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SCANNED MAY 2 2 2017

Form **990-EZ**

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

CHANGE OF ACCOUNTING PERIOD

Short Form

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is atwww.irs.gov/form990.

, 2016, and ending

OMB No 1545 1150

2016

Α	For the	ne 2016 calendar year, or tax year beginning $1/01$, 2016, and ending $6/30$, 2016		
₽_		f applicable C	Employer	dentification number		
<u> </u>		hanne HABITAT FOR HUMANITY OF CALIFORNIA, INC.	95-4483524			
-	Name o	12200 RITCHEY STREET	Telephone number			
 	Initial r	ISANTA ANA. CA 92705	(805)	692-2226		
<u> </u>		im/terminated				
<u> </u>			Group E Number			
G		unting Method X Cash Accrual Other (specify) ► H Check		► 8545 organization is not		
ı				Schedule B		
i				Z, or 990-PF)		
K		of organization. X Corporation Trust Association Other				
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	17 070		
Го.		, , , , , , , , , , , , , , , , , , , 	<u>'</u>	17,870.		
17.6	u.G.Z	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Insti Check if the organization used Schedule O to respond to any question in this Part I	ructions	ior Farti)		
	1 1	Contributions, gifts, grants, and similar amounts received	1			
			├ ──	<u>17,870.</u>		
	1 .	Program service revenue including government fees and contracts	2 3			
		Membership dues and assessments	——			
	4	Investment income	4			
		Gross amount from sale of assets other than inventory 5a				
	Į.	Less: cost or other basis and sales expenses 5b				
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	1	Gaming and fundraising events	2.7			
REVENU)	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		8		
Ě	þ	Gross income from fundraising events (not including \$ of contributions		5 1 O 1		
ñ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		\$10°		
E	6	Less direct expenses from gaming and fundraising events 6 c		Ψ		
	1					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d			
	7 a	Gross sales of inventory, less returns and allowances 7a	2			
	1	Less: cost of goods sold 7b				
	l	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
	1	Other revenue (describe in Schedule O)	8			
	l l	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	17,870.		
	10	Grants and similar amounts paid (list in Schedule O)	10	17,070.		
	ł	Benefits paid to or for members	11			
E	12	Salaries other compensation, and employee handles SIMED	12			
	13	Salaries, other compensation, and employee benefice WED Professional fees and other payments to independent contractors	13	9,250.		
Ē	14	Occupancy, rent, utilities, and maintenance	14	3,230.		
X P E N S E S	15	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance APR 2 0 2017 Printing, publications, postage, and shipped	15			
ŝ	16	Shir Schronik O	16	E		
	17	Total expenses. Add lines 10 through 16. OGDEN, UT	► 17	56,561. 65,811.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
Ą	1		2. 3	-47,941.		
A NS EE T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of y figure reported on prior year's return)	/ear 19	240 005		
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	240,885.		
\$	20	Net assets or fund balances at end of year Combine lines 18 through 20	► 21	102 044		
PA	21 ^ For	r Paperwork Reduction Act Notice, see the separate instructions.	- 21	192, 944. Form 990-EZ (2016)		
DH	ハドリ	i i apelitora neudolioji Act Nollos, 355 lije Sepalale MSHucholis.		1 UIIII 22U-LA (4U10)		

Form	990-EZ (2016) HABITAT FOR HUM	ANITY OF CALIFORNI	A, INC.	95	-448	33524 Page 2
Rai	Till Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) Edule 0 to respond to any qu	estion in this Part II			
-				(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			240,885	. 22	192,944.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		1	 	24	
25	Total assets		<u> </u>	240,885		192,944.
26	Total liabilities (describe in Schedule O)		<u></u>	0	<u> </u>	0.
	Net assets or fund balances (line 27 of c			240,885	. 27	192,944.
Rar	Statement of Program Service Acco Check if the organization used Sci	mplishments (see the instruction	ons for Part III)	ıı [X]	1	Expenses
What	s the organization's primary exempt purpose? SEI	CCHEDITE O	question in this Part I		(Regu	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service as sured by expenses. In a clear and concise	ccomplishments for each of i	ts three largest progr	am services, as		nizations, optional
meas	sured by expenses. In a clear and concise that and other relevant information for e	e manner, describe the service	ces provided, the nun	nber of persons	for ot	hers)
28	SUPPORT AND ADVOCACY TO R		OPCANTZATIONS	תווום דגעד	 	
	HOMES FOR LOW-INCOME FAMI		OUGUITEDITONS	TITVI DOITO		
	TOURD FOR HOW THEORER THEFT	######################################				
	(Grants \$) If th	is amount includes foreign gi	rants, check here	-	28a	65,811.
29			· · · · · · · · · · · · · · · · · · ·			
					1	
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
			-			
						
24		is amount includes foreign gi	rants, check here	>	30 a	
31	Other program services (describe in Sch	•				
22	(Grants \$) If th Total program service expenses(add line	is amount includes foreign gi	rants, check here		31 a	
	tilva List of Officers, Directors, Tr		100C (I.I I		32	65,811.
<u>Krai</u>	Check if the organization used Sci				- see the	e instructions for Part IV)
	Officer if the organization used out	(b) Average hours per	(c) Reportable compensation	(4) (1, 18, 1,	s.	
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	"" contributions to empl benefit plans, and de		(e) Estimated amount of other compensation
CIII	DON BLITS		(compensation		
	RON_ELLIS	1				
CHA	ICE JENSEN	<u>-</u>	0	•	0.	0.
	E CHAIR	1	0		0.	0
	K HOLKEBOER			<u>•</u>	<u> </u>	0.
	RETARY	1	l o		0.	0.
	PETERSON				<u> </u>	
TRE	ASURER	1	0		0.	0.
	MY MARINE					
	ECTOR	1	0	•	0.	0.
	BIE_ARAKEL_SHEPPARD	_	_		İ	
DIR	ECTOR	1	0	•	0.	0.
	Y MIRANDA	1				
	ECTOR I PFEILER	1	0	•	0.	0.
	ECTOR	1	0			0
	N RANK			•	0.	0.
	ECTOR	1	0		0.	0.
	JA YATES			•		
	ECTOR	1	0	_	0.	0.
						<u>~·</u>
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
D 4 4		TECAONO	20216			
BAA		TEEA0812L 1	2122110			Form 990-EZ (2016)

	n 990-EZ (2016) HABITAT FOR HUMANITY OF CALIFORNIA, INC. 95-4483 11 Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCH		Page 3
_	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34	, 2 and a district of the first of the	1 1	
35 :	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34	X
330	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	x
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	
c	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
		0.	
	Did the organization file Form 1120-POL for this year?	37 b	X
302	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeær were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
k	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N	/A	النازانا
39	Section 501(c)(7) organizations Enter		
		/A	
	\\\\\	/ <u>A</u>	
40 a	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0		
k	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess		
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь	x
c	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization		
c	managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	0.	
	by the organization	0.	
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	Х
47	List the states with which a copy of this return is filed CA		
42 a	The organization's		
72.0	books are in care of ► JON PETERSON Telephone no ► (805	<u> </u>	2226
	Located at ► 6860 CORTONA DRIVE, SUITE A GOLETA CA ZIP + 4 ► 9311		Yes No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If 'Yes,' enter the name of the foreign country ►		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	X
	If 'Yes,' enter the name of the foreign country	_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	-	N/A
	and enter the amount of tax exempt interest received or accrued during the tax year		N/A
A A	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	\$ 'z	Yes No
44 a	of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c	$\frac{\lambda}{X}$
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	Jest .	القصائد
45 a	If 'No,' provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d	X
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<u> </u>	Y TEM
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812L 12/22/16	45b	- EZ (2016)
	A matter 1 Mary 1 mary 1 mary 1 M	1 01111 330	(2010)

Form 990-EZ (2016)	ከአይተጥአጥ ጥለጥፐር ለሀ	EOD	ייי דוג געוווו עיי דוג געוווו	OE.	CALTEODNIA	TNC
- orm 990.EZ (2010)	DWDIIVI	ruk	HOMMINTII	UĽ	CALIFORNIA,	INC.

95-4483524

Page 4
Yes No

Form 990-EZ (2016)

	nd the organization engage, directly or indire andidates for public office? If 'Yes,' completi		gn activities on behalf c	of or in opposition to	46	X
Part	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b an	d 52, and complete	e the tables	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			
47 D	id the organization engage in lobbying activi	ties or have a section ^p	501(h) election in effect	during the tay year? If	'Yes'r	Yes No
	omplete Schedule C, Part II	nies of have a section :	or (ii) creation in enect	during the tax year. If	· I I	X
	s the organization a school as described in s		,	dule E	48	X
	lid the organization make any transfers to an 'Yes,' was the related organization a section		e related organization?		49 a	X
50 C	complete this table for the organization's five mployees) who each received more than \$10	highest compensated			ees and key	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other comper	
NONE						
		-				
					<u> </u>	
	the state of the s	100,000				
5 1 C	otal number of other employees paid over \$ complete this table for the organization's five compensation from the organization. If there	highest compensated i	ndependent contractors	who each received mo	ore than \$100,0	000 of
	(a) Name and business address of each independent of	ontractor	(b) Type o	of service	(c) Compen	sation
NONE						
					 	
					 	
					}	
- T	atal number of other independent contractor	c anch recovered over \$	100,000		<u> </u>	
	otal number of other independent contractor id the organization complete Schedule A? N o		•	·		
C	ompleted Schedule A				► X Yes	No
Under pen true, corr	alties of perjury, I declare that I have examined this return, inclient, and complete—Reclaration of preparer (other than office	uding accompanying schedules a er) s based on all information of	nd statements, and to the best of r of which preparer has any knowle	ny knowledge and belief, it is edge		
	Signature of officer			3-24-17 Date		
Sign Here	JON PETERSON			TREASURER		
11010	Type or print name and title			TREASURER		
Daid	Print/Type preparer's name DAVID R. ALVARADO, CPA	Preparer's signature	Date 3/23/1	Check ☐ If	PTIN P00146534	
Paid Prepar	COUNTY DECUENT AT	VARADO & CO.				
Use On	ly Firm's address ► 1500 ANACAPA ST			Firm's EIN	77-028350	
NA- "		CA 93101-1902		Phone no (80		
iviay the	e IRS discuss this return with the preparer sl	nown above/ See instri	uctions		► X Yes	∐No

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		AT FOR HUMANIII OF					195-448352		
		Reason for Public Char						ns.	
The c	rga	enization is not a private found	dation because it is	(For lines 1 through 12,	check o	nly one	box)		
1		A church, convention of chur	rches, or association	of churches described in	nsection	170(b)	(1)(A) (i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3		A hospital or a cooperative h	nospital service organ	nization described insect	tion 170	(b)(1)(A)	(111).		
4	П	A medical research organiza	ation operated in conj	unction with a hospital o	describe	d irsect	ion 170(b)(1)(A)(iii) Ent	ter the hospital's	
	ш	name, city, and state						,	
5		An organization operated for section 170(bX1XAXiv). (Co	r the benefit of a collemplete Part II)	ege or university owned	or oper	ated by	a governmental unit de	escribed in	-
6		A federal, state, or local gov	ernment or governme	ental unit described in se	ection 17	70(ЬХ1Х	A)(v).		
7	X	An organization that normall in section 170(b)(1)(A)	ly receives a substan Complete Part II.)	tial part of its support fr	om a go	vernme	ntal unit or from the ge	eneral public described	d
8		A community trust described	d in section 170(b)(1)((A)(vi). (Complete Part II)				
9	\Box	An agricultural research orga	anization described in	nsection 170(b)(1)(A)(ix)	operate	d in cor	njunction with a land-or	ant college	
		or university or a non-land-g university							
10	f	,							-
10		An organization that normall from activities related to its convestment income and unreulune 30, 1975. See section 5	éxempt functions-sub lated business taxab	oject to certain exception le income (less section	ns, and	(2) no n	nore than 33-1/3% of its	s support from gross	
11		An organization organized a	nd operated exclusiv	ely to test for public safe	ety See	section	509(a)(4).		
12		An organization organized at or more publicly supported o lines 12a through 12d that do	organizations describe	ed in section 509(a)(1) or	section	509(a)	2). See section 509(a)(ut the purposes of one 3). Check the box in	е
а		Type I. A supporting organization(s) the power to complete Part IV, Sections A	ation operated, super regularly appoint or	rvised, or controlled by i	ts supp	orted or	ganization(s), typically	by giving the supporte rganization You must	∍d
b		Type II. A supporting organiz management of the supporting must complete Part IV. Sect	ng organization veste	controlled in connection ed in the same persons	with its that con	support trol or r	ed organization(s), by the nanage the supported of	naving control or organization(s) You	
С		Type III functionally integrat organization(s) (see instruction	t ed. A supporting orga	anization operated in co	nnection	with, a	nd functionally integrat	ed with, its supported	
d		Type III non-functionally into functionally integrated. The constructions) You must com	egrated.A supporting organization generali	organization operated ii y must satisfy a distribu	n conne	ction wi	th its supported organiz t and an attentiveness	zation(s) that is not requirement (see	
е	П	Check this box if the organiz	•		the IRS	that it is	a Type I. Type II. Type	e III functionally	
	_	integrated, or Type III non-fu	unctionally integrated	supporting organization	า		21 / 31 / 31		_
f		nter the number of supported	_						
g	Pr	ovide the following informatio	n about the supporte	ed organization(s)				· · · · · · · · · · · · · · · · · · ·	_
(ı) Na	ame of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza	s the tion listed toverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
								<u></u>	_
Α)									
A)									
B)									_
(C)									
D)									_
E)									_
Γotal									_

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

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

Sec	tion A. Public Support	ander the tests ha	ica below, picase	complete r art in			
	ndar year (or fiscal year						
begi	nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants')	132.	900.		103,150.	17,870.	122,052.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	132.	900.	0.	103,150.	17,870.	122,052.
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)						27,555.
6	Public support. Subtract line 5 from line 4						94,497.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	132.	900.	0.	103,150.	17,870.	122,052.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		139.	65.			204.
	Total support. Add lines 7 through 10						122,256.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3	³⁾ ► []
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2	=		e i i , column (f))		14	77.29%
	33-1/3% support test-2016. If th	ie organization did	I not check the bo		line 14 is 33 1/39	<u> </u>	86.68 % this box ► 🔽
b	and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this l	box andstop here.	. Explain in Part V	I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts a d-circumstances' t	nd-circumstances est The organiza	test, check this lition qualifies as a	box and top here to publicly supported to the publicly supported to th	.Explain in Part V ed organization	I how the
18 ——	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 1/b, check this	s box and see inst	tructions

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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)

500	tion A Public Support	313 listed below,	prease complete	· art ii /			
	tion A. Public Support	4.2022	(1.) 00.10	(6) 2014	T (1) 00:5		, , , , , , , , , , , , , , , , , , ,
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1-% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					······································	
Calen	dar year (or fiscal year beginning in)►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6	·					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	i					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 i organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) <u>► []</u>
	tion C. Computation of Pul	<u></u>		- 12	 		
	Public support percentage for 20	•		ne 13, column (f))	1	15	······································
	Public support percentage from 2					16	86
	tion D. Computation of Inv				(0)	 -	
	Investment income percentage for			-	mn (t))	17	%
	Investment income percentage fi				11. 15	18	%
	33-1/3% support tests-2016. If the solution of the support tests 2015, if t	this box andstop	here. The organi	zation qualifies a	s a publicly suppo	rted organization	▶ 📗
	33-1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and top here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33-1/3% Private foundation. If the organiz	, check this box a	and stop here. The	organization qua	ilifies as a publicly	supported organi	zation

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)7f 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization') If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year?If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7% 'Yes, complete Part I of Schedule L. (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?f 'Yes,' answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
be			
on	1		
	2		
	3a		
	3b		
	3c	122	
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Cu	4b		
	4c		ল ভা ল নৰ
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Pa	Supporting Organizations (continued)	.4		age :
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? 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		
	b A family member of a person described in (a) above?	11b		
	c 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		
Sec	tion B. Type I Supporting Organizations			,
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or elect at least a majority of the organization's directors or trustees at all times during the tax year3f 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the taxyear	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
Sec	tion 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 yeafsee instruction	ons).		
	The organization satisfied the Activities Test. Complete line 2 below			
,	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 in	structio	ons)	
_		_		
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	a 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 explainhow 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		
1	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 inPart 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	Parent of Supported Organizations Answer (a) and (b) below.		:	
ä	a 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>	3a		
ł	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	3b		

	dule A (Form 990 or 990 E2) 2016 HABITAT FOR HUMANITY OF CALIFOR			3524 Page 6
Pai	t:V:納 Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ation	S	
, 1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov 20, 1970 (explain in l st complete Sections A th	Part VI See Prough E
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	颗		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
- c	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
_ 5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrate	d Type III supporting orga	nızatıon
			Cohodula A (Co	000 000 ET 201C

	t V Type III Non-Functionally Integrated 509(a)(3) Supp	OF CALIFORNIA,	INC. 95-448	33524 Page 7
Par	tion D — Distributions	Jording Organization	3 (continued)	Current Year
<u>3ec</u>	Amounts paid to supported organizations to accomplish exempt pu	irnoses		- Carrent Tear
	Amounts paid to supported organizations to accomplish exempt purp Amounts paid to perform activity that directly furthers exempt purp		ızatıons	· <u>·</u> ······
	in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		··· - ··· · ·
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 the organic Part VI) See instructions	anization is responsive (p	provide details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			,
a		, (
t			-: ' ,	· `, ; · .
	From 2013			<u>, , , , , , , , , , , , , , , , , , , </u>
	From 2014	•	,	, , ,
	From 2015			, , , ,
	f Total of lines 3a through e		,	- · ·
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
				· · · · · · · · · · · · · · · · · · ·
	Carryover from 2011 not applied (see instructions)	1-2		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$,		
	Applied to underdistributions of prior years	V. C. T. C.	.0010-1013-0000-00	
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	<u> </u>	***	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017 Add lines 3j and 4c.		,	
8	Breakdown of line 7:	, , , , , , , , , , , , , , , , , , , ,		
	1		20 /	
	Excess from 2013		,	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	,		

Schedule A (Form 990 or 990 EZ) 2016 HABITAT FOR HUMANITY OF CALIFORNIA, INC. 95-4483524 Page 8

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2016	2015		2014	2013	2012
VARIOUS	TOTAL	\$ 0.	\$ 0	\$. \$	65. 65.	\$ 139. \$ 139.	\$ 0.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2016

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	ions), then rganizations: Complete Part III			
	of organization			Employer identifica	ition number
HAE	BITAT FOR HUMANITY	95-448352	4		
Pár	Complete if the org	janization is exempt under section	501(c) or is a sec		
1		organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV	
2	Political campaign activity ex	penditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instructions)			
Par	B Complete if the o	rganization is exempt under section	on 501(c)(3).		······································
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	►\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 2	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section	on 501(c) . excep	t section 501(c)(3).	
		pended by the filing organization for section			
		g organization's funds contributed to other			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	eForm 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments	and employer identification number (EIN). For each organization listed, enter the arons received that were promptly and direct action committee (PAC). If additional spa	nount paid from the	filing organization's fund	is Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization 1f none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 of 990-EZ) 201				95-4483		
Rait II:A錠 Complete if t section 501(is exempt under section	on 501(c)(3) and fi	led Form 5768 (electio	on under	
A Check ► I If the filing	ng organization bel	ongs to an affiliated group	(and list in Part IV ea	ich affiliated group membe	r's name,	
address,	EIN, expenses, ar	nd share of excess lobbying	expenditures)			
B Check ► I if the filing	ng organization chi	ecked box A and 'limited co	ntrol' provisions appl	/		
(The term		oying Expenditures eans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals	
	·	ublic opinion (grass roots lo				
b Total lobbying expendit	ures to influence a	legislative body (direct lobb	oying)			
c Total lobbying expendit	ures (add lines 1a	and 1b)				
d Other exempt purpose	•					
e Total exempt purpose e	expenditures (add l	mes 1c and 1d).				
f Lobbying nontaxable an both columns	nount Enter the ar	mount from the following tal	ble in			
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is			
Not over \$500,000		20% of the amount on line le				
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000			
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000			
Over \$17,000,000		\$1,000,000			1967 - 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19	
g Grassroots nontaxable						
h Subtract line 1g from lin						
i Subtract line 1f from lin	e 1c If zero or les	s, enter -0-				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No						
4-Year Averaging Period Under section 501(h)						
(So		that made a section 501(h) below. See the separate ins				
	Lob	bying Expenditures During	4-Year Averaging Po	eriod		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2 a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))		oversio Marc Frederican and Gam				
f Grassroots lobbying expenditures					000 000 == ==	
BAA				Schedule C (Forn	n 990 or 990-EZ) 2016	

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity)	(b)	
		No	Amount	
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		540.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
Other activities?	Х		9,250.	
j Total. Add lines 1c through 1i			9,790.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Partill-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
7	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		
Partill B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)				

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

j	dues, assessments and similar amounts from members		<u></u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
ŧ	Carryover from last year	2b	
(: Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part V Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

CONSULTANTS: \$9,250

LOBBYING AND ADVOCACY ACTIVITIES WERE LIMITED TO ACTIVITIES DESIGNED TO EDUCATE POLICYMAKERS AND OTHERS ABOUT AFFORDABLE HOUSING ISSUES, HABITAT FOR HUMANITY'S

MISSION, AND THE POTENTIAL IMPACT OF CERTAIN POLICIES

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

ADDITONAL COMMENTS:

IN RECENT YEARS THE ORGANIZATION HAS BEEN UMBRELLAED BY HABITAT FOR HUMANITY EAST BAY / SILICON VALLEY WHOSE TOTAL EXPENSES AVERAGE \$20M. IN THOSE REPORTING YEARS THE ORGANIZATION'S LOBBYING EXPENSES WERE INSUBSTANTIAL DOLLARS-WISE. FOR EXAMPLE IN FISCAL YEAR JUNE 30, 15 TOTAL EXPENDITURES FOR "EAST BAY" WERE \$21,710,959. IN THAT SAME YEAR TOTAL LOBBYING EXPENSES REPORTED ON SCHEDULE C FORM 990 WAS \$108,588. THIS IS LESS THAN .5%.

THE ORGANIZATION EXISTS PRIMARILY TO REPRESENT 48 AFFILIATES IN EDUCATIONAL AND SUPPORT ACTIVITIES AND ALSO INCLUDE LOBBYING ACTIVITIES WITH A SMALL PORTION OF THOSE REPORTABLE ON SCHEDULE C. THE ALTERNATIVE WOULD BE FOR EACH OF THE 48 AFFILIATES TO HAVE THE LOBBYING ACTIVITIES ON THEIR BOOKS. IN THAT CASE MATHEMATICALLY SPEAKING THE LOBBYING EXPENSES WOULD BE INSUBSTANTIAL MUCH LIKE THE EXAMPLE ABOVE. IN ORDER TO BE EFFICIENT, HOWEVER, ALL OF THE 48 AFFILIATES' LOBBYING ACTIVITIES ARE CONCENTRATED IN THIS ORGANIZATION.

BASED ON THE ABOVE THE ORGANIZATION SHOULD BE VIEWED AS HAVING INSUBSTANTIAL LOBBYING ACTIVITIES FOR PURPOSES OF SCHEDULE C FORM 990. HABITAT FOR HUMANITY OF CALIFORNIA WHICH HAS NO STAFF OR PHYSICAL LOCATION BUT IS RUN BY VOLUNTEERS FROM THE 48 AFFILIATES, HAS A PRIMARY PURPOSE TO SUPPORT THE EDUCATION AND COLLABORATION OF AFFILIATES THROUGHOUT THE STATE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

HABITAT FOR HUMANITY OF CALIFORNIA, INC.

Employer identification number 95-4483524

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVOCACY DAY EVENT
CONTRACTS
EDUCATION
MAILINGS
SCHOLARSHIPS
TITHE
TRAINING FUND
VARTOUS

\$	22,306. 8,200. 21,000. 2,021. 2,628. 100. 100. 206.
TOTAL \$	56,561.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SAME AS REPORTED ON FORM 990-EZ PAGE 2 PART III LINE 28.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO