



September 20, 2017

To whom it may concern,

After many years of working together successfully to change the lives of veterans and their families, our two organizations, Homes 4 Families™ and Habitat for Humanity San Fernando and Santa Clarita Valleys (SF/SCV), joined forces on September 20, 2017 to operate as one organization—Homes 4 Families. Homes 4 Families was created in 2008 as a sister agency to Habitat for Humanity SF/SCV, and was the innovator and developer of the outcome-proven Enriched Neighborhood® model. In all past projects, Homes 4 Families provided all wraparound services while Habitat for Humanity SF/SCV built the homes, using the Homes 4 Families Enriched Neighborhood® requirements for home and neighborhood design. **Home construction and the majority of financial activity was conducted through Habitat for Humanity SF/SCV, and the merger of the two organizations effectively absorbs all financial records prior to September 20, 2017 of Habitat for Humanity SF/SCV and Homes 4 Families.**

Moving forward, Homes 4 Families will both provide services and build Veteran Enriched Neighborhoods®, continuing to include the veteran-specific design features, built-in disability modifications, and neighborhood health and wellness amenities. We aim to empower low-income veterans and their families to enter the middle class by providing our veterans with affordable home ownership supported by thorough holistic services focused on building equity, self-sufficiency, sustainability, and economic growth.

This change was in part, a result of our leadership's recent participation in The Annenberg Foundation's Alchemy Leadership and Alchemy+ seminars where together our Board and staff critically examined our organization's long-term vision and goals. The change has already been endorsed by our long-time partners, The California Department of Veterans Affairs and community leaders such as Wendy Parsons, who said "The Ralph M. Parsons Foundation believes that the Enriched Neighborhood® model recognizes the reality that stabilizing families often means more than just offering them shelter. Being there to support them in other ways can make all the difference!"

Over the past 5 years of serving low-income military families, we decided to focus on this population exclusively. By operating as Homes 4 Families, we are now able to serve veterans within and outside of a designated service area, throughout California and beyond. Our leadership, staff, Board, and volunteers, are the same dedicated individuals who have worked for years to help our veterans. Together, we are addressing the critical challenges facing veterans and their families and using our outcome-based Enriched Neighborhood® model to equip and prepare service men and women for success on the home front.

If you have any questions about our immediate upcoming plans, our long-range vision of the future, or how we can best work with you, your constituents and the veterans you serve to harness the profound value servicemen and women bring to our communities, we would be happy to schedule an in-person meeting or phone conference. Thank you for your time and for all you do in our community.

Sincerely,

Donna Deutchman  
President & CEO

EIN: 26-2932191



Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>HABITAT FOR HUMANITY</b><br><b>SAN FERNANDO/SANTA CLARITA VALLEYS</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>21031 VENTURA BOULEVARD 610</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>WOODLAND HILLS, CA 91364</b><br><b>F</b> Name and address of principal officer: <b>DONNA DEUTCHMAN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>95-4290935</b><br><b>E</b> Telephone number<br><b>(818) 884-8808</b><br><b>G</b> Gross receipts \$ <b>11,414,526.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |
| <b>J</b> Website: ▶ <b>WWW.HUMANITYCA.ORG</b>  |  |  |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <b>501 (C)</b> <b>L</b> Year of formation: <b>1990</b> <b>M</b> State of legal domicile: <b>CA</b>                         |  |  |

**Part I Summary**

|            |   |                                |
|------------|---|--------------------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |                                |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3 16</b>                    |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4 16</b>                    |
| <b>5</b>   | Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | <b>5 29</b>                    |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6 10140</b>                 |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a 0.</b>                   |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b 0.</b>                   |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>1,694,190. 2,595,130.</b>   |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>7,564,090. 8,391,053.</b>   |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>194,630. 200,049.</b>       |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>114,735. 20,763.</b>        |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>9,567,645. 11,206,995.</b>  |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0. 0.</b>                   |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0. 0.</b>                   |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>777,795. 836,012.</b>       |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0. 0.</b>                   |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>40,729.</b>  |                                |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>7,915,607. 10,363,291.</b>  |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>8,693,402. 11,199,303.</b>  |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>874,243. 7,692.</b>         |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>13,845,243. 12,474,733.</b> |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>9,597,253. 8,219,051.</b>   |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>4,247,990. 4,255,682.</b>   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |                                 |      |   |                          |
|-------------------------------|---|---------------------------------|------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>DONNA DEUTCHMAN, CHIEF EXECUTIVE OFFICER</b><br>Type or print name and title | Date                            |      |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KENNETH TRATNER</b>  | Preparer's signature            | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00637506</b> |
|                               | Firm's name ▶ <b>MELONI HRIBAL TRATNER LLP</b>  | Firm's EIN ▶ <b>95-4649521</b>  |      |   |                          |
|                               | Firm's address ▶ <b>21600 OXNARD STREET, #500 WOODLAND HILLS, CA 91367</b>                              | Phone no. (818) <b>587-3730</b> |      |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROVIDE HOME OWNERSHIP FOR VERY LOW AND LOW-INCOME FAMILIES LIVING IN SUB-STANDARD HOUSING IN AN ENRICHED NEIGHBORHOOD (TM) THAT PROVIDES SELF SUFFICIENCY TRAINING AND OTHER RESOURCES AND PROGRAMS TO MOVE THEM INTO THE MIDDLE CLASS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 10,455,124. including grants of \$ \_\_\_\_\_) (Revenue \$ 7,883,176.)  
**HABITAT FOR HUMANITY PROVIDES ENRICHED NEIGHBORHOODS (TM) IN THE SAN FERNANDO, SANTA CLARITA, AND ANTELOPE VALLEYS WITH HOMES TO BE SOLD AT AFFORDABLE PRICES WITH INTEREST-FREE LOANS TO QUALIFIED LOW-INCOME, WORKING FAMILIES AND LOW-INCOME VETERAN FAMILIES. THERE IS CURRENTLY ONE MAJOR CONSTRUCTION PROJECT IN PROGRESS IN COLLABORATION WITH CALVET. CENTRE POINTE IS A 78 UNIT HOUSING PROJECT IN SANTA CLARITA WITH THE FIRST 54 HOUSES COMPLETED IN 2015 AND 2016. DIFFERENCES IN PROGRAM SERVICES REVENUE ACROSS YEARS IS A FACTOR OF THE NUMBER OF HOUSES CLOSING IN EACH YEAR.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 684,248. including grants of \$ \_\_\_\_\_) (Revenue \$ 707,926.)  
**HABITAT FOR HUMANITY HAS A RESTORE RETAIL OPERATION WHERE HOME FURNISHINGS, HOME GOODS, BUILDING MATERIALS, APPLIANCES, AND OTHER MISCELLANEOUS ITEMS ARE DONATED TO THE ORGANIZATION AND THEN SOLD TO THE COMMUNITY AT A GREATLY REDUCED PRICE.**

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **11,139,372.**

HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> 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> .....  | X   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |

HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS

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**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> 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> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> 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 "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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 "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

Form 990 (2016)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   |     |    |
| <b>4a</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)? |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     | X  |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |     | X  |
| <b>9b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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 organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **HABITAT FOR HUMANITY OF SAN FERNANDO/SANTA CLARITA - 818-884-8808**  
**21031 VENTURA BOULEVARD, #610, WOODLAND HILLS, CA 91364**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) TOM STEMNOCK<br>SECRETARY                  | 3.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (2) KAREN BROWN<br>BOARD MEMBER                | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (3) DONNA DEUTCHMAN<br>CHIEF EXECUTIVE OFFICER | 40.00   | X   |                       | X       |              |                              | 245,291. | 0.   | 0.  | 0.  |
| (4) RICHARD DOSS<br>CHAIRMAN                   | 4.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (5) JACK SHINE<br>VICE CHAIRMAN                | 4.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (6) KARLA VALLE<br>TREASURER                   | 1.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (7) ERIC REUVENI<br>BOARD MEMBER               | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (8) ROSE ROCKEY<br>BOARD MEMBER                | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (9) CHUCK UNDERHILL<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (10) DAVID GRESSMAN<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (11) ROBERT NEISNER<br>BOARD MEMBER            | 3.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (12) DONALD RHODES<br>BOARD MEMBER             | 2.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (13) HUNT BRALY<br>BOARD MEMBER                | 4.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (14) ROBERT PHILLIPPS<br>BOARD MEMBER          | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (15) BRAD ROSENHEIM<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (16) LEE DUKEHART<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (17) TOM CLIFFORD<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |



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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 245,291. | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 245,291. | 0.   | 0.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GORDON TAYLOR PLUMBING, LLC, 826 CONGRESSIONAL ROAD, SIMI VALLEY, CA 93065 | PLUMBING                       | 313,250.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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**Part VIII Statement of Revenue**

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

|  |  |   | (A)           | (B)                                | (C)                        | (D)  |
|--|--|---|---------------|------------------------------------|----------------------------|--|
|  |  |   | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1 a</b> Federated campaigns .....   | <b>1a</b>   |               |                                    |                            |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>   |               |                                    |                            |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>   | 228,294.      |                                    |                            |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>   |               |                                    |                            |  |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>   |               |                                    |                            |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....  | <b>1f</b>   | 2,366,836.    |                                    |                            |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |   | 949,073.      |                                    |                            |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |   | 2,595,130.    |                                    |                            |  |
| <b>Program Service Revenue</b>   | <b>2 a</b> HOME CONSTRUCTION .....   | <b>Business Code</b><br>230000                              | 7,683,127.    | 7,683,127.                         |                            |  |
|  | <b>b</b> RESTORE .....   | 453310  | 707,926.      | 707,926.                           |                            |  |
|  | <b>c</b> .....   |   |               |                                    |                            |  |
|  | <b>d</b> .....   |   |               |                                    |                            |  |
|  | <b>e</b> .....   |   |               |                                    |                            |  |
|  | <b>f</b> All other program service revenue .....   |   |               |                                    |                            |  |
|  | <b>g Total.</b> Add lines 2a-2f .....  |   | 8,391,053.    |                                    |                            |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....  |   | 200,049.      | 200,049.                           |                            |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |   |               |                                    |                            |  |
|  | <b>5</b> Royalties .....   |   |               |                                    |                            |  |
|  | <b>6 a</b> Gross rents .....   | (i) Real  |               |                                    |                            |  |
|  |  | (ii) Personal   |               |                                    |                            |  |
|  |  | <b>b</b> Less: rental expenses .....                        |               |                                    |                            |  |
|  |  | <b>c</b> Rental income or (loss) .....                      |               |                                    |                            |  |
|  | <b>d</b> Net rental income or (loss) .....   |   |               |                                    |                            |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....  | (i) Securities  |               |                                    |                            |  |
|  |  | (ii) Other  |               |                                    |                            |  |
|  |  | <b>b</b> Less: cost or other basis and sales expenses ..... |               |                                    |                            |  |
|  |  | <b>c</b> Gain or (loss) .....                               |               |                                    |                            |  |
|  | <b>d</b> Net gain or (loss) .....  |   |               |                                    |                            |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 228,294. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>  | 228,294.      |                                    |                            |  |
|  |  | <b>b</b> Less: direct expenses .....                        | <b>b</b>      | 207,531.                           |                            |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |  |   | 20,763.       |                                    | 20,763.                    |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>a</b>   |   |               |                                    |                            |  |
|  | <b>b</b> Less: direct expenses .....   | <b>b</b>  |               |                                    |                            |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....   |   |               |                                    |                            |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>a</b>   |   |               |                                    |                            |  |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>  |               |                                    |                            |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |   |               |                                    |                            |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>  |               |                                    |                            |  |
| <b>11 a</b> .....  |  |   |               |                                    |                            |  |
|  | <b>b</b> .....   |   |               |                                    |                            |  |
|  | <b>c</b> .....   |   |               |                                    |                            |  |
|  | <b>d</b> All other revenue .....   |   |               |                                    |                            |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |  |   |               |                                    |                            |  |
| <b>12 Total revenue.</b> See instructions. ....                            |  |   | 11,206,995.   | 8,591,102.                         | 0.                         | 20,763.  |

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 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 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 245,291.              | 209,997.                        | 12,265.                                | 23,029.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 537,260.              | 536,620.                        | 485.                                   | 155.                        |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 22,600.               | 21,301.                         | 460.                                   | 839.                        |
| 9 Other employee benefits   | 30,861.               | 29,086.                         | 630.                                   | 1,145.                      |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 64,005.               | 64,005.                         |  |                             |
| c Accounting  | 21,167.               | 20,125.                         | 370.                                   | 672.                        |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 17,614.               | 14,972.                         | 881.                                   | 1,761.                      |
| 12 Advertising and promotion  | 32,256.               | 26,661.                         | 52.                                    | 5,543.                      |
| 13 Office expenses  | 79,528.               | 76,919.                         | 926.                                   | 1,683.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 111,262.              | 106,651.                        | 1,636.                                 | 2,975.                      |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 45,046.               | 45,046.                         |  |                             |
| 20 Interest   | 26,189.               | 26,189.                         |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 51,618.               | 48,650.                         | 1,053.                                 | 1,915.                      |
| 23 Insurance  | 26,352.               | 26,352.                         |  |                             |
| 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.) |                       |                                 |  |                             |
| a <b>COST OF HOMES TRANSFERR</b>  | 8,833,625.            | 8,833,625.                      |  |                             |
| b <b>RESTORE</b>  | 684,248.              | 684,248.                        |  |                             |
| c <b>CONSTRUCTION TRAINING</b>  | 263,600.              | 263,600.                        |  |                             |
| d <b>MISCELLANEOUS</b>  | 66,641.               | 65,998.                         | 155.                                   | 488.                        |
| e All other expenses  | 40,140.               | 39,327.                         | 289.                                   | 524.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 11,199,303.           | 11,139,372.                     | 19,202.                                | 40,729.                     |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 421,863.                 | <b>1</b>    | 307,194.            |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>    |                     |
|   | <b>3</b> Pledges and grants receivable, net .....  | 74,339.                  | <b>3</b>    | 374,097.            |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                     |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 251,237.                 | <b>9</b>    | 407,589.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 412,819.      |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 260,075.      | 167,157.    | <b>10c</b> 152,744. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 12,930,647.              | <b>15</b>   | 11,233,109.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 13,845,243.  | <b>16</b>                | 12,474,733. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 2,179,753.               | <b>17</b>   | 1,277,384.          |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                     |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 4,917,500.               | <b>23</b>   | 3,591,667.          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 2,500,000.               | <b>24</b>   | 3,350,000.          |
|   | <b>25</b> 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 .....  |                          | <b>25</b>   |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 9,597,253.               | <b>26</b>   | 8,219,051.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                     |
|   | <b>27</b> Unrestricted net assets .....  | 4,197,527.               | <b>27</b>   | 3,856,848.          |
|   | <b>28</b> Temporarily restricted net assets .....  | 50,463.                  | <b>28</b>   | 398,834.            |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>   |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                     |
| <b>33</b> Total net assets or fund balances .....                         | 4,247,990.   | <b>33</b>                | 4,255,682.  |                     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 13,845,243.  | <b>34</b>                | 12,474,733. |                     |

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**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 11,206,995. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 11,199,303. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 7,692.      |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 4,247,990.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 4,255,682.  |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| <b>b</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 _____   |     |    |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016    | (f) Total   |
|--|------------|------------|------------|------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 6,415,408. | 1,798,303. | 4,685,557. | 9,258,280. | 10,986,183. | 33,143,731. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 6,415,408. | 1,798,303. | 4,685,557. | 9,258,280. | 10,986,183. | 33,143,731. |
| <b>5</b> 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) ..... |            |            |            |            |             | 358,634.    |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |             | 32,785,097. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016    | (f) Total                |
|--|------------|------------|------------|------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 6,415,408. | 1,798,303. | 4,685,557. | 9,258,280. | 10,986,183. | 33,143,731.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 140,552.   | 184,988.   | 184,489.   | 194,630.   | 200,049.    | 904,708.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |            |            |            |            |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 78,792.    | 173,824.   | 131,767.   | 114,735.   | 20,763.     | 519,881.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |             | 34,568,320.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12          |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                       |         |
|---|---------------------------------------|---------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                             | 94.84 % |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....  | <b>15</b>                             | 93.55 % |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | ▶ <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | ▶ <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | ▶ <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | ▶ <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | ▶ <input type="checkbox"/>            |         |

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**Part III 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 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 **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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.   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> 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.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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).  |     |    |
| <b>3</b> 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.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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. | Yes | No |
| <b>b</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.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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? Provide details in Part VI.  |     |    |
| <b>b</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.   |     |    |
| <b>2a</b>  |     |    |
| <b>2b</b>  |     |    |
| <b>3a</b>  |     |    |
| <b>3b</b>  |     |    |

HABITAT FOR HUMANITY

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

HABITAT FOR HUMANITY

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b>  |                             |  |   |
| <b>c</b> From 2013  |                             |  |   |
| <b>d</b> From 2014  |                             |  |   |
| <b>e</b> From 2015  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2011 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| <b>5</b> 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 |                             |  |   |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                             |  |   |
| <b>8</b> Breakdown of line 7:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b> Excess from 2013   |                             |  |   |
| <b>c</b> Excess from 2014   |                             |  |   |
| <b>d</b> Excess from 2015   |                             |  |   |
| <b>e</b> Excess from 2016   |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2016

HABITAT FOR HUMANITY

**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.)

**PART II, LINE 10**

**THE AMOUNT REPORTED ON LINE 10 IS THE NET INCOME FROM FUNDRAISING  
EVENTS AND ACTIVITIES.**

Horizontal lines for supplemental information input.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS

Employer identification number

95-4290935

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

|  |   |
|--|---|
| Name of organization<br><b>HABITAT FOR HUMANITY<br/>SAN FERNANDO/SANTA CLARITA VALLEYS</b> | Employer identification number<br><b>95-4290935</b> |
|--|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | CITIGROUP<br>700 NORTH BRAND BOULEVARD<br>GLENDALE, CA 91203                                       | \$ 85,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | THE HOME DEPOT FOUNDATION<br>2455 PACES FERRY ROAD<br>ATLANTA, GA 30339                            | \$ 90,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | DON & LORRAINE FREEBERG FOUNDATION<br>801 NORTH BRAND BOULEVARD, SUITE #1010<br>GLENDALE, CA 91203 | \$ 102,960.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | THE HOME DEPOT FOUNDATION<br>2455 PACES FERRY ROAD<br>ATLANTA, GA 30339                            | \$ 210,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | AHMANSON FOUNDATION<br>9215 WILSHIRE BOULEVARD<br>BEVERLY HILLS, CA 90210                          | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | MAY & STANLEY SMITH CHARITABLE TRUST<br>770 TAMPALPAIS DRIVE, SUITE #309<br>CORTE MADERA, CA 94925 | \$ 80,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><b>HABITAT FOR HUMANITY<br/>                 SAN FERNANDO/SANTA CLARITA VALLEYS</b> | Employer identification number<br>95-4290935 |
|---|--|

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 2                            | GIFT CARDS<br><hr/> <hr/> <hr/> <hr/>        | \$ 90,000.                                     | 12/29/16             |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |



|   |   |
|---|---|
| <b>Name of organization</b><br>HABITAT FOR HUMANITY<br>SAN FERNANDO/SANTA CLARITA VALLEYS | <b>Employer identification number</b><br>95-4290935 |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |

**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.**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **HABITAT FOR HUMANITY**  
**SAN FERNANDO/SANTA CLARITA VALLEYS** **Employer identification number**  
**95-4290935**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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 and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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 other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land  |                                      |                                 |                              |                 |
| b Buildings  |                                      |                                 |                              |                 |
| c Leasehold improvements   |                                      |                                 |                              |                 |
| d Equipment  |                                      | 302,116.                        | 188,417.                     | 113,699.        |
| e Other  |                                      | 110,703.                        | 71,658.                      | 39,045.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>152,744.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) CONSTRUCTION PROJECTS   | 6,064,583.     |
| (2) MORTGAGES RECEIVABLE  | 5,168,526.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 11,233,109.    |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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





HABITAT FOR HUMANITY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2               | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |          |
|-----------------|--|---|----------------------------|---------------------|--|----------|
|                 |  | BUILDERS<br>BALL<br>(event type)                            | TEAMBUILDS<br>(event type) | 4<br>(total number) |  |          |
| Revenue         | 1  | Gross receipts  | 180,421.                   | 172,034.            | 104,133.   | 456,588. |
|                 | 2  | Less: Contributions   |                            |                     |  |          |
|                 | 3  | Gross income (line 1 minus line 2)                          | 180,421.                   | 172,034.            | 104,133.   | 456,588. |
| Direct Expenses | 4  | Cash prizes   |                            |                     |  |          |
|                 | 5  | Noncash prizes  |                            |                     |  |          |
|                 | 6  | Rent/facility costs   |                            |                     |  |          |
|                 | 7  | Food and beverages  |                            |                     |  |          |
|                 | 8  | Entertainment   |                            |                     |  |          |
|                 | 9  | Other direct expenses                                       | 68,397.                    | 35,449.             | 103,685.   | 207,531. |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                            |                     |  | 207,531. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                            |                     | 249,057.   |          |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1  | Gross revenue   |   |   |   |
|                 | 2  | Cash prizes   |   |   |   |
| Direct Expenses | 3  | Noncash prizes  |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses   |   |   |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS**

Employer identification number  
**95-4290935**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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Schedule J (Form 990) 2016

HABITAT FOR HUMANITY  
 SAN FERNANDO/SANTA CLARITA VALLEYS

95-4290935

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) DONNA DEUTCHMAN<br>CHIEF EXECUTIVE OFFICER | (i)  | 245,291.   | 0.                                  | 0.                                  | 0.   | 0.                      | 245,291.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

Name of the organization **HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS** Employer identification number **95-4290935**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 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 structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       | X                          | 1   | 714,827.   | FAIR MARKET VALUE   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( GIFT CARDS )                                    | X                          | 2   | 95,000.  | FAIR MARKET VALUE   |
| 26 Other ▶ ( MATERIALS )                                     | X                          | 4   | 69,318.  | FAIR MARKET VALUE   |
| 27 Other ▶ ( APPLIANCES )                                    | X                          | 3   | 48,934.  | FAIR MARKET VALUE   |
| 28 Other ▶ ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

|  |   |
|--|---|
| Name of the organization<br><b>HABITAT FOR HUMANITY<br/>SAN FERNANDO/SANTA CLARITA VALLEYS</b> | Employer identification number<br><b>95-4290935</b> |
|--|---|

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

501(C)(3)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE HOME OWNERSHIP FOR VERY LOW AND LOW-INCOME FAMILIES LIVING  
IN SUB-STANDARD HOUSING.

IT IS OUR BELIEF THAT IN ORDER FOR OUR FAMILIES TO TRULY BE SUCCESSFUL,  
AFFORDABLE HOUSING MUST INCLUDE A SUPPORTIVE ENVIRONMENT THAT PROVIDES  
TRAINING AND ENCOURAGES SELF-SUFFICIENCY IN A NEIGHBORHOOD CULTURE.

HABITAT FOR HUMANITY SF/SCV HAS ACCOMPLISHED THIS IN OUR IMPLEMENTATION  
OF THE ENRICHED NEIGHBORHOOD(R) MODEL, DEVELOPED BY ANOTHER AGENCY,  
HOMES FOR FAMILIES.

IN THIS MODEL, WE PROVIDE LOW-INCOME WORKING FAMILIES AND LOW-INCOME  
VETERAN FAMILIES AN OPPORTUNITY TO PURCHASE A HOME WITH 500 HOURS SWEAT  
EQUITY, A 0% INTEREST MORTGAGE AND RESALE RESTRICTIONS; KEEPING THE  
HOME IN THE AFFORDABLE HOUSING MARKET FOR A FIXED NUMBER OF YEARS WHILE  
ALLOWING FOR MODEST EQUITY GROWTH FOR THE FAMILY.

HOUSES ARE BUILT IN COMMUNITIES OF 12 HOMES OR MORE AND ARE ALL AT  
MINIMUM ENERGY STAR CERTIFIED AND ADA VISITABLE, WITH SOME BEING FULLY  
ADA ACCESSIBLE. EACH NEIGHBORHOOD ALSO HAS AN URBAN COMMUNITY GARDEN  
AND, TOT LOT OR PLAYGROUND FOR THE CHILDREN.

WHAT MAKES THIS MODEL MOST UNIQUE IS THE NO-COST SELF-SUFFICIENCY  
TRAINING AND SOCIAL SERVICES THAT ARE EASILY ACCESSIBLE TO THE  
NEIGHBORHOODS WHERE THE FAMILIES LIVE. PROVISION OF THESE SERVICES,  
SUCH AS FINANCIAL TRAINING AND HEALTH AND WELLNESS PROGRAMS, ALLOWS OUR  
FAMILIES TO BECOME SELF-SUFFICIENT AND LEARN SKILLS AND NECESSARY TOOLS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

|  |  |
|--|--|
| Name of the organization<br>HABITAT FOR HUMANITY<br>SAN FERNANDO/SANTA CLARITA VALLEYS | Employer identification number<br>95-4290935 |
|--|--|

TO MOVE OUT OF THE ENDLESS CYCLE OF POVERTY HOUSING AND INTO THE MIDDLE CLASS.

SERVICES ARE PROVIDED BY COMMUNITY PARTNERS AND BEGIN 12 MONTHS BEFORE AND CONTINUE 12 TO 24 MONTHS AFTER THE FAMILIES MOVE INTO THEIR NEW HOMES. THE RESULTS BUILD THE FAMILIES AND HELP SUPPORT COMMUNITY RESOURCE INTEGRATION, CARE CONTINUUMS, AND INTERAGENCY CAPACITY BUILDING.

ALTHOUGH THE NUMEROUS PROGRAMS OFFERED TO THE PARTICIPANTS ARE EXCITING, WHAT REALLY COUNTS ARE THE RESULTS THEY PRODUCE. THAT IS WHY WE ARE THRILLED TO REPORT THE RESULTS, GATHERED FROM A STUDY OF OVER 350 PEOPLE LIVING IN OUR ENRICHED NEIGHBORHOODS(R), WHO ARE CURRENTLY BEING TRACKED IN THIS PROGRAM.

WHAT WE MEASURE

CHILDREN:

- DROPOUT RATES
- GRADUATION RATES
- COLLEGE/4-YEAR UNIVERSITY ATTENDANCE
- TRADE SCHOOL ATTENDANCE
- POST-SECONDARY GRADUATION
- MARITAL STATUS
- TEEN PREGNANCIES
- HOUSING
- EMPLOYMENT
- HEALTHCARE COVERAGE
- ENGLISH FIRST LANGUAGE/ENGLISH SPEAKING

PARENTS:

- TYPE OF EMPLOYMENT
- JOB TITLE



|  |  |
|--|--|
| Name of the organization<br>HABITAT FOR HUMANITY<br>SAN FERNANDO/SANTA CLARITA VALLEYS | Employer identification number<br>95-4290935 |
|--|--|

-JOB RETENTION

-NUMBER OF JOBS SINCE MOVE-IN

-HIGH SCHOOL GRADUATION

-COLLEGE OR TRADE SCHOOL SINCE SELECTION

-RETURN TO SCHOOL SINCE MOVE IN

-NUMBER OF ENGLISH SPEAKERS

-HEALTHCARE COVERAGE

-NUMBER OF ADULTS EMPLOYED

-UNEMPLOYED

-MOVE-IN COMBINED INCOME COMPARED TO CURRENT

HOW WE MEASURE

FAMILIES ARE INTERVIEWED IN ACCORDANCE WITH A PRESCRIBED METHODOLOGY AND FORMAT IN PERSON BI-ANNUALLY. EACH FAMILY IN EACH CONTROLLED COHORT IS OFFERED THE SAME ENRICHMENT CLASSES AND HAS THE SAME TYPE OF BUILT ENVIRONMENT. THE ONLY DIFFERING FACTOR IS THE SIZE OF THE COMMUNITY. NO COMMUNITY IS LESS THAN 12 FAMILIES. COHORTS CAN BE PHASES AS WELL AS ENTIRE COMMUNITIES. THEY ARE BASED ON CONCURRENT PARTICIPATION IN THE ENRICHED NEIGHBORHOOD(R) PROGRAM AND MOVE-IN.

THE FIRST SURVEY IS DONE ON MOVE-IN DATE. THIS DATA IS THEN COMPARED TO THE SECOND SURVEY DONE 2 YEARS AFTER MOVE-IN DATE AND SO ON UNTIL 5 SURVEYS HAVE BEEN COMPLETED (APPROXIMATELY 10 YEARS). THIS PROVIDES US WITH DATA OVER A LONGITUDINAL PERIOD, ALLOWING TIME FOR CHILDREN TO GROW, PARENTS TO BECOME MORE EDUCATED AND BE PART OF A COMMUNITY. DATA IS VERIFIED THROUGH INTERVIEWS WITH LOCAL HIGH SCHOOL PRINCIPALS, DIPLOMAS, REPORT CARDS, PAY STUBS, THE CENSUS, COLLEGE CAMPUSES, AND LIBRARIES. THE RESULTS ARE THEN COMPARED TO AGGREGATE DATA SETS FOR THE SURROUNDING COMMUNITY TO DETERMINE THE IMPACT.

THE VETERAN COMMUNITIES HAVE BEGUN A NEW SET OF CONTROL GROUPS/COHORTS

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | HABITAT FOR HUMANITY<br>SAN FERNANDO/SANTA CLARITA VALLEYS | Employer identification number | 95-4290935 |
|--------------------------|--|--------------------------------|------------|

BECAUSE THERE ARE NEW ENRICHMENT SERVICES BEING INTRODUCED. HOWEVER, THE MEASUREMENT INSTRUMENTS WILL BE THE SAME TO ALLOW COMPARISONS BETWEEN THE CIVILIAN AND VETERAN COMMUNITIES. FOR OUR VETERAN FAMILIES WE HAVE ADDED TRAUMA INFORMED ART THERAPY SESSIONS, THE LANDMARK UCLA FOCUS PROGRAM AND OTHER VETERAN CENTERED AND TRAUMA-INFORMED CARE PARTNERSHIPS. THE MEASUREMENT FOR EFFECTIVENESS OF THESE SESSIONS IS THROUGH THE INDUSTRY STANDARD GENERAL SELF-EFFICACY SCALE, FOLLOWING THE GUIDELINES TO EMBED IT AT RANDOM IN A MORE COMPREHENSIVE QUESTIONNAIRE. THIS SCALE, GIVEN SEVERAL TIMES THROUGHOUT THE PROCESS, MEASURES PERCEIVED SELF-EFFICACY WHICH ALLOWS GOAL-SETTING, PERSISTENCE IN FACE OF BARRIERS AND RECOVERY FROM SETBACKS. ADDITIONAL REPORTS ARE PROVIDED THROUGH LEADER-REPORTED PROGRESS, SELF-EFFICACY SURVEYS AND THE CONTINUED PARTICIPATION IN THE PROGRAM BEFORE AND AFTER VETERANS RECEIVE THEIR HOMES.

HIGHLIGHTS FROM HABITAT FOR HUMANITY SF/SCV SITES IN PACOIMA, SAN FERNANDO, AND SYLMAR

-99.9% GRADUATION RATES FROM HIGH SCHOOL, WITH AN AVERAGE GPA OF 3.0;

-91% ATTENDANCE AT COLLEGE OR TRADE SCHOOL WITH OVER 46% ATTENDING 4-YEAR UNIVERSITIES;

-0% DEFAULTS OR FORECLOSURES;

-0% TEEN PREGNANCIES AFTER MOVING INTO HABITAT HOMES;

-HABITAT HOMEOWNERS HAVE BEEN EMPLOYED AT THEIR CURRENT JOB FOR AN AVERAGE OF 7.18 YEARS; AND

-35% OF PARENTS AMONG HABITAT HOUSEHOLDS HAVE RETURNED TO SCHOOL FOR A DEGREE OR CERTIFIED PROGRAM TO ADVANCE EMPLOYMENT.

HIGHLIGHTS FROM HABITAT FOR HUMANITY SF/SCV VETERAN ENRICHED NEIGHBORHOOD(R) SITE IN SYLMAR

-AVERAGE HOUSEHOLD INCOME INCREASED BY 22%, COMPARED TO THE NATIONAL

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | HABITAT FOR HUMANITY<br>SAN FERNANDO/SANTA CLARITA VALLEYS | Employer identification number | 95-4290935 |
|--------------------------|--|--------------------------------|------------|

BASE SALARY RISE OF 3% FOR 2015;

-91% OF FAMILIES IMPROVED THEIR CREDIT SCORES; AND

-34% OF VETERANS HAVE INCREASED THEIR ABILITY TO COPE WITH A VARIETY OF DIFFICULT DEMANDS IN LIFE BASED ON THE CLINICALLY PROVEN RESILIENCY MEASURE, THE GENERAL SELF EFFICACY SCALE (COMMONLY USED AS AN OUTCOME MEASURE FOR PERSONS MANAGING PTSD).

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS FURNISHED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR FOR REVIEW, APPROVAL, AND SIGNATURE BEFORE THE RETURN IS SUBMITTED TO THE GOVERNING AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CHIEF EXECUTIVE OFFICER MAKES PERIODIC INQUIRIES OF EMPLOYEES AND THE BOARD OF DIRECTORS SIGN A COMPLIANCE STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON 2 CRITERIA: A THIRD PARTY'S SURVEY OF NON-PROFIT CEO'S SALARIES OF THE GREATER LOS ANGELES AREA, AND COMPENSATION PAID TO EXECUTIVE DIRECTORS OF OTHER HABITAT FOR HUMANITY CHAPTERS THROUGHOUT THE U.S.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON WWW.GUIDESTAR.COM.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>HABITAT FOR HUMANITY<br/>SAN FERNANDO/SANTA CLARITA VALLEYS</b> | Employer identification number (EIN) or<br><br><b>95-4290935</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>21031 VENTURA BOULEVARD, NO. 610</b>                   | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WOODLAND HILLS, CA 91364</b>         |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**HABITAT FOR HUMANITY OF SAN FERNANDO/SANTA CLARITA**

• The books are in the care of ▶ **21031 VENTURA BOULEVARD, #610 - WOODLAND HILLS, CA 91364**  
Telephone No. ▶ **818-884-8808** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization  
Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name  
**HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS**

California corporation number  
**1488435**

Additional information. See instructions.

FEIN  
**95-4290935**

Street address (suite or room)  
**21031 VENTURA BOULEVARD, NO. 610**

PMB no.

City  
**WOODLAND HILLS**

State  
**CA**

ZIP code  
**91364**

Foreign country name

Foreign province/state/country

Foreign postal code

- A First Return  Yes  No
- B Amended Return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final Information Return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
- M Is the organization a Limited Liability Company?  Yes  No
- N Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- P Is a federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                       |    |  |    |               |
|-----------------------|----|--|----|---------------|
| Receipts and Revenues | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 8,819,396.00  |
|                       | 2  | Gross dues and assessments from members and affiliates   | 2  | 00            |
|                       | 3  | Gross contributions, gifts, grants, and similar amounts received   | 3  | 2,595,130.00  |
|                       | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4  | 11,414,526.00 |
|                       | 5  | Cost of goods sold   | 5  | 00            |
|                       | 6  | Cost or other basis, and sales expenses of assets sold   | 6  | 00            |
|                       | 7  | Total costs. Add line 5 and line 6   | 7  | 00            |
|                       | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 11,414,526.00 |
| Expenses              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 11,406,834.00 |
|                       | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 7,692.00      |
| Filing Fee            | 11 | Total payments   | 11 | 00            |
|                       | 12 | Use tax. See General Instruction K   | 12 | 00            |
|                       | 13 | Payment balance. If line 11 is more than line 12, subtract line 12 from line 11  | 13 | 00            |
|                       | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  | 14 | 00            |
|                       | 15 | Filing fee \$10 or \$25. See General Instruction F   | 15 | 10.00         |
|                       | 16 | Penalties and Interest. See General Instruction J  | 16 | 00            |
|                       | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result  | 17 | 10.00         |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  
Signature of officer **CHIEF EXECUTIV** Title Date  Telephone

Preparer's signature  Date Check if self-employed  PTIN **P00637506**

Paid Preparer's Use Only  
Firm's name (or yours, if self-employed) and address **MELONI HRIBAL TRATNER LLP  
21600 OXNARD STREET, #500  
WOODLAND HILLS, CA 91367** FEIN **95-4649521** Telephone **(818) 587-3730**

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

|                                    |    |  |   |    |               |
|------------------------------------|----|--|---|----|---------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions   | • | 1  | 228,294.00    |
|                                    | 2  | Interest   | • | 2  | 200,049.00    |
|                                    | 3  | Dividends  | • | 3  | 00            |
|                                    | 4  | Gross rents  | • | 4  | 00            |
|                                    | 5  | Gross royalties  | • | 5  | 00            |
|                                    | 6  | Gross amount received from sale of assets (See Instructions)   | • | 6  | 00            |
|                                    | 7  | Other income   | • | 7  | 8,391,053.00  |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8  | 8,819,396.00  |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid   | • | 9  | 00            |
|                                    | 10 | Disbursements to or for members  | • | 10 | 00            |
|                                    | 11 | Compensation of officers, directors, and trustees  | • | 11 | 245,291.00    |
|                                    | 12 | Other salaries and wages   | • | 12 | 537,260.00    |
|                                    | 13 | Interest   | • | 13 | 26,189.00     |
|                                    | 14 | Taxes  | • | 14 | 00            |
|                                    | 15 | Rents  | • | 15 | 111,262.00    |
|                                    | 16 | Depreciation and depletion (See instructions)  | • | 16 | 51,618.00     |
|                                    | 17 | Other Expenses and Disbursements   | • | 17 | 10,435,214.00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                | • | 18 | 11,406,834.00 |

| <b>Schedule L Balance Sheet</b>  |   | Beginning of taxable year |             | End of taxable year |             |
|----------------------------------|---|---------------------------|-------------|---------------------|-------------|
|                                  |   | (a)                       | (b)         | (c)                 | (d)         |
| <b>Assets</b>                    |   |                           |             |                     |             |
| 1                                | Cash  |                           | 421,863.    |                     | 307,194.    |
| 2                                | Net accounts receivable                           |                           |             |                     |             |
| 3                                | Net notes receivable                              |                           |             |                     |             |
| 4                                | Inventories                                       |                           |             |                     |             |
| 5                                | Federal and state government obligations          |                           |             |                     |             |
| 6                                | Investments in other bonds                        |                           |             |                     |             |
| 7                                | Investments in stock                              |                           |             |                     |             |
| 8                                | Mortgage loans                                    |                           |             |                     |             |
| 9                                | Other investments                                 |                           |             |                     |             |
| 10                               | a Depreciable assets                              | 375,614.                  |             | 412,819.            |             |
|                                  | b Less accumulated depreciation                   | ( 208,457. )              | 167,157.    | ( 260,075. )        | 152,744.    |
| 11                               | Land  |                           |             |                     |             |
| 12                               | Other assets                                      |                           | 13,256,223. |                     | 12,014,795. |
| 13                               | <b>Total assets</b>                               |                           | 13,845,243. |                     | 12,474,733. |
| <b>Liabilities and net worth</b> |   |                           |             |                     |             |
| 14                               | Accounts payable                                  |                           | 2,179,753.  |                     | 1,277,384.  |
| 15                               | Contributions, gifts, or grants payable           |                           |             |                     |             |
| 16                               | Bonds and notes payable                           |                           |             |                     |             |
| 17                               | Mortgages payable                                 |                           | 4,917,500.  |                     | 3,591,667.  |
| 18                               | Other liabilities                                 |                           | 2,500,000.  |                     | 3,350,000.  |
| 19                               | Capital stock or principal fund                   |                           |             |                     |             |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |             |                     |             |
| 21                               | Retained earnings or income fund                  |                           | 4,247,990.  |                     | 4,255,682.  |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 13,845,243. |                     | 12,474,733. |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |   |   |        |
|--|---|---|--------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |   |   |        |
| 1  | Net income per books  | • | 7,692. |
| 2  | Federal income tax  | • |        |
| 3  | Excess of capital losses over capital gains                         | • |        |
| 4  | Income not recorded on books this year                              | • |        |
| 5  | Expenses recorded on books this year not deducted in this return    | • |        |
| 6  | <b>Total.</b> Add line 1 through line 5                             | • | 7,692. |
| 7  | Income recorded on books this year not included in this return.     | • |        |
| 8  | Deductions in this return not charged against book income this year | • |        |
| 9  | <b>Total.</b> Add line 7 and line 8                                 | • |        |
| 10   | <b>Net income per return.</b> Subtract line 9 from line 6           | • | 7,692. |

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME                       | CONTRIBUTOR'S ADDRESS  | DATE OF GIFT | AMOUNT   |
|--|--|--------------|----------|
| CITIGROUP                                | 700 NORTH BRAND BOULEVARD<br>GLENDALE, CA 91203              | 01/02/16     | 85,000.  |
| ANHEUSER-BUSCH FOUNDATION                | 15800 ROSCOE BOULEVARD VAN<br>NUYS, CA 91406                 | 02/11/16     | 38,250.  |
| LOCKHEED MARTIN                          | 1011 LOCKHEED WAY PALMDALE, CA<br>93599                      | 01/19/16     | 15,000.  |
| THE EDELSTEIN CHARITABLE<br>FOUNDATION   | 100 WEST BROADWAY, SUITE 600<br>GLENDALE, CA 91210           | 03/28/16     | 18,000.  |
| PRINCESS CRUISES<br>COMMUNITY FOUNDATION | 24844 AVENUE ROCKEFELLER SANTA<br>CLARITA, CA 91355          | 12/19/16     | 10,000.  |
| PCL CONSTRUCTION<br>SERVICES, INC        | 700 NORTH CENTRAL AVENUE,<br>SUITE 700 GLENDALE, CA 91203    | 06/10/16     | 10,000.  |
| SHELLY HOLDEN                            | 4556 CEDROS AVENUE SHERMAN<br>OAKS, CA 91403                 | 12/04/16     | 6,000.   |
| FARMERS GROUP, INC                       | 4680 WILSHIRE BOULEVARD LOS<br>ANGELES, CA 90010             | 08/19/16     | 5,000.   |
| SAMUEL P. WOLFSON                        | 17158 OAK VIEW DRIVE ENCINO,<br>CA 91316                     | 01/21/16     | 18,197.  |
| DISNEY WORLDWIDE<br>SERVICES, INC        | 500 SOUTH BUENA VISTA STREET<br>BURBANK, CA 91521            | 02/18/16     | 26,230.  |
| TOTAL MERCHANT SERVICES,<br>INC          | 21650 OXNARD STREET, SUITE<br>#1200 WOODLAND HILLS, CA 91367 | 01/21/16     | 5,000.   |
| AMWINS GROUP, INC                        | 4725 PIEDMONT ROW DRIVE, SUITE<br>#600 CHARLOTTE, NC 28210   | 06/01/16     | 8,750.   |
| THE RALPH M. PARSONS<br>FOUNDATION       | 888 WEST 6TH STREET, 7TH FLOOR<br>LOS ANGELES, CA 90017      | 08/30/16     | 50,000.  |
| DON & LORRAINE FREEBERG<br>FOUNDATION    | 801 NORTH BRAND BOULEVARD,<br>SUITE #1010 GLENDALE, CA 91203 | 09/19/16     | 102,960. |
| WFB OHIO - FOUNDATION<br>(MN)            | 115 HOSPITAL DRIVE VAN WERT,<br>OH 45891                     | 02/17/16     | 10,300.  |

|                                 |   |          |          |
|---------------------------------|---|----------|----------|
| NORTHROP GRUMMAN                | 3520 EAST AVENUE M PALMDALE,<br>CA 93550                    | 09/26/16 | 10,000.  |
| THE HOME DEPOT FOUNDATION       | 2455 PACES FERRY ROAD ATLANTA,<br>GA 30339                  | 12/29/16 | 210,000. |
| AHMANSON FOUNDATION             | 9215 WILSHIRE BOULEVARD<br>BEVERLY HILLS, CA 90210          | 10/21/16 | 500,000. |
| DREXEL HAMILTON LLC             | 2000 MARKET STREET, SUITE #780<br>PHILADELPHIA, PA 19103    | 08/30/16 | 5,000.   |
| PACIFIC COAST CIVIL, INC.       | 30141 AGOURA ROAD, SUITE #200<br>AGOURA HILLS, CA 91301     | 01/28/16 | 13,500.  |
| DREAMWORKS STUDIOS              | SHEINBERG PLACE NORTH<br>HOLLYWOOD, CA 91602                | 02/05/16 | 5,000.   |
| NISSAN                          | ONE NISSAN WAY FRANKLIN, TN<br>37067                        | 09/01/16 | 22,500.  |
| US BANK                         | 555 EAST OCEAN BOULEVARD LONG<br>BEACH, CA 90802            | 07/21/16 | 5,000.   |
| ANTELOPE VALLEY CHEVROLET       | 1160 MOTOR LANE LANCASTER, CA<br>93534                      | 07/18/16 | 10,000.  |
| BLUE SHIELD OF CALIFORNIA       | 6300 CANOGA AVENUE WOODLAND<br>HILLS, CA 91367              | 02/17/16 | 8,920.   |
| BECKMAN COULTER<br>FOUNDATION   | 250 SOUTH KRAEMER BOULEVARD<br>BREA, CA 92821               | 02/17/16 | 5,000.   |
| PREMIER AMERICA CREDIT<br>UNION | 19867 PRAIRIE STREET<br>CHATSWORTH, CA 91313                | 04/07/16 | 10,000.  |
| MISS ME                         | 4715 SOUTH ALAMEDA STREET LOS<br>ANGELES, CA 90058          | 04/07/16 | 7,500.   |
| DELTA TAU DATA SYSTEMS,<br>INC  | 21314 LASSEN STREET<br>CHATSWORTH, CA 91311                 | 06/01/16 | 5,000.   |
| WEYERHAEUSER GIVING FUND        | PO BOX 9777 FEDERAL WAY, WA<br>98063                        | 08/31/16 | 5,000.   |
| CAL WELLNESS                    | 6320 CANOGA AVENUE, SUITE<br>#1700 WOODLAND HILLS, CA 91367 | 10/20/16 | 5,000.   |
| ROSENHEIM & ASSOCIATES          | 21550 OXNARD STREET, SUITE<br>#780 WOODLAND HILLS, CA 91367 | 01/08/16 | 8,000.   |
| KAREN BROWN                     | 13775 BOTTEMS COURT MOORPARK,<br>CA 93012                   | 01/28/16 | 5,575.   |



HABITAT FOR HUMANITY SAN FERNANDO/SANTA

95-4290935

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|   |  |          |                               |
|---|--|----------|-------------------------------|
| KAISER PERMANENTE                       | 5601 DE SOTO AVENUE WOODLAND<br>HILLS, CA 91367                        | 01/14/16 | 6,500.                        |
| 3M FOUNDATION                           | 3M CENTER BUILDING 225-1S-23<br>ST PAUL, MN 55144                      | 07/27/16 | 10,000.                       |
| EDISON INTERNATIONAL                    | PO BOX 700 ROSEMEAD, CA 91770  | 09/09/16 | 5,000.                        |
| CA ARTS COUNCIL                         | 1300 I STREET SACRAMENTO, CA<br>95814                                  | 10/04/16 | 8,460.                        |
| SUPO FOUNDATION                         | 5496 LINDBERGH LANE BELL, CA<br>90201                                  | 12/26/16 | 5,000.                        |
| PRIME REALTY                            | 31826 VILLAGE CENTER ROAD #C<br>WESTLAKE VILLAGE, CA 91631             | 12/21/16 | 5,000.                        |
| RICHARD DOSS                            | 349 CORRINE HILL COURT<br>THOUSAND OAKS, CA 91360                      | 05/07/16 | 6,740.                        |
| MAY & STANLEY SMITH<br>CHARITABLE TRUST | 770 TAMPALPAIS DRIVE, SUITE<br>#309 CORTE MADERA, CA 94925             | 02/12/16 | 80,000.                       |
| THRIVENT                                | 25350 MAGIC MOUNTAIN PARKWAY,<br>SUITE #300 SANTA CLARITA, CA<br>91355 | 01/21/16 | 50,000.                       |
| TOTAL INCLUDED ON LINE 3                |  |          | <hr/> <hr/> <u>1,426,382.</u> |

FORM 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>            |                     |                    |
|-----------------------------|---|---------------------|--------------------|
| THE HOME DEPOT FOUNDATION   | 2455 PACES FERRY ROAD ATLANTA, GA 30339 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                     | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| GIFT CARDS                  | 12/29/16                                | 90,000.             | 90,000.            |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>              |                     |                    |
|-----------------------------|---|---------------------|--------------------|
| WHIRLPOOL CORPORATION       | 412 NORTH PETERS ROAD KNOXVILLE, TN 37922 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                       | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| APPLIANCES                  | 11/30/16                                  | 36,904.             | 36,904.            |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>                       |                     |                    |
|-----------------------------|--|---------------------|--------------------|
| VALSPAR PAINT               | 8725 HIGGINS ROAD, SUITE 1000 CHICAGO, IL<br>60631 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                                | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| PAINT                       | 03/01/16   | 26,818.             | 26,818.            |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>              |                     |                    |
|-----------------------------|---|---------------------|--------------------|
| LOWES                       | 1000 LOWE BOULEVARD MOORESVILLE, NC 28117 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                       | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| GIFT CARDS                  | 11/01/16                                  | 5,000.              | 5,000.             |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u> |                     |                    |
|-----------------------------|------------------------------|---------------------|--------------------|
| DUCTTESTERS, INC            | PO BOX 266 RIPON, CA 95366   |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>          | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| RNC HERS VERIFICATION       | 08/12/16                     | 5,000.              | 5,000.             |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>            |                     |                    |
|-----------------------------|---|---------------------|--------------------|
| HUNTER DOUGLAS              | 1 BLUE HILL PLAZA PEARL RIVER, NY 10965 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                     | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| BLINDS                      | 11/30/16                                | 31,434.             | 31,434.            |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>           |                     |                    |
|-----------------------------|--|---------------------|--------------------|
| SIMPSON STRONG TIE          | 12246 HOLLY STREET RIVERSIDE, CA 92509 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                    | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| FRAMING HARDWARE            | 11/30/16                               | 5,894.              | 5,894.             |

| <u>CONTRIBUTOR'S NAME</u>          | <u>CONTRIBUTOR'S ADDRESS</u>              |                     |                    |
|------------------------------------|---|---------------------|--------------------|
| AIR KING                           | 820 LINCOLN AVENUE WEST CHESTER, PA 19380 |                     |                    |
| <u>PROPERTY DESCRIPTION</u>        | <u>DATE OF GIFT</u>                       | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| BATHROOM & KITCHEN EXHAUST SYSTEMS | 11/30/16                                  | 7,030.              | 7,030.             |

| <u>CONTRIBUTOR'S NAME</u>   | <u>CONTRIBUTOR'S ADDRESS</u>                 |                     |                    |
|-----------------------------|--|---------------------|--------------------|
| EWING IRRIGATION            | 27726 AVENUE HOPKINS SANTA CLARITA, CA 91355 |                     |                    |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u>                          | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| IRRIGATION MATERIALS        | 03/11/16                                     | 5,172.              | 5,172.             |

|                          |          |
|--------------------------|----------|
| TOTAL INCLUDED ON LINE 3 | 213,252. |
|--------------------------|----------|

|          |              |           |   |
|----------|--------------|-----------|---|
| FORM 199 | OTHER INCOME | STATEMENT | 3 |
|----------|--------------|-----------|---|

| <u>DESCRIPTION</u>                 | <u>AMOUNT</u> |
|------------------------------------|---------------|
| HOME CONSTRUCTION RESTORE          | 7,683,127.    |
|                                    | 707,926.      |
| TOTAL TO FORM 199, PART II, LINE 7 | 8,391,053.    |

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 FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    4
 

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| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| TOM STEMNOCK<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364    | SECRETARY<br>3.00                  | 0.           |
| KAREN BROWN<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364     | BOARD MEMBER<br>1.00               | 0.           |
| DONNA DEUTCHMAN<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364 | CHIEF EXECUTIVE OFFICER<br>40.00   | 245,291.     |
| RICHARD DOSS<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364    | CHAIRMAN<br>4.00                   | 0.           |
| JACK SHINE<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364      | VICE CHAIRMAN<br>4.00              | 0.           |
| KARLA VALLE<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364     | TREASURER<br>1.00                  | 0.           |
| ERIC REUVENI<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364    | BOARD MEMBER<br>1.00               | 0.           |
| ROSE ROCKEY<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364     | BOARD MEMBER<br>1.00               | 0.           |
| CHUCK UNDERHILL<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364 | BOARD MEMBER<br>1.00               | 0.           |
| DAVID GRESSMAN<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364  | BOARD MEMBER<br>1.00               | 0.           |
| ROBERT NEISNER<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364  | BOARD MEMBER<br>3.00               | 0.           |

|  |                      |          |
|--|----------------------|----------|
| DONALD RHODES<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364    | BOARD MEMBER<br>2.00 | 0.       |
| HUNT BRALY<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364       | BOARD MEMBER<br>4.00 | 0.       |
| ROBERT PHILLIPPS<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364 | BOARD MEMBER<br>1.00 | 0.       |
| BRAD ROSENHEIM<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364   | BOARD MEMBER<br>1.00 | 0.       |
| LEE DUKEHART<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364     | BOARD MEMBER<br>1.00 | 0.       |
| TOM CLIFFORD<br>21031 VENTURA BOULEVARD, NO. 610<br>WOODLAND HILLS, CA 91364     | BOARD MEMBER<br>1.00 | 0.       |
| TOTAL TO FORM 199, PART II, LINE 11  |                      | 245,291. |

|          |                |           |   |
|----------|----------------|-----------|---|
| FORM 199 | OTHER EXPENSES | STATEMENT | 5 |
|----------|----------------|-----------|---|

| DESCRIPTION                           | AMOUNT      |
|---------------------------------------|-------------|
| COST OF HOMES TRANSFERR RESTORE       | 8,833,625.  |
| CONSTRUCTION TRAINING                 | 684,248.    |
| MISCELLANEOUS                         | 263,600.    |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 66,641.     |
| PENSION PLAN CONTRIBUTIONS            | 207,531.    |
| OTHER EMPLOYEE BENEFITS               | 22,600.     |
| LEGAL FEES                            | 30,861.     |
| ACCOUNTING FEES                       | 64,005.     |
| OTHER PROFESSIONAL FEES               | 21,167.     |
| ADVERTISING AND PROMOTION             | 17,614.     |
| OFFICE EXPENSES                       | 32,256.     |
| CONFERENCES AND CONVENTIONS           | 79,528.     |
| INSURANCE                             | 45,046.     |
| ALL OTHER EXPENSES                    | 26,352.     |
| TOTAL TO FORM 199, PART II, LINE 17   | 40,140.     |
|                                       | 10,435,214. |

| FORM 199                               | OTHER ASSETS | STATEMENT   | 6 |
|--|--------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |   |
| PLEDGES AND GRANTS RECEIVABLE          | 74,339.      | 374,097.    |   |
| PREPAID EXPENSES AND DEFERRED CHARGES  | 251,237.     | 407,589.    |   |
| CONSTRUCTION PROJECTS                  | 8,304,890.   | 6,064,583.  |   |
| MORTGAGES RECEIVABLE                   | 4,625,757.   | 5,168,526.  |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 13,256,223.  | 12,014,795. |   |

| FORM 199                               | OTHER LIABILITIES | STATEMENT   | 7 |
|--|-------------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR      | END OF YEAR |   |
| UNSECURED NOTES AND LOANS PAYABLE      | 2,500,000.        | 3,350,000.  |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 2,500,000.        | 3,350,000.  |   |

| FORM 199                               | FUND BALANCES | STATEMENT   | 8 |
|--|---------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR  | END OF YEAR |   |
| UNRESTRICTED ASSETS                    | 4,197,527.    | 3,856,848.  |   |
| TEMPORARILY RESTRICTED ASSETS          | 50,463.       | 398,834.    |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 4,247,990.    | 4,255,682.  |   |

**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 95-4290935**

|   |   |
|---|---|
| Corporation name<br><b>HABITAT FOR HUMANITY<br/>                 SAN FERNANDO/SANTA CLARITA VALLEYS</b> | California corporation number<br><b>1488435</b> |
|---|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| 1 Maximum deduction under IRC Section 179 for California .....   | <b>1</b>                            | \$25,000                |
| 2 Total cost of IRC Section 179 property placed in service .....   | <b>2</b>                            |                         |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation .....                        | <b>3</b>                            | \$200,000               |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....                 | <b>4</b>                            |                         |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....      | <b>5</b>                            |                         |
| <b>(a) Description of property</b>   | <b>(b) Cost (business use only)</b> | <b>(c) Elected cost</b> |
| <b>6</b>   |                                     |                         |
| 7 Listed property (elected IRC Section 179 cost) .....   | <b>7</b>                            |                         |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....     | <b>8</b>                            |                         |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....                                | <b>9</b>                            |                         |
| 10 Carryover of disallowed deduction from prior taxable years .....                                      | <b>10</b>                           |                         |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 ..... | <b>11</b>                           |                         |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....   | <b>12</b>                           |                         |
| 13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12 .....                 | <b>13</b>                           |                         |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| (a)<br>Description property  | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>Method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year | (h)<br>Additional<br>first year<br>depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| <b>14</b>  |                                      |                               |  |                               |                        |                                      |   |
| <b>SEE STATEMENT</b>   | <b>9</b>                             | <b>412,819.</b>               | <b>208,457.</b>  |                               |                        |                                      |   |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... |                                      |                               |  |                               |                        | <b>15</b>                            | <b>51,618.</b>                                  |

**Part III Summary**

|  |           |                |
|--|-----------|----------------|
| 16 Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....  | <b>16</b> | <b>51,618.</b> |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....   | <b>17</b> | <b>51,618.</b> |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation<br>amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | <b>18</b> | <b>0.</b>      |

**Part IV Amortization**

| (a)<br>Description of property  | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>R&TC<br>section<br>(see instructions) | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| <b>19</b>   |                                      |                               |  |  |                                |                                      |
| 20 Total. Add the amounts in column (g) .....   |                                      |                               |  |  |                                | <b>20</b>                            |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....  |                                      |                               |  |  |                                | <b>21</b>                            |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,<br>Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 ..... |                                      |                               |  |  |                                | <b>22</b>                            |

| CA 3885                   |                            | DEPRECIATION     |               |        |      | STATEMENT         | 9     |
|---------------------------|----------------------------|------------------|---------------|--------|------|-------------------|-------|
| ASSET NO./<br>DESCRIPTION | DATE IN<br>SERVICE         | COST OR<br>BASIS | PRIOR<br>DEPR | METHOD | LIFE | DEPRE-<br>CIATION | BONUS |
| 4                         | COMPUTER EQUIPMENT         |                  |               |        |      |                   |       |
|                           | 06/30/06                   | 2,860.           | 2,860.        | SL     | 5.00 | 0.                |       |
| 12                        | COMPUTER                   |                  |               |        |      |                   |       |
|                           | 05/29/07                   | 2,492.           | 2,492.        | SL     | 5.00 | 0.                |       |
| 13                        | OFFICE FURNITURE           |                  |               |        |      |                   |       |
|                           | 04/28/07                   | 874.             | 874.          | SL     | 7.00 | 0.                |       |
| 14                        | SOFTWARE - DONORPERFECT    |                  |               |        |      |                   |       |
|                           | 06/07/07                   | 5,665.           | 5,665.        | SL     | 3.00 | 0.                |       |
| 15                        | SITE TRAILER               |                  |               |        |      |                   |       |
|                           | 10/31/07                   | 12,000.          | 12,250.       | SL     | 7.00 | 0.                |       |
| 26                        | COMPUTER 2                 |                  |               |        |      |                   |       |
|                           | 06/19/07                   | 1,828.           | 1,828.        | SL     | 5.00 | 0.                |       |
| 29                        | SERVER                     |                  |               |        |      |                   |       |
|                           | 09/24/07                   | 3,002.           | 3,002.        | SL     | 5.00 | 0.                |       |
| 30                        | 4 FILE CABINETS            |                  |               |        |      |                   |       |
|                           | 05/10/07                   | 1,557.           | 1,556.        | SL     | 7.00 | 0.                |       |
| 31                        | DESK                       |                  |               |        |      |                   |       |
|                           | 10/31/07                   | 1,536.           | 1,535.        | SL     | 7.00 | 0.                |       |
| 32                        | CHAIRS                     |                  |               |        |      |                   |       |
|                           | 10/31/07                   | 400.             | 400.          | SL     | 7.00 | 0.                |       |
| 33                        | SOFTWARE - PROJECT 2007    |                  |               |        |      |                   |       |
|                           | 06/25/07                   | 617.             | 617.          | SL     | 3.00 | 0.                |       |
| 34                        | COMPUTER & PRINTER         |                  |               |        |      |                   |       |
|                           | 02/29/08                   | 618.             | 618.          | SL     | 5.00 | 0.                |       |
| 35                        | SERVER CABLE               |                  |               |        |      |                   |       |
|                           | 08/12/08                   | 918.             | 912.          | SL     | 5.00 | 0.                |       |
| 36                        | OFFICE PRINTER             |                  |               |        |      |                   |       |
|                           | 11/21/08                   | 758.             | 758.          | SL     | 5.00 | 0.                |       |
| 37                        | 5 COMPUTERS & VIDEO SYSTEM |                  |               |        |      |                   |       |
|                           | 12/01/08                   | 15,000.          | 15,000.       | SL     | 5.00 | 0.                |       |
| 38                        | FILE CABINETS              |                  |               |        |      |                   |       |
|                           | 04/16/08                   | 626.             | 625.          | SL     | 7.00 | 0.                |       |
| 39                        | FILE CABINETS              |                  |               |        |      |                   |       |
|                           | 08/12/08                   | 1,260.           | 1,259.        | SL     | 7.00 | 0.                |       |
| 40                        | SERVER                     |                  |               |        |      |                   |       |
|                           | 11/10/08                   | 1,650.           | 1,650.        | SL     | 3.00 | 0.                |       |
| 41                        | PHONE SYSTEM               |                  |               |        |      |                   |       |
|                           | 01/25/08                   | 2,500.           | 2,500.        | SL     | 7.00 | 0.                |       |
| 42                        | NISSAN TITAN - 2009        |                  |               |        |      |                   |       |
|                           | 09/04/09                   | 30,939.          | 30,939.       | SL     | 5.00 | 0.                |       |
| 43                        | SOFTWARE - SPAM BLOCKER    |                  |               |        |      |                   |       |
|                           | 07/10/09                   | 1,880.           | 1,854.        | SL     | 3.00 | 0.                |       |
| 44                        | DELL COMPUTER 1            |                  |               |        |      |                   |       |
|                           | 01/13/10                   | 1,082.           | 1,082.        | SL     | 5.00 | 0.                |       |
| 45                        | DELL COMPUTER 2            |                  |               |        |      |                   |       |
|                           | 01/13/10                   | 1,082.           | 1,082.        | SL     | 5.00 | 0.                |       |



|    |                                |        |        |    |      |      |  |
|----|--------------------------------|--------|--------|----|------|------|--|
| 46 | DELL COMPUTER 3                |        |        |    |      |      |  |
|    | 04/05/10                       | 1,666. | 1,666. | SL | 5.00 | 0.   |  |
| 47 | DELL COMPUTER 4                |        |        |    |      |      |  |
|    | 12/10/10                       | 1,245. | 1,245. | SL | 5.00 | 0.   |  |
| 48 | DELL COMPUTER 5                |        |        |    |      |      |  |
|    | 12/10/10                       | 1,244. | 1,244. | SL | 5.00 | 0.   |  |
| 49 | OFFICE FURNITURE               |        |        |    |      |      |  |
|    | 02/09/10                       | 1,632. | 1,379. | SL | 7.00 | 233. |  |
| 50 | CONFERENCE TABLE               |        |        |    |      |      |  |
|    | 02/10/10                       | 624.   | 527.   | SL | 7.00 | 89.  |  |
| 51 | BUFFET/CREDENZAS               |        |        |    |      |      |  |
|    | 02/01/10                       | 1,200. | 1,013. | SL | 7.00 | 171. |  |
| 52 | AUTOCAD 2010                   |        |        |    |      |      |  |
|    | 09/29/10                       | 3,995. | 3,995. | SL | 3.00 | 0.   |  |
| 53 | COMPUTER                       |        |        |    |      |      |  |
|    | 09/29/11                       | 2,922. | 2,482. | SL | 5.00 | 877. |  |
| 54 | COMPUTER                       |        |        |    |      |      |  |
|    | 11/10/11                       | 2,061. | 1,717. | SL | 5.00 | 344. |  |
| 55 | SECURITY SAFE                  |        |        |    |      |      |  |
|    | 11/04/11                       | 667.   | 396.   | SL | 7.00 | 95.  |  |
| 56 | SOFTWARE - IMPORT MODULE       |        |        |    |      |      |  |
|    | 04/20/11                       | 645.   | 645.   | SL | 3.00 | 0.   |  |
| 57 | PROJECTOR                      |        |        |    |      |      |  |
|    | 05/11/11                       | 931.   | 621.   | SL | 7.00 | 133. |  |
| 58 | 2 DELL COMPUTERS               |        |        |    |      |      |  |
|    | 01/27/12                       | 4,948. | 3,877. | SL | 5.00 | 990. |  |
| 59 | IPAD                           |        |        |    |      |      |  |
|    | 01/27/12                       | 865.   | 678.   | SL | 5.00 | 173. |  |
| 60 | IPAD                           |        |        |    |      |      |  |
|    | 03/29/12                       | 799.   | 600.   | SL | 5.00 | 160. |  |
| 61 | 2 MOBILE PRECISION COMPUTERS   |        |        |    |      |      |  |
|    | 04/01/12                       | 3,671. | 2,753. | SL | 5.00 | 734. |  |
| 62 | DELL COMPUTER                  |        |        |    |      |      |  |
|    | 07/01/12                       | 1,266. | 886.   | SL | 5.00 | 253. |  |
| 63 | 2 DELL COMPUTERS               |        |        |    |      |      |  |
|    | 08/01/12                       | 2,567. | 1,753. | SL | 5.00 | 513. |  |
| 64 | LAPTOP                         |        |        |    |      |      |  |
|    | 10/23/12                       | 1,892. | 1,197. | SL | 5.00 | 378. |  |
| 65 | RESTORE SIGNAGE                |        |        |    |      |      |  |
|    | 04/16/12                       | 4,372. | 2,291. | SL | 7.00 | 625. |  |
| 66 | RESTORE ELECTRICAL RECEPTACLES |        |        |    |      |      |  |
|    | 04/26/12                       | 3,124. | 1,636. | SL | 7.00 | 446. |  |
| 67 | PALLET RACKS                   |        |        |    |      |      |  |
|    | 05/14/12                       | 4,088. | 2,141. | SL | 7.00 | 584. |  |
| 68 | SENTRY SAFE                    |        |        |    |      |      |  |
|    | 06/01/12                       | 667.   | 341.   | SL | 7.00 | 95.  |  |
| 69 | RESTORE CASH WRAP COUNTER      |        |        |    |      |      |  |
|    | 06/06/12                       | 650.   | 333.   | SL | 7.00 | 93.  |  |
| 70 | RESTORE PORTABLE PARTITION     |        |        |    |      |      |  |
|    | 06/06/12                       | 3,911. | 2,003. | SL | 7.00 | 559. |  |
| 71 | RESTORE TRASHCANS              |        |        |    |      |      |  |
|    | 10/12/12                       | 835.   | 387.   | SL | 7.00 | 119. |  |
| 72 | SOFTWARE - OFFICE PRO PLUS     |        |        |    |      |      |  |
|    | 01/27/12                       | 3,184. | 3,184. | SL | 3.00 | 0.   |  |

|    |                                  |         |         |    |      |        |
|----|----------------------------------|---------|---------|----|------|--------|
| 73 | SOFTWARE - AVL DESIGN STD        |         |         |    |      |        |
|    | 02/01/12                         | 872.    | 872.    | SL | 3.00 | 0.     |
| 74 | SOFTWARE - CITRIX ACCES          |         |         |    |      |        |
|    | 06/08/12                         | 682.    | 682.    | SL | 3.00 | 0.     |
| 75 | SOFTWARE - QUICKBOOKS CONTRACTOR |         |         |    |      |        |
|    | 08/31/12                         | 685.    | 685.    | SL | 3.00 | 0.     |
| 76 | SOFTWARE - MS PROJECT AND VISIO  |         |         |    |      |        |
|    | 11/05/12                         | 520.    | 520.    | SL | 3.00 | 0.     |
| 77 | EXPANDABLE SIGNS                 |         |         |    |      |        |
|    | 04/30/12                         | 2,111.  | 1,107.  | SL | 7.00 | 302.   |
| 78 | RESTORE CARTS AND BASKETS        |         |         |    |      |        |
|    | 05/10/12                         | 1,670.  | 876.    | SL | 7.00 | 239.   |
| 79 | STATION CARDS/PHONES             |         |         |    |      |        |
|    | 07/06/12                         | 1,945.  | 973.    | SL | 7.00 | 278.   |
| 80 | LOADING DOCK                     |         |         |    |      |        |
|    | 08/30/12                         | 11,014. | 4,877.  | SL | 7.00 | 1,573. |
| 81 | SECURITY CAMERAS/SYSTEM          |         |         |    |      |        |
|    | 12/01/12                         | 2,317.  | 1,021.  | SL | 7.00 | 331.   |
| 82 | USED TRUCK                       |         |         |    |      |        |
|    | 03/22/12                         | 20,000. | 15,000. | SL | 5.00 | 4,000. |
| 83 | LATITUDE E6230                   |         |         |    |      |        |
|    | 01/01/13                         | 2,174.  | 1,305.  | SL | 5.00 | 435.   |
| 84 | POWEREDGE SERVER                 |         |         |    |      |        |
|    | 03/01/13                         | 5,203.  | 2,949.  | SL | 5.00 | 1,041. |
| 85 | INSPIRON 660S COMPUTER           |         |         |    |      |        |
|    | 07/01/13                         | 512.    | 255.    | SL | 5.00 | 102.   |
| 86 | 2 TEAR DROP PALLET RACK          |         |         |    |      |        |
|    | 10/16/13                         | 1,113.  | 345.    | SL | 7.00 | 159.   |
| 87 | MICROSOFT OFFICE                 |         |         |    |      |        |
|    | 07/01/13                         | 240.    | 200.    | SL | 3.00 | 40.    |
| 88 | HVAC                             |         |         |    |      |        |
|    | 09/16/13                         | 37,577. | 8,276.  | SL | 7.00 | 5,368. |
| 89 | SECURITY CAMERAS/SYSTEM          |         |         |    |      |        |
|    | 01/01/13                         | 796.    | 342.    | SL | 7.00 | 114.   |
| 90 | DELL COMPUTERS                   |         |         |    |      |        |
|    | 03/01/14                         | 2,570.  | 942.    | SL | 5.00 | 514.   |
| 91 | 21.5 IMAC COMPUTER               |         |         |    |      |        |
|    | 04/04/14                         | 1,887.  | 660.    | SL | 5.00 | 377.   |
| 92 | NETGEAR 48-PORT SMART SWITCH     |         |         |    |      |        |
|    | 04/04/14                         | 558.    | 196.    | SL | 5.00 | 112.   |
| 93 | MONITORS                         |         |         |    |      |        |
|    | 06/02/14                         | 249.    | 79.     | SL | 5.00 | 50.    |
| 94 | DESKTOP COMPUTER                 |         |         |    |      |        |
|    | 07/01/14                         | 994.    | 241.    | SL | 7.00 | 199.   |
| 95 | THINK PAD                        |         |         |    |      |        |
|    | 07/07/14                         | 1,669.  | 501.    | SL | 5.00 | 334.   |
| 96 | CDW DIRECT                       |         |         |    |      |        |
|    | 05/21/14                         | 1,261.  | 665.    | SL | 3.00 | 420.   |
| 97 | MICROSOFT OFFICE                 |         |         |    |      |        |
|    | 06/12/14                         | 519.    | 267.    | SL | 3.00 | 173.   |
| 98 | QUICKBOOKS                       |         |         |    |      |        |
|    | 06/16/14                         | 280.    | 144.    | SL | 3.00 | 93.    |
| 99 | QUICKBASE PROJECT MANAGEMENT     |         |         |    |      |        |
|    | 07/15/14                         | 400.    | 194.    | SL | 3.00 | 133.   |

|     |                       |          |         |         |    |      |        |
|-----|-----------------------|----------|---------|---------|----|------|--------|
| 100 | SONICWALL             | 08/18/14 | 368.    | 164.    | SL | 3.00 | 123.   |
| 101 | FORKLIFT              | 02/26/14 | 8,400.  | 1,500.  | SL | 7.00 | 1,200. |
| 102 | GOLF CART             | 09/30/14 | 12,213. | 3,199.  | SL | 7.00 | 1,745. |
| 103 | DESKS                 | 04/24/14 | 3,613.  | 860.    | SL | 7.00 | 516.   |
| 104 | FILE CABINETS         | 04/24/14 | 6,000.  | 1,428.  | SL | 7.00 | 857.   |
| 105 | CONFERENCE ROOM TABLE | 04/25/14 | 5,428.  | 1,292.  | SL | 7.00 | 775.   |
| 106 | STORAGE ARMOIRE       | 05/21/14 | 292.    | 66.     | SL | 7.00 | 42.    |
| 107 | DESK                  | 06/13/14 | 1,058.  | 233.    | SL | 7.00 | 151.   |
| 108 | SERVER RACK           | 06/13/14 | 1,559.  | 344.    | SL | 7.00 | 223.   |
| 109 | FILE CABINETS         | 12/11/14 | 523.    | 78.     | SL | 7.00 | 75.    |
| 110 | TRUCK                 | 04/04/14 | 36,538. | 12,298. | SL | 5.00 | 7,308. |
| 111 | OFFICE CHAIR          | 07/21/14 | 598.    | 121.    | SL | 7.00 | 85.    |
| 112 | DELL COMPUTER         | 03/11/15 | 3,037.  | 506.    | SL | 5.00 | 607.   |
| 113 | COMPUTER HARDWARE     | 08/10/15 | 1,288.  | 107.    | SL | 5.00 | 258.   |
| 114 | DELL COMPUTER         | 09/01/15 | 1,168.  | 78.     | SL | 5.00 | 234.   |
| 115 | DELL COMPUTER         | 11/14/15 | 1,283.  | 43.     | SL | 5.00 | 257.   |
| 116 | DESK & FILE CABINETS  | 03/23/15 | 2,084.  | 223.    | SL | 7.00 | 298.   |
| 117 | TABLE & CHAIRS        | 06/17/15 | 1,969.  | 141.    | SL | 7.00 | 281.   |
| 118 | FURNITURE & FIXTURES  | 09/30/15 | 3,112.  | 111.    | SL | 7.00 | 445.   |
| 119 | MORTGAGE SOFTWARE     | 02/18/15 | 29,171. | 8,103.  | SL | 3.00 | 9,724. |
| 120 | GOLF CART             | 03/09/15 | 7,500.  | 893.    | SL | 7.00 | 1,071. |
| 121 | DRUMS, BELLS, SHAKERS | 06/01/15 | 1,779.  | 147.    | SL | 7.00 | 149.   |
| 122 | DELL COMPUTER         | 05/18/16 | 2,042.  |         | SL | 5.00 | 238.   |
| 123 | COMPUTER HARDWARE     | 06/01/16 | 1,114.  |         | SL | 5.00 | 130.   |
| 124 | COMPUTER HARDWARE     | 06/01/16 | 372.    |         | SL | 5.00 | 43.    |
| 125 | DELL COMPUTER         | 07/15/16 | 1,931.  |         | SL | 5.00 | 193.   |
| 126 | COMPUTER HARDWARE     | 08/19/16 | 1,479.  |         | SL | 5.00 | 99.    |

|                         |                      |          |          |      |         |  |
|-------------------------|----------------------|----------|----------|------|---------|--|
| 127                     | COMPUTER HARDWARE    |          |          |      |         |  |
|                         | 08/22/16             | 770.     | SL       | 5.00 | 51.     |  |
| 128                     | COMPUTER HARDWARE    |          |          |      |         |  |
|                         | 08/30/16             | 798.     | SL       | 5.00 | 53.     |  |
| 129                     | COMPUTER HARDWARE    |          |          |      |         |  |
|                         | 10/31/16             | 323.     | SL       | 5.00 | 11.     |  |
| 130                     | COMPUTER HARDWARE    |          |          |      |         |  |
|                         | 12/27/16             | 315.     | SL       | 5.00 | 0.      |  |
| 131                     | FILE CABINET         |          |          |      |         |  |
|                         | 02/11/16             | 523.     | SL       | 7.00 | 68.     |  |
| 132                     | LAMINATING MACHINE   |          |          |      |         |  |
|                         | 06/20/16             | 1,343.   | SL       | 7.00 | 96.     |  |
| 133                     | QUICKBOOKS SOFTWARE  |          |          |      |         |  |
|                         | 06/02/16             | 830.     | SL       | 3.00 | 161.    |  |
| 134                     | 2017 NISSAN FRONTIER |          |          |      |         |  |
|                         | 12/19/16             | 25,365.  | SL       | 5.00 | 0.      |  |
| TOTAL DEPR TO FORM 3885 |                      | 412,819. | 208,457. |      | 51,618. |  |

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**HABITAT FOR HUMANITY  
SAN FERNANDO/SANTA CLARITA VALLEYS**

Employer identification number

**95-4290935**

Name and title of officer

**DONNA DEUTCHMAN  
CHIEF EXECUTIVE OFFICER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |                              |
|---|--|------------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>11,206,995.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____              |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____              |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____              |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, line 3c) .....                                  | <b>5b</b> _____              |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MELONI HRIBAL TRATNER LLP to enter my PIN 00003  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**95504200003**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MELONI HRIBAL TRATNER LLP Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**  
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.  
Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

639035 12-08-16

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 HABI 95-4290935 1488435 16 FORM 3  
TYB 01-01-2016 TYE 12-31-2016  
HABITAT FOR HUMANITY SAN FERNANDO/SANTA CLARITA VALLEYS

21031 VENTURA BOULEVARD NO 610  
WOODLAND HILLS CA 91364

(818) 884-8808

Amount of Payment 10.

TAXABLE YEAR  
**2016**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

|  |   |
|--|---|
| Exempt Organization name<br><b>HABITAT FOR HUMANITY<br/>SAN FERNANDO/SANTA CLARITA VALLEYS</b> | Identifying number<br><b>95-4290935</b> |
|--|---|

**Part I Electronic Return Information** (whole dollars only)

|  |                        |
|--|------------------------|
| <b>1</b> Total gross receipts (Form 199, line 4)             | <b>1</b> 11,414,526.00 |
| <b>2</b> Total gross income (Form 199, line 8)               | <b>2</b> 11,414,526.00 |
| <b>3</b> Total expenses and disbursements (Form 199, line 9) | <b>3</b> 11,406,834.00 |

**Part II Settle Your Account Electronically for Taxable Year 2016**

|   |                  |  |
|---|------------------|--|
| <b>4</b> <input type="checkbox"/> Electronic funds withdrawal | <b>4a</b> Amount | <b>4b</b> Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|                               |  |
|-------------------------------|--|
| <b>5</b> Routing number _____ | <b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>6</b> Account number _____ |  |

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

|                  |  |               |  |                                |
|------------------|--|---------------|--|--------------------------------|
| <b>Sign Here</b> |  | _____<br>Date |  | <b>CHIEF EXECUTIVE OFFICER</b> |
|------------------|--|---------------|--|--------------------------------|

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                  |   |   |  |   |   |
|------------------|---|---|--|---|---|
| <b>ERO</b>       | ERO's signature                                     | Date  | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN                                      |
| <b>Must Sign</b> | Firm's name (or yours if self-employed) and address | <b>MELONI HRIBAL TRATNER LLP</b><br>21600 OXNARD STREET, #500<br>WOODLAND HILLS, CA |  |   | FEIN <b>95-4649521</b><br>ZIP code <b>91367</b> |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |   |   |                      |   |
|----------------------|---|---|---|----------------------|---|
| <b>Paid Preparer</b> | Paid preparer's signature                           | Date  | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |   |
| <b>Must Sign</b>     | Firm's name (or yours if self-employed) and address | <b>MELONI HRIBAL TRATNER LLP</b><br>21600 OXNARD STREET, #500<br>WOODLAND HILLS, CA |   |                      | FEIN <b>95-4649521</b><br>ZIP code <b>91367</b> |

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|  |  |
|--|--|
| State Charity Registration Number: CT <u>79908</u><br><br><b>HABITAT FOR HUMANITY</b><br><b>SAN FERNANDO/SANTA CLARITA VALLEYS</b><br><small>Name of Organization</small><br><br><u>21031 VENTURA BOULEVARD, NO. 610</u><br><small>Address (Number and Street)</small><br><br><u>WOODLAND HILLS, CA 91364</u><br><small>City or Town, State and ZIP Code</small> | <b>Check if:</b><br><input type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <u>1488435</u><br><br>Federal Employer I.D. No. <u>95-4290935</u> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016 ) list:  
 Gross annual revenue \$ 11,206,995. Total assets \$ 12,474,733.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   |     | X  |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   |     | X  |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  |     | X  |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   |     | X  |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 10</b></span>                        | X   |    |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  |     | X  |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  |     | X  |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  | X   |    |

Organization's area code and telephone number (818) 884-8808

Organization's e-mail address INFO@HUMANITYCA.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**DONNA DEUTCHMAN**

**CHIEF EXECUTIVE  
 OFFICER**

Signature of authorized officer

Printed Name

Title

Date



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FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 10

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CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
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GARY BONIN

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