	roup of Habitat homeowners.		
ne Loan	this Board member has with Hab	itat is the mortgage of their Hab	itat home. This loan	is secured by their Habitat		
			·			•
ome and	is entered into prior to them beir	g asked to serve on the Board	of Directors. The per	sons listed in Part II of		
chedule	L are all former (3) Board membe	rs.				
						-
••				•••••		-
					•••••	
			·····	•		
		·				
			·			
						 -
						- -

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number

Habitat	for Humanity - Spokane			<u></u> ,		94	3066722	2		
Part					<u> </u>					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on		ethod of sh contr			
1	Art-Works of art									
2	Art—Historical treasures									
3	Art-Fractional interests									
4	Books and publications									
5	Clothing and household goods			,	i					
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities—Publicly traded									
10	Securities—Closely held stock .									
11	Securities-Partnership, LLC,				_					
	or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic	1								
	structures	_								
14	Qualified conservation contribution—Other									
15	Real estate-Residential									
16	Real estate—Commercial									
17	Real estate—Other						-			
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts								_	
25	Other ► (Building Materials)	✓	29		341,167	FMV:	at donat	ion		
26	Other ► (Bldg Improv Equip)	✓	7		9,039	FMV :	at donat	ion		
27	Other ► (Appliances 4 Homes)		18				at donati			
28	Other ► (Machinery Rental)		5	L	59,000	FMV :	at donat	on		
29	Number of Forms 8283 received which the organization completed									
	which the organization completed	11 01111 020	o, Fait IV, Dollee Ackilowie	ugement		29			<u> </u>	No.
200	During the year did the arganize	t.an .a			David Para		. 6	<u> </u>	es	No
30a	During the year, did the organiza 28, that it must hold for at least the									
	to be used for exempt purposes	for the enti	re holding period?	ontribution, and	i which is h	orred	· -			-/3/223
b	If "Yes," describe the arrangement		- ·			• •	. +	30a		<u>√</u>
31	Does the organization have a	gift accep	otance policy that require	s the review	of any no	n-star	ndard			
	contributions?							31	✓	
32a	Does the organization hire or us			s to solicit, pro	cess, or se	ell nor	cash		\Box	
	contributions?						. [32a		✓_
ъ 33	If "Yes," describe in Part II. If the organization did not report all describe in Part II.	n amount ır	n column (c) for a type of pro	perty for which	column (a) ı	s che	cked,			
	describe in Part II.							(i)	Singa-	**************************************

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Habitat for Humanity - Spokane	94-3066722
Part IV, Line 26: Habitat for Humanity-Spokane's former Board of Directors included a representative	from our current Habitat homeowners.
The loan this Board member has with Habitat is the mortgage of their Habitat home. This loan is secu	red by their Habitat home and was
entered into, prior to them being a former Board member.	
Part VI, Line 11a: Our Chief Financial Officer prepares the 990 which is then reviewed by the Finance	and Executive Committees of the
Board of Directors. A copy is then given to each member of the Board of Directors for review and app	roval. It is then signed by the Treasurer
of the Board of Directors.	
Part VI, Line 12c: Habitat for Humanity-Spokane's conflict of interest policy is in our bylaws which are	e reviewed annually. This policy
requires that all Board members and Habitat staff report any conflicts of interest immediately.	
Part VI, Line 15b: The process for determining the salaries of the Affiliate's CEO, COO, CFO & CAO is	done by researching salaries of other
similar non-profits and comparable for-profit businesses for these 4 positions. This is done annually	by Executive Committee of our Board of
Directors. Board members are not compensated.	
Part VI, Line 19: Habitat for Humanity-Spokane has copies of form 990, annual audited financial state	ments, articles of incorporation, and
bylaws in our office and are made available upon request. Our conflict of interest policy is not available	ole to the public.
Part XI, Line 6: The amount listed is the noncash contributions of services and facilities recognized by	y the Affiliate.
Part III, Line 4d: Real Estate Owned by foreclosed upon Habitat homes that are rehabilitated and solo	d with book gains on REO sale of homes.
······	