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[www.stvrainhabitat.org](http://www.stvrainhabitat.org)

## Letter from the Executive Director – Fiscal Year Ending 6/30/2018

Dear Supporter:

Welcome and thank you for taking the time to learn more about our ministry. We are very excited to be celebrating our 30<sup>th</sup> Anniversary this year. What began with a few extremely dedicated volunteers in 1988 has helped serve over 300 families both in the St Vrain and Estes Valley and outside the United States. Better still, our homeowners now make up a significant portion of our support to help serve additional families. These homeowners also share in the blessedness of giving and knowing that their mortgage commitments help to build more homes for families in need.

Included in this report are a summary of the audited financial results for fiscal year ending June 30, 2018, our updated “Just the Facts” document, and our 30<sup>th</sup> Anniversary Report to the Community. All help to give you a better understanding of the results we have recently achieved. Among our 2018 accomplishments:

- **6 families moved into their homes and started paying an affordable mortgage to Habitat**
- **Another 10 homes were under construction as of year end**
- **We completed three Critical Home Repairs in Dacono**
- **16 homes were sponsored through our International Ministry program in Lesotho, Cambodia, Armenia, Ethiopia, and Paraguay**
- **Sent a Global Village team to build in Paraguay**
- **In January of 2017 we merged with Habitat for Humanity of the Estes Valley taking over operational and development opportunities to provide more housing in Estes Park**
- **Established a growing Neighborhood Coalition in The Glens neighborhood in Dacono**
- **Over 1400 volunteers contributed 20,639 hours of volunteer labor constructing houses**
- **We acquired or put under contract land that will support 13 homes**

As reported previously, each home dedication represents not just an exciting completion of the construction process but also another step in a multi-year relationship we’re building with our families. As many of you know, after a family moves into their home they pay a no-profit, affordable mortgage. The proceeds of that mortgage are recycled into building more homes. So, while our families build equity in their home, they also know they are helping someone else in need. In fact, oftentimes the person they help is a future neighbor on their street.

Of the now 97 homes constructed in the St Vrain Valley and Estes Park, 83 still retain the same homeowner and 16 homeowners have paid off their mortgage in full. In addition, we calculated some of the ways that our homeowners have contributed back to our community. One quantitative way is by paying property taxes. Since 1988, our homeowners have paid over \$992,575 in property taxes with \$131,843 of that coming in 2018.

Another exciting development in Fiscal Year 2018 was the major progress made in Lyons where we are close to completing the Town’s first ever permanently affordable homeownership project. Six flood impacted families from Lyons have been selected and by the end of the fiscal year all six homes were in some stage of construction. This project will not only make an immense difference in the lives of the six families initially selected, but it will be an asset for the Town to provide affordable housing to future families.

*Building Strength, Stability and Self-Reliance Through Shelter*

Through our construction projects alone, you have helped us permanently changed the lives of 369 individuals in the last 30 years in the St Vrain and Estes Park area. We know there is still so much to do in the communities we serve and we can only succeed with the help of our volunteers and donors. We will continue to use the funds we have been blessed with to efficiently serve new families by building simple, decent, affordable housing. We will build more effective families with programs like the Keys Community. We ask you to join us by contributing your time, talents and funds to the Habitat mission here in the St. Vrain Valley. If there are any questions about our financial statements, please do not hesitate to contact me for clarification.

Sincerely,



David C. Emerson  
Executive Director





## Just The Facts

### Housing Program

- Build and Sell homes for families and individuals in the 20% - 60% Average Median Income Segment
- Homeowners pay an affordable mortgage which is reinvested to build more homes
  - As we increase number of mortgages, we can build more homes
- % of homeowners still in their Habitat home **86.5%**
- % of homeowners current or ahead with their mortgage (Dec 2017): **85%**
- # of foreclosures since inception: **0**
- # of Homeowners who have paid off their Mortgage **21 (21.6%)**
- Affiliate Year of Inception: **1988**
- Total Number of Houses built locally (through December 2017\*): **97**
- Total Number of Repairs Completed: **28 (22 in response to 2013 flood)**
- Total Taxes Paid By Habitat Homeowners (through 2017 Tax Yr): **\$992,575**
- **Tithe**
  - Total Tithe since inception (through 6/30/18): **\$729,681 (est to have built 171 homes)**
  - Where has Tithe gone:
    - Cambodia – **Current Tithe Partner**
    - Paraguay – **Current Tithe Partner**
    - Lesotho - **Current Tithe Partner**
    - Armenia - **Current Tithe Partner**
    - Ethiopia – **Current Tithe Partner (Estes Park designation)**
    - Haiti – Disaster Relief Housing, Mexico, Nicaragua
- Expense Ratios (Based on 6/30/2017 audited financials):
  - “Support Service (Administration)” : **8.4%**
  - “Fund Raising” : **6.2%**
  - “Program” : **85.4%**

### ReStore Facts

- Number of tons diverted from area landfills (estimated - inception through 2/16/16): **2519 tons**
  - **1,040,424 pounds of metal, plastics, books and clothes have been recycled since 6/1/12**
- Dollars Raised for construction (inception through 6/30/18): **\$861,571**
- Sales Tax paid to City (inception through 6/30/18): **\$212,485**
- Sales Tax paid to State (inception through 6/30/18): **\$307,253**



# Footprints on Our Community 30 Years of Impact

*Unless the Lord builds the house,  
its builders labor in vain.*  
- Psalms 127:1







Dave Emerson  
Executive Director

Welcome and thank you for your help in serving the communities of the St. Vrain and Estes Valley. We are very pleased to present our 30th anniversary impact report! It is absolutely amazing that what started in 1988 with a simple concept – working in equal partnership with the community and future homeowners – has grown exponentially through each decade. As we think of our progress and impact, it is encouraging to remember the thousands of community members who have been part of our success – as volunteers, as donors, as partner families, and as advocates. We thank you for your support and we look forward to the impact this good work will have on you and those we serve.



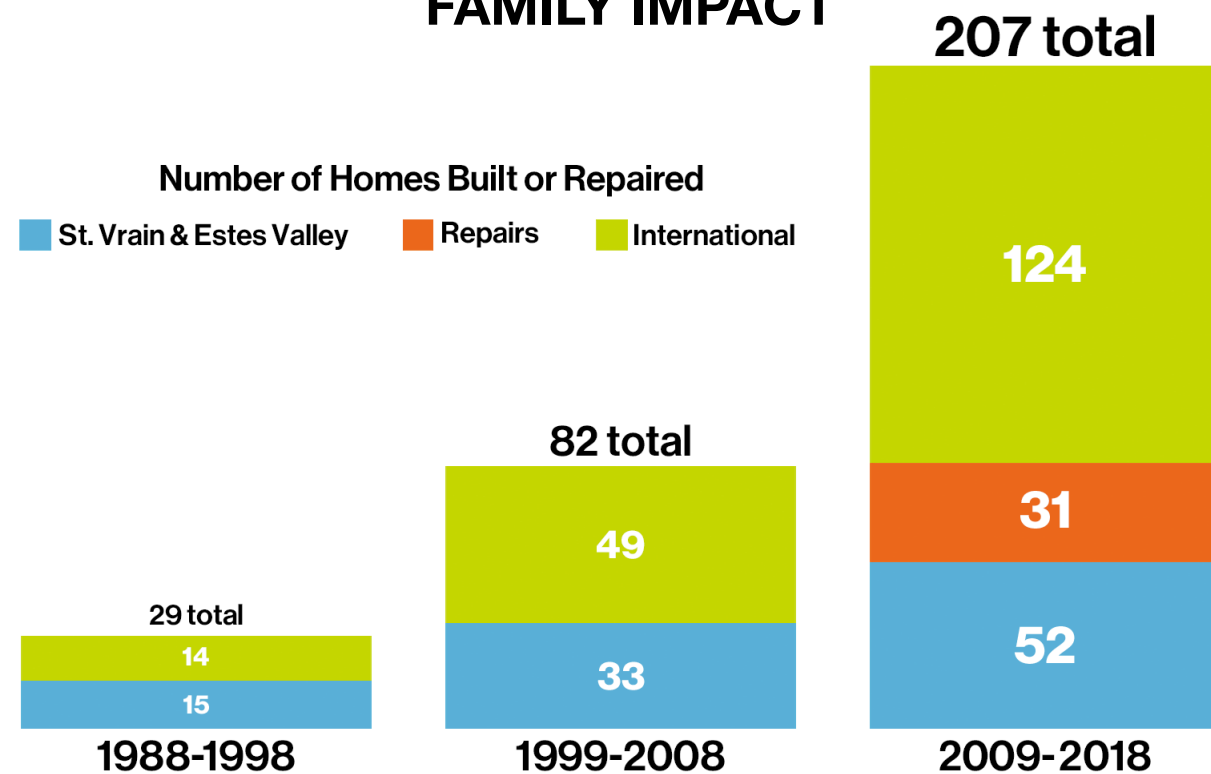
Bob Wettergren  
Board President

**Our Mission:**

Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope.

### FAMILY IMPACT

Number of Homes Built or Repaired  
■ St. Vrain & Estes Valley ■ Repairs ■ International



**individuals served**



	locally	overseas*
1988-1998:	63	42
1999-2008:	119	157
2009-2018:	196	372

\*estimate



87 out of 100 homes still owned by original family

21 mortgages paid off in full



### ECONOMIC IMPACT



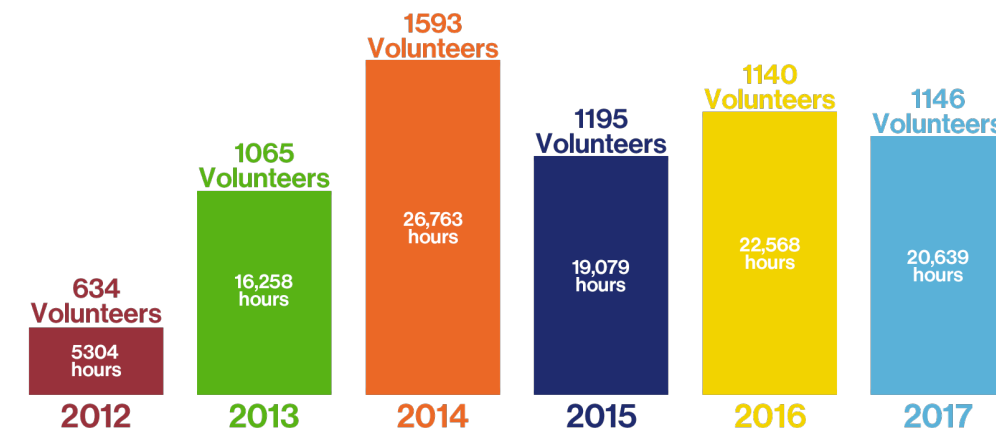
total assessed value of homes: **\$23.2 million**

cumulative property taxes paid by Habitat homeowners: **almost \$1 million**



sales taxes collected by ReStore  
cumulative Longmont sales taxes: **\$212,485**  
cumulative Colorado state taxes: **\$307,253**

### COMMUNITY IMPACT



material kept out of landfill by ReStore:



**3,039 tons repurposed**

Our Vision is a world where everyone would have a decent and affordable place to live.



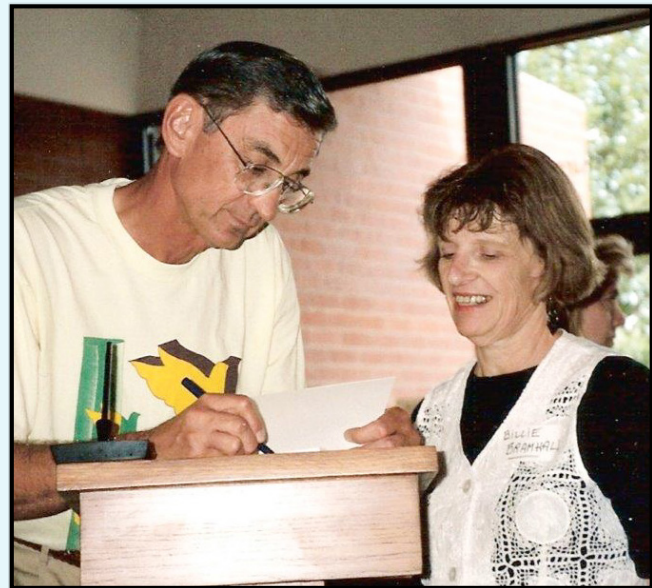
**187 homes built internationally**

# Decade 1 (1988 to 1998)

Commit to the Lord whatever you do, and He will establish your plans. - Proverbs 16:3

## Beginnings

The idea that became Habitat for Humanity first grew from the fertile soil of Koinonia Farm, a community outside of Americus, Georgia, founded by farmer and biblical scholar Clarence Jordan. At Koinonia, Jordan and Habitat's eventual founders Millard and Linda Fuller developed the concept of "partnership housing." The concept centered on those in need of adequate shelter working side by side with volunteers to build decent, affordable houses. The Fullers went on to start Habitat for Humanity in 1976.



Millard Fuller visits Longmont in 1983

By 1983, Habitat was growing rapidly, and Millard Fuller came to visit Longmont. Community and church leaders met with him at the First Congregational United Church of Christ. The simplicity of the model was striking – people helping each other, sharing the work together, and the concept of donating to build a home and then using the payments to build more homes. The attendees were inspired to begin a Habitat affiliate in Longmont.

On August 15, 1988, Habitat for Humanity of the St. Vrain Valley came into existence as the 435th Habitat affiliate in the United States. These visionary volunteers acquired two properties, a home in need of rehabilitation and a building lot for a new home. The rehab was finished in November of 1990 and the first new home was completed in December of 1992.

Today Habitat for Humanity has over 1400 affiliates in the United States and serves in 70 countries around the world. St. Vrain Habitat now builds 7-8 homes a year and will complete its 100th home this year. The vision of a few people to provide decent, affordable housing leaves a continuing footprint on the community because thousands of generous donors and volunteers choose to carry the legacy to build families with strength, stability, and self-reliance.

## Thank You Isn't Enough

When her duplex sold and her family needed to move, Juana Mendoza did not know what to do. She did not want to move neighborhoods and force her kids to leave their school. A friend recommended Habitat, prompting Juana to apply for the program.

Juana was amazed by the level of financial and labor support from the community, especially by people she did not know. Her Habitat house was sponsored by Target Corporation, and fifteen young professionals from Nebraska came to help with the build. "Thank you isn't enough," Juana says to all the people who helped fund and construct her home.

*"Because of a stable home, my kids were able to graduate from the same school."*

Inspired by the generosity of Habitat donors and volunteers, Juana strives to be a 'giver' to this day, helping others however she can, even if only to offer her phone number to a young mother on the street who may need encouragement. For 29 years, she has worked for Boulder County, currently employed in early intervention services. In November 2008, she paid off her Habitat home. Juana explained she understood "the blessing of a Habitat home" as she burned her mortgage in joyous celebration.

"Because of a stable home," Juana explains. "My kids were able to attend and graduate from the same school," a school Juana, herself, attended. Ezekiel is married with two children, obtained an MBA, and works as a city revenue manager for Arvada. Socorro is married with two children, works as a lunch lady for Alpine Elementary, and recently purchased her own home with her husband. Miguel graduated with an Associate's Degree in graphic design and works for Chick-fil-A.



Juana Mendoza burning her mortgage

## International Impact

Since its formation, St. Vrain Habitat has supported the construction of homes internationally. We tithe 10% of our unrestricted funds. To date, we have built 187 homes overseas. Today we partner with 5 countries – Paraguay, Armenia, Cambodia, Ethiopia, and Lesotho – sending our tithe and a Global Village team to build with them. In 2015, St. Vrain Habitat was recognized with the Malachi 3:10 Award for contributing \$500,000 to Habitat's international work. St. Vrain is also one of the top 10 tithing affiliates nationally among communities of our size.



8/15/1988

Habitat for Humanity of the St. Vrain Valley Founded



11/18/1990

Completed First Home in Longmont (Rehabilitation)



12/1/1992

Completed Second Home in Longmont (New Construction)



3/15/1993

Habitat for Humanity of Estes Valley Founded



4/8/1994

Completed Fourth Home, First in Frederick



10/27/1995

Completed First Duplex in Estes Park





## Decade 2 (1999 to 2008)

You need to persevere so that when you have done the will of God, you will receive what He has promised. - Hebrews 10:36

### Retail With A Mission – Expanding Our Footprint

The St. Vrain ReStore offers an inviting place for people to learn about Habitat's mission and work. Customers experience the satisfaction of supporting the Habitat mission. Every purchase helps St. Vrain Habitat build more homes. Donors provide the product to sell within the store. Volunteers receive the unique opportunity to serve in a "retail with a mission" environment. Together, these three groups help the ReStore provide low-cost home improvement goods to the public and

financially support the building of Habitat homes.



In early 2004, the affiliate began to explore starting a ReStore and searching for a storefront. Two years later, St. Vrain ReStore opened its doors. The first store manager, Tara Nichols, describes the early days as a "grassroots movement." As the only paid employee, Tara relied heavily on word-of-mouth promotion and temp workers. Within

five months, the ReStore was "in the black," with profit contributing to home builds, both locally and overseas. In early August 2009, the ReStore relocated to 1351 Sherman Drive. As part of a team-building exercise, the Longmont High School football team camped out in the old building and helped move the ReStore to its new home. A store expansion in 2013 allowed the ReStore to offer more products to the community and increase sales.

Today, the ReStore employs 14 full and part-time staff, and volunteers contribute approximately 3,780 hours per calendar year. Sales have contributed almost a million dollars to construction. Recently, we expanded our shopping experience to eBay, offering unique, collectible items online. As the ReStore continues to grow, it is our hope that every customer, donor, and volunteer who passes through our doors would know a little bit more about Habitat and experience the satisfaction of supporting affordable housing.

### New Partners

As St. Vrain Habitat continued to serve more families, new partnerships were key to its success. None was more important than Thrivent Financial which not only brought new volunteers and churches into the Habitat family, it helped fund 11 homes in the community. We are thankful for this amazing partnership.



### Family First

When Rebecca Pepper began the path to Habitat homeownership, she was a single mother of three in her early twenties. Although she had a good job and a car, she did not have enough bedrooms and slept on a couch for three-and-a-half years. Raising her kids became increasingly difficult without help as she did not know if they would be able to continue living in the same place. While she was able to pay all of her bills month-to-month, Rebecca found it was impossible to save and plan for their future without extra income.

Rebecca describes the Habitat homeownership process as "confidence building" because people believed in her. "I didn't realize how much I liked to learn nor did I know what community meant until Habitat," she explains. Enthusiastic from the start, Rebecca poured herself into "every aspect" of her home, blessed by the love and kindness of strangers. Habitat helped Rebecca acquire valuable knowledge and a deep appreciation for hard work as she worked on her own home and other future homeowners' homes.

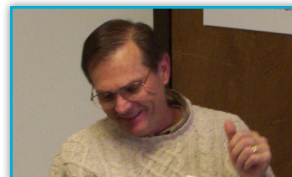
*"Habitat gave me the confidence and the tools to maintain stability."*

Today, her oldest daughter Shantel (19) has a son, Gracen (2). Rebecca is grateful she could provide a safe place for Shantel to stay and finish high school. Hailey (17) is active in Girl Scouts and sports, works two jobs, and bought her own car. Dominick (15) participates in sports, band, and volunteers with his mom at bingo.

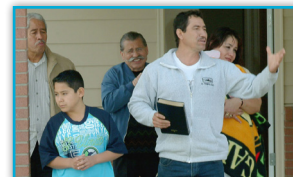
In the course of building her Habitat home, Rebecca met her husband, Jason. When they were married, he brought his own son, Trenton (now 13), into the family. Together, they have a daughter, Ella (now 7). Jason is a veteran and served in the Marines. He is an engineering tech at Vestas and is working toward a Bachelor's degree in engineering. Because of the stability a Habitat home provides, Rebecca is able to be the primary caretaker for her stepson with special needs, and be more available for her own children.



Giving back is a huge priority because of what Habitat gave Rebecca and her family. She is passionate about serving veterans and volunteers with Combat Veterans Motorcycle Association, Longmont Food Rescue, and her kids' schools. Rebecca is proud to put "family first," hosting all family events in their home. She loves the ability to be present at her children's activities and events. "I didn't know how much the home would provide for me," she says. Habitat provided a sense of comfort to Rebecca, knowing she could afford a mortgage on her own, and gave her the "confidence and the tools to maintain stability."



8/1/2002  
Alan Erickson hired as first Executive Director.



4/28/2006  
Completed 25th home in Longmont



9/7/2006  
First Thrivent Builds Home Completed



10/11/2006  
ReStore Opens in Longmont



7/3/2007  
Completed 10th Home in Estes Park



11/20/2008  
Dedication of 1000th Habitat Home Built in Colorado





# Decade 3 (2009 to 2018)

My people will live in peaceful dwelling places, in secure homes, in undisturbed places of rest. - Isaiah 32:18

## Discovering What Community Means

Community is “family,” according to Doris Crespo, a Dacono resident in The Glens. When St. Vrain Habitat adopted Neighborhood Revitalization in 2015, the affiliate faced the difficult task of building trust and defining this fuzzy word – “community.” Neighborhood Revitalization began in 2010 as an initiative created by Habitat for Humanity International. The program is designed to fulfill Habitat’s missional component of building communities, serving more families in a holistic way.

Never one to shy away from a challenge, Nicole Stanek, our first Neighborhood Revitalization Manager, sought to develop community among residents in The Glens. Working to understand what residents wanted and needed, she attended city council meeting, met with local businesses, and engaged in “listening conversations” with residents. St. Vrain Habitat facilitated community building activities such as a block party and ice cream social to provide a place for neighbors to gather and to heighten awareness about Habitat’s work.

“This started by us just sitting around having a conversation about our community,” Kathy Wittman, a homeowner in The Glens explains. Today, 26 residents form a coalition, The Pride of The Glens, to identify neighborhood aspirations and tangible projects to

inspire vibrant community. St. Vrain Habitat has completed 8 homes, 7 home repairs, and hired a repair manager. Through strong partnerships with the City of Dacono and businesses such as Lowe’s and Wells Fargo, neighbors are able to see progress on resident-identified projects such as a mural celebrating Dacono’s history and new landscaping in Clem Du Four Park.

By developing cross-sector partnerships, Neighborhood Revitalization seeks to build sustainable, safe, and engaged neighborhoods. The “only way” to develop community is to work together, Doris states. Neighborhood Revitalization provides the structure for residents to define community, identify neighborhood concerns, and share their gifts. When neighbors draw together through a sense of pride, empowerment, and possibility, amazing things can happen. “We are making things beautiful,” Kathy says. “...like when you redecorate your home. The simplest things can breathe new life.”



## Inside These Four Walls

Carmen’s story is one of perseverance. Her journey to Habitat homeownership started long before her move-in date. A single mom of two, Carmen Mireles applied three times for a Habitat home. Never deterred, Carmen kept applying, choosing to use each rejection as an opportunity to learn.

A recipient of the first Apostles Build, Carmen and her children appreciate the value of working toward a long-term goal because of their Habitat home, thanks to the generosity of 10 local churches. Carmen regularly reminds her children, “No matter what is going on in the outside world, inside these four walls, you are safe. You are home.”



Carmen completed her pharmacy technician certification and worked in the field for several years. Today, she works as a legal assistant for an immigration law firm and a part-time bilingual funeral director. She also serves on her HOA board. Carmen has married, and her husband, Jose, works for Otterbox. Alessandra, 21, will graduate from the University of Northern Colorado with a degree in criminal justice. Angel, 16, is a junior at Niwot High, and is working toward a mechanics certificate.

## Flooding of Biblical Proportions

It started with much needed rain on September 9th but it just kept coming. The flood of 2013 destroyed 119 homes in Boulder County and damaged hundreds more. Lyons took a major blow. Longmont was split in half by the river, at times cutting new paths through the community.

As the area began its recovery efforts, St. Vrain Habitat’s donors and volunteers responded to the need for repairing homes and rebuilding lives. Habitat for Humanity International sent one of their experts to help guide our efforts. The Longmont Community Foundation and United Way provided funding allowing us to hire a full-time repair manager and purchase materials to repair homes. Individuals and churches provided donations above and beyond their traditional giving.

Dozens of corporations volunteered. Organizations like All Hands, the Mennonite group Christian Public Service, and Lyons Volunteers worked with Habitat on both repairs and new home construction. Habitat partnered with the community to provide housing and support.

Flood recovery is by its nature a long process. St. Vrain Habitat has built new homes with 8 families who were affected by the 2013 flood. Another 6 homes are currently under construction in Lyons for families who previously lived in the community. ReBuild, the St. Vrain Valley repair program, restored 23 damaged homes. St. Vrain Habitat’s donors and volunteers turned the challenge of the flood into new opportunities to serve the community.



8/10-12/2009  
ReStore Moved to Present Location



8/30/2009  
Completed 42nd home. First Home in Dacono



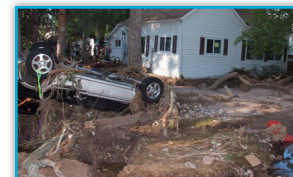
2/13/2010  
First Apostles Build Home Completed



8/28/2011  
Completed 50th Home in Longmont



11/12-19/2011  
First St. Vrain Global Village Trip to Cambodia



9/9-12/2013  
St. Vrain River Flood



3/28/2014  
ReStore Expansion Dedicated



2/13/2015  
Completed 73rd Home. First Home in Lyons



5/1/2015  
Neighborhood Revitalization Program Begins in Dacono



1/1/2017  
St. Vrain and Estes Valley Habitats Merge





# Decade 4 (2019 to 2028)

And let us not grow weary of doing good, for in due season we will reap, if we do not give up. - Galatians 6:9

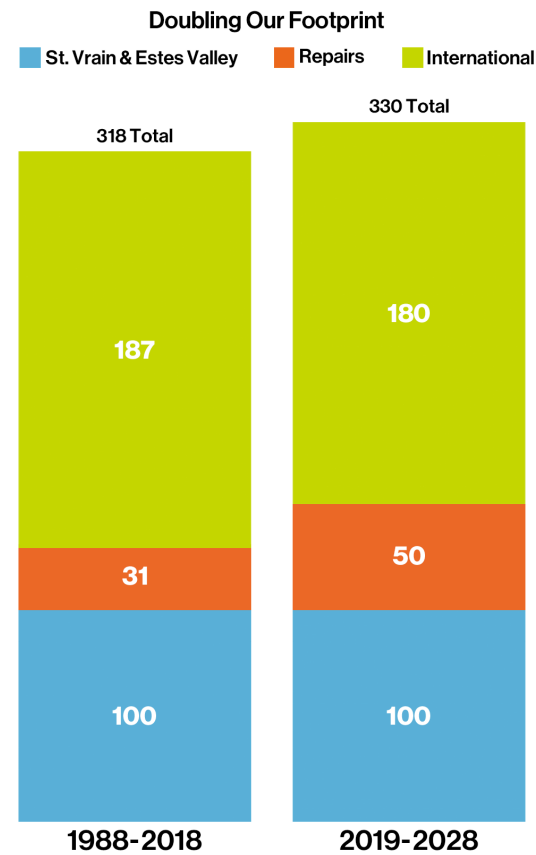
## Imagine the Possibilities

While it is incredibly inspiring to reflect back on the last 30 years, we are even more excited about the possibilities for the next decade. In the last 30 years we impacted 318 families – we believe we can more than double that over the next 10 years. At the heart of all we do is empowering families by partnering with them in homeownership. With a growing number of families in our program, our volunteer momentum and commitments, and the team we have in place we believe we can build another 100 homes, repair another 50, and finance the construction of an additional 180 homes internationally through our Tithe. That's another 330 family partners whose lives will be permanently impacted and through their commitments back will help serve even more families.

## Opportunities and Challenges for Decade 4

- Acquisition of Land for New Construction
- Grow the base of Financial Support
- Build Volunteer Support in the Carbon Valley for Neighborhood Revitalization
- Strengthen existing faith relationships and engage new congregations
- Re-establish a strong presence in Estes Park

When we say our Partner Families are as much a part of our success in building and repairing homes - we really mean it! Their mortgage and repair payments now represent nearly 46% of our annual cash flow. That means that any donation of time or money is leveraged tremendously by the homeowner commitments already in place. At Habitat for Humanity, those we serve are equal Partners in what we do.



*"the partner family will gradually free the initial capital to build houses for others.... Even as all are benefited, so should all share. If, as Jesus says, "It is more blessed to give than to receive", then even the poorest should not be denied the extra blessedness of giving"*

-Clarence Jordan, Spiritual Founder of Habitat for Humanity, explaining the Fund for Humanity (current day mortgages) in 1968

There's no better way to describe the impact of a Habitat home than the image below. Habitat for Humanity of Colorado completed a research study with hundreds of Habitat families. The benefits of living in an affordable home became readily apparent with improvements in health, educational attainment and safety.

**94%** of homeowners felt that their lives had improved since moving into their Habitat home.

*"...this has helped us be a better family together as well as being supportive of each other individually, including school and future education aspirations."*

**2/3** of Habitat homeowners expect their children earn a bachelor's degree or greater.

**90%** saw an improvement in their family's health since becoming a Habitat homeowner.

*"I think I am healthier and happier as I do not live with stress about finances, or landlords."*

Nearly **90%** of homeowners reported that their neighborhood felt safer than where they had lived before.

**65%** Homeowners felt they were somewhat or much better at saving money since moving into their home.

Homeowners reported significantly less use of public assistance after moving into a Habitat house. In one year, the reduction in Medicaid and CHP+ led to a substantial taxpayer savings-nearly **\$600,000**.

Habitat for Humanity supports **539** jobs with **\$28.4 million** in paychecks for Coloradans.

*"I don't have to work two jobs to afford housing; I can work a normal work week and be present as a parent for my children."*

Shtivelband, A., Runnels, A. M., Spahr, K. S., Wisman, M., & Herian, M. N. (2018). 2018 Impact Study. Report prepared for Habitat for Humanity of Colorado by Research Evaluation Consulting.

# Leave a Footprint



deserves a decent place to live

## Donate

- Donate as an individual.
- Donate via a matching gift with your workplace.
- Plan a legacy gift.
- Give the gift of stock.
- Donate your car for a home.
- Donate in honor of a loved one.
- Donate your gently used household items or building supplies to the ReStore.
- Make an in-kind contribution of building supplies.

## Volunteer

- Volunteer on a construction site.
- Bring a group from your workplace to volunteer on our construction site or at the ReStore.
- Participate with your church in an Apostles Build.
- Volunteer at the ReStore.
- Volunteer in our administrative office.
- Utilize your trade skills on a worksite.
- Travel with Habitat on a Global Village Trip.
- Serve on our Board of Directors.

## Shop

- Purchase low-cost home improvement goods at the ReStore.
- Shop online via the ReStore eBay store.
- Participate in Amazon Smile and designate St. Vrain Habitat as your nonprofit organization.

## Advocate

- Be a spokesperson for affordable housing.
- Share Habitat posts on your social media.
- Urge your government representatives to make affordable housing a priority.



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1351 Sherman Drive, Longmont, CO, 80501  
(303) 776-3334  
[www.stvrainhabitat.org/restore](http://www.stvrainhabitat.org/restore)



[www.ebay.com/usr/stvrainhfh](http://www.ebay.com/usr/stvrainhfh)



**Habitat for Humanity of the St. Vrain Valley, Inc.**

**Financial Statements**

**June 30, 2018 and 2017**



Edward Hamilton, CPA

Terri L. Hamilton, CPA

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Habitat for Humanity of the St. Vrain Valley, Inc.  
Longmont, Colorado

We have audited the accompanying financial statements of Habitat for Humanity of the St. Vrain Valley, Inc., (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018 and 2017, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

The Company's method of accounting for inventory contributions, at the ReStore location, is to estimate a value basis with no individual detail records being kept for control purposes. Accordingly, it was not practical for us to extend our audit of such inventory donations beyond the amounts recorded.

We believe that the audit evidence we have obtained is sufficient, except for noted above, and appropriate to provide a basis for our audit opinion.





Edward Hamilton, CPA

Terri L. Hamilton, CPA

## **Opinion**

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had the recording of donations and the sale of merchandise been susceptible to satisfactory audit tests, as referred to in the preceding paragraphs, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of Habitat for Humanity of the St. Vrain Valley, Inc. as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

## **Other Matter**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on pages 5 and 6 are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

/s/ Source CPAs, LLC

Denver, Colorado  
February 14, 2019

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
STATEMENTS OF FINANCIAL POSITION  
June 30, 2018 and 2017

	2018	2017
ASSETS		
Cash and cash equivalents, unrestricted	\$ 312,343	\$ 263,365
Cash and cash equivalents, restricted	25,541	27,732
Endowment fund	1,359	1,291
Accounts Receivable	599	5,868
Promises to give	-	6,000
Prepaid expenses	12,941	12,041
Inventory	55,415	54,957
Construction in progress	1,153,087	1,153,330
Non-interest bearing first mortgage loans less discount of \$1,705,788 and \$1,617,559	2,617,515	2,627,584
Non-interest bearing third/fouth mortgage loans less discount of \$51,552 and \$51,552	-	-
Deposit	2,000	47,954
Property and equipment - net	493,760	490,655
 Total Assets	 \$ 4,674,560	 \$ 4,690,777
LIABILITIES & NET ASSETS		
Liabilities:		
Accounts payable	\$ 35,898	\$ 55,026
Accrued expenses	83,866	49,025
Line of credit	-	-
Notes payable	1,000,831	1,122,179
Total Liabilities	1,120,595	1,226,230
Net Assets:		
Unrestricted	3,527,065	3,429,524
Temporarily restricted	25,541	33,732
Permanently restricted	1,359	1,291
Total Net Assets	3,553,965	3,464,547
 Total Liabilities & Net Assets	 \$ 4,674,560	 \$ 4,690,777

See accompanying notes and independent auditor's report

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.

STATEMENTS OF ACTIVITIES

For the Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<b>UNRESTRICTED NET ASSETS</b>		
Support and revenue		
Contributions	\$ 231,891	\$ 277,444
In-kind contributions	183,956	148,960
Grants	153,335	169,418
Governmental support	446,590	483,232
Transfers to homeowners	1,014,693	741,219
Fund raising - ReStore Store, net	198,368	81,229
Fund raising, net	4,727	39,101
Mortgage loan discount amortization	93,996	67,386
Interest income	644	146
Other revenue	139,243	40,456
Unrestricted support and revenue	<u>2,467,443</u>	<u>2,048,591</u>
Net assets released from restriction	2,191	1,426
Total unrestricted support and revenue	<u>2,469,634</u>	<u>2,050,017</u>
<b>Expenses</b>		
Program services		
Direct assistance programs	2,096,018	1,615,788
Supporting services		
Management and general	156,660	159,253
Fundraising	113,532	119,114
Total expenses	<u>2,366,211</u>	<u>1,894,155</u>
Increase/(decrease) in unrestricted net assets	103,423	155,862
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Public support & grants	383,537	352,676
Release of restriction	<u>(385,728)</u>	<u>(354,102)</u>
Increase/(decrease) in temporarily restricted net assets	<u>(2,191)</u>	<u>(1,426)</u>
<b>PERMANENTLY RESTRICTED NET ASSETS</b>		
Interest income	-	48
Unrealized gain on endowment	-	-
Realized gain/(loss) on endowment	-	-
Endowment fees	-	-
Increase in permanently restricted net assets	<u>-</u>	<u>48</u>
Change in net assets	101,232	154,484
Merger equity	(11,814)	999,829
Net assets at beginning of year	<u>3,464,547</u>	<u>2,310,234</u>
Net assets at end of year	<u>\$ 3,553,965</u>	<u>\$ 3,464,547</u>

See accompanying notes and independent auditor's report



HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
 STATEMENTS OF CASH FLOWS  
 For the Years Ended June 30, 2018 and 2017

	2018	2017
<b>Cash Flows from Operating Activities</b>		
Net increase/(decrease) in net assets	\$ 101,232	\$ 154,484
Adjustments to reconcile net assets to net cash provided by operating activities		
Depreciation expense	20,523	13,702
Change in endowment fund	(68)	(48)
Change in accounts receivable	5,269	(5,868)
Change in prepaid expenses	(900)	(226)
Change in promises to give	6,000	4,000
Change in mortgage loans, net	10,068	(664,517)
Change in inventories	(458)	(5,839)
Change in deposits	45,954	(40,954)
Change in construction in progress	243	(360,537)
Change in accounts payable	(19,128)	(493)
Change in accrued expenses	34,841	4,163
Net cash provided/(used) by operating activities	203,577	(902,133)
<b>Cash Flows from Investment Activities</b>		
Equity from merger	(11,841)	999,829
Purchase of property & equipment	22,897	(441,839)
Net cash (used) by investment activities	11,056	557,990
<b>Cash Flows from Financing Activities</b>		
Proceeds from loan fund	128,874	600,645
Payments on notes payable and line of credit	(296,720)	(259,616)
Net cash (used)/provided by financing activities	(167,846)	341,029
Net increase/(decrease) in cash	46,787	(3,114)
Cash & cash equivalents at beginning of period	291,097	294,211
Cash & cash equivalents at end of period	\$ 337,884	\$ 291,097
Interest paid 6/30/2018	\$ 19,636	
Interest paid 6/30/2017	\$ 21,377	

See accompanying notes and independent auditor's report

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
STATEMENT OF FUNCTIONAL EXPENSES  
For the Year Ended June 30, 2018

	Program Service	Support Service	Fund Raising	2018 Total
Salaries, payroll taxes and benefits	472,442	62,992	\$ 94,488	\$ 629,923
Building materials & supplies	1,194,915	-	-	1,194,915
Discount on mortgage origination	164,485	-	-	164,485
Mortgage processing fees	-	-	-	-
Tithe to Global Village	76,920	-	-	76,920
Family Support/selection	7,400	-	822	8,222
Auto and travel	7,517	-	2,506	10,022
Insurance	10,028	1,604	1,738	13,370
Interest expense	19,636	-	-	19,636
Advertising & publicity	12,861	-	-	12,861
Office supplies & expense	18,979	3,628	5,303	27,910
Office rent & utilities	-	14,324	-	14,324
Telephone	6,053	2,018	-	8,071
Flood response expense	434	-	-	434
Miscellaneous	-	47,564	-	47,564
Grant & CHFA fees	40,211	4,468	-	44,679
Professional fees	279	3,702	-	3,981
Contracted services	41,395	8,279	5,519	55,193
Education/training	-	5,086	-	5,086
Volunteer/board expense	1,942	2,994	3,156	8,092
	<u>2,075,495</u>	<u>156,660</u>	<u>113,532</u>	<u>2,345,688</u>
Depreciation	<u>20,523</u>	<u>-</u>	<u>-</u>	<u>20,523</u>
Total expenses	<u>\$ 2,096,018</u>	<u>\$ 156,660</u>	<u>\$ 113,532</u>	<u>\$ 2,366,211</u>

See accompanying notes and independent auditor's report

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
STATEMENT OF FUNCTIONAL EXPENSES  
For the Year Ended June 30, 2017

	Program Service	Support Service	Fund Raising	2017 Total
Salaries, payroll taxes and benefits	459,220	61,229	91,844	612,294
Building materials & supplies	643,788	-	-	643,788
Discount on mortgage origination	250,955	-	-	250,955
Mortgage processing fees	-	-	-	-
Tithe to Global Village	62,731	-	-	62,731
Family Support/selection	2,716	-	285	3,001
Auto and travel	8,552	-	2,851	11,402
Insurance	23,899	3,824	4,143	31,866
Interest expense	-	21,377	-	21,377
Advertising & publicity	5,952	-	-	5,952
Office supplies & expense	25,410	4,858	7,100	37,367
Office rent & utilities	-	29,908	-	29,908
Telephone	4,903	1,634	-	6,537
Flood response expense	61,084	-	-	61,084
Miscellaneous	-	7,975	-	7,975
Grant & CHFA fees	17,645	1,961	-	19,605
Professional fees	813	10,798	-	11,611
Contracted services	32,795	4,373	6,559	43,726
Education/training	-	5,309	-	5,309
Volunteer/board expense	3,897	6,008	6,333	16,237
	<u>1,604,358</u>	<u>159,253</u>	<u>119,114</u>	<u>1,882,725</u>
Depreciation	11,430	-	-	11,430
	<u>1,615,788</u>	<u>159,253</u>	<u>119,114</u>	<u>1,894,155</u>
Total expenses	1,615,788	159,253	119,114	1,894,155

See accompanying notes and independent auditor's report

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 and 2017

NOTE A – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Habitat for Humanity of the St. Vrain Valley, Inc. (the Organization) is a non-profit housing ministry that works in partnership with God and people from all walks of life to build simple, decent, affordable homes for people in need, while striving to make affordable housing a matter of conscience throughout the St. Vrain Valley area and around the world.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property and Equipment

Donations of property and equipment are recorded at their estimated fair value as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Purchased property and equipment are recorded at cost. Depreciation expense of \$20,523 for 2018 and \$13,869 for 2017 is computed using the straight-line method over the estimated useful lives of the respective assets. Accumulated depreciation for vehicles and equipment is \$85,425 for 2018 and \$64,902 for 2017. The cost of maintenance and repairs is charged to expense as incurred; significant renewals and betterments are capitalized.

Contributions

Under FASB ASC No. 958, *Accounting for Contributions Received and Contributions Made*, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted net assets depending on the absence or existence and nature of any donor restrictions.

Contributed Services

A substantial number of volunteers have made significant contributions of their time to the Organization's program and supporting services. The value of this contributed time is not reflected in these financial statements since it is not susceptible to objective measurement or valuation and does not require specialized skills. The Organization received approximately 28,702 and 24,135 hours of donated services from a variety of unpaid volunteers during the year ended June 30, 2018 and 2017, for assistance in fund-raising and home building.

Transfers to Homeowners

The sale of a completed home is recorded as a transfer to homeowner and includes the total cost of construction and the cost of the lot less any FHLB grant.



HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 and 2017

NOTE A – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Home Construction Costs and Construction in Progress

In accordance with the latest *Affiliate Operations Manual* issued by Habitat for Humanity International, Construction in Progress includes cost of uncompleted and unsold homes as of the end of the fiscal year. Costs incurred in conjunction with homes completed and sold are expensed as Building Materials and Supplies.

Mortgages Receivable

First mortgages receivable consist of non-interest bearing mortgages that are secured by real estate and payable in monthly installments over the life of the mortgage. Non-interest bearing mortgages have been discounted based upon the recommended uniform discount interest rate of 7.57% for 2018 and 7.48% for 2017 for low income housing at the inception of the mortgages. Utilizing a straight-line basis, this discount will be recognized as mortgage loan discount amortization over the life of the loan. A second mortgage is recorded with the county and reflects the differential between the recorded sale and the fair market value but is not recorded on the financial statement. The second mortgage is forgiven over the life of the first mortgage as payments are made on the first. See also Note C.

The Organization has six third/fourth mortgage receivables that are non-interest bearing mortgages that are secured by real estate. These receivables are payable after the homeowners' first mortgages are paid off in monthly installments over the life of the mortgage. Non-interest bearing mortgages have been discounted based upon the recommended uniform discount interest rate of 7.57% and 7.48% for 2018 and 2017. In 2017, the balance of the third/fourth mortgages was \$11,487, with a discount of \$11,487. In 2017, the balance of the third/fourth mortgages was \$51,821 with a discount of \$51,821.

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation.

The Organization's Forms 990, *Return of Organization Exempt from Income Tax*, for the years ending 2014, 2015, and 2016 are subject to examination by the IRS, generally for three years after they were filed.

Functional Expenses

Expenses are charged directly to program or management in general categories based on specific identification. Indirect expenses have been allocated based on salary expenditures.

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 and 2017

NOTE A – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Cash and Cash Equivalents

Unrestricted cash consists of checking and savings accounts totaling \$312,343 for 2018 and \$263,365 for 2017.

The Organization services the mortgages on the homes it sells with exception to the mortgages it sells to CHFA and other banking partners. Included in temporarily restricted cash is \$13,663 and \$17,494 for 2018 and 2017 which is the amount received for insurance and property taxes on such homes. Also, included in temporarily restricted cash are bank and gift card accounts of \$19 for 2018 and bank and gift card accounts of \$- for 2017.

Permanently restricted cash includes an endowment fund totaling \$1,359 for 2018 and \$1,291 for 2017.

For purposes of the statements of cash flows, the Organization considers all highly liquid investments that are available for current use to be cash equivalents.

Financial Statement Presentation

Under FASB ASC 958, Financial Statements of Not-for-Profit Organization, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Compensated Absences

It is impracticable to estimate the amount of compensation for future absences, and accordingly, no liability has been recorded in the accompanying financial statements. The Organization's policy is to recognize the costs of compensated absences when actually paid to employees.

NOTE B – INVENTORIES

The Organization has estimated inventory in the ReStore store of \$55,415 and \$54,957 as of 2018 and 2017, based on the prior month sales.

NOTE C – DISCOUNT ON MORTGAGE RECEIVABLE

The Organization has elected not to record the discounts on mortgages receivable which arose in years prior to the year ended June 30, 2006. Discounts have been recorded only on mortgages which occurred after July 1, 2006.

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 and 2017

NOTE D – PROPERTY AND EQUIPMENT

Fixed assets at June 30, 2018 and 2017 consist of the following:

	<u>2018</u>	<u>2017</u>
Equipment - ReStore	\$ 44,056	\$ 44,056
Office Equipment	48,901	25,273
Building	450,000	450,000
Construction Equipment	25,007	25,007
Leasehold Improvements	<u>11,221</u>	<u>11,221</u>
	579,185	555,557
Less accumulated depreciation	<u>(85,425)</u>	<u>(64,902)</u>
	<u>\$ 493,760</u>	<u>\$490,655</u>

NOTE E – OPERATING LEASES

On July 17, 2009, the Organization signed a lease agreement with unrelated party for ReStore. The annual minimum rent beginning January 1, 2010, is \$7,667 which includes the Organization's share of insurance and taxes. There was an amendment to the original lease to account for the build out. The completion of the build out started a new lease period on March 12, 2016 and began a 7 year lease with monthly payments of \$9,908. Total rent expense was \$123,210 for 2018 and \$119,575 for 2017.

In October 2009, the organization signed a lease agreement with an unrelated party. The space is rented for \$350 per month, month to month. As of November 2015, the space has been rented out to AmeriCorps Members, when the Organization moved into their new space, for up to \$350 per month. Office rent expense was \$4,200 and \$4,200 for the years ended June 30, 2018 and 2017.

NOTE F – NOTES PAYABLE

Notes payable as of June 30, 2018 and 2017 are as follows:

Loans:	<u>2018</u>	<u>2017</u>
Habitat for Humanity International	\$ 10,897	\$ 14,557
City of Longmont, AHF Loan 17-001	127,874	-
City of Longmont, AHF Loan 05-002	87,750	97,500
City of Longmont, AHF Loan 02-003	89,362	101,362
City of Longmont, AHF Loan 11-002	65,000	70,000
City of Longmont, AHF Loan 09-001	90,967	100,967
City of Longmont, AHF Loan 10-001	32,500	35,000
City of Longmont, AHF Loan 12-001	98,000	105,000
City of Longmont, AHF Loan 12-002	35,000	37,500
City of Longmont, AHF Loan 14-001	120,000	127,500
Mile High Community Fund Loan	<u>-</u>	<u>25,045</u>
	757,350	714,431
Office Property note	<u>243,481</u>	<u>407,748</u>
	<u>\$ 1,000,831</u>	<u>\$1,122,179</u>

HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 and 2017

NOTE F – NOTES PAYABLE (Continued)

The loans are payable annually in the amount of \$12,000 for loan 02-003, \$9,750 for loan 05-002, \$10,000 for loan 09-001, \$5,000 for loan 11-002, \$2,500 for loan 10-001, \$2,500 for loan 12-002, \$7,000 for loan 12-001, \$7,500 for loan 14-001 and \$6,500 for loan 17-001. All the City of Longmont loans are at 0% interest. The Mile High Community Fund Loan is a line of credit due in full 7/25/17 at an interest rate of 6.0%. The Habitat for Humanity International shop loan is due in monthly installments of \$210 at 0% interest. The line of credit is due 9-30-2018 and has a 4.75% interest rate.

Five year current maturities:

2019	58,770
2020	58,770
2021	58,770
2022	58,770
2023	58,770
Thereafter	706,981

NOTE G – RESTORE STORE

ReStore activities consist of the following:

	<u>2018</u>	<u>2017</u>
Gross Income	<u>\$ 773,514</u>	<u>\$ 653,438</u>
Expenses		
Equipment rental	2,760	2,281
Advertising	10,862	12,795
Payroll taxes	25,396	26,452
Utilities and telephone	4,092	3,276
Truck expense	3,776	2,839
Bad debt expense	-	-
Taxes other	41	25
Miscellaneous	4,467	926
Insurance	14,740	16,687
Travel	220	1,818
Personnel expenses	2,024	4,024
Outside labor	10,116	9,388
Supplies	520	4,622
Salaries & benefits	306,870	293,769
Postage and freight	19	199
Merchant & bank fees	16,028	12,631
Occupancy expense	175,237	177,526
Depreciation	-	2,439
Repairs and maintenance	-	-
Staff/Volunteer Expense	52	222
Fundraising Event	-	290
Total Expenses	<u>575,146</u>	<u>572,209</u>
Net Income	<u>\$ 198,368</u>	<u>\$ 81,229</u>



HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 and 2017

NOTE H – CONTINGENCIES

Colorado Housing and Finance Authority (CHAFA) have the option to require the organization to repurchase any of the mortgages that are in default CHAFA has purchased from them. This is determined on a “for cause” basis as determined by CHAFA.

NOTE I – FUND RAISING – OTHER

Revenues	<u>2018</u>	<u>2017</u>
Mud Hen 5k	-	8,129
HTBB	244	32,870
Golf Tournament	20,350	16,517
Other	-	<u>88</u>
Total revenues	<u>20,594</u>	<u>57,604</u>
Expense		
Development	4,640	2,311
HTBB	201	9,465
Year End Appeal	7,095	1,767
Mud Hen 5k	85	3,254
Golf Tournament	-	-
Other	<u>3,846</u>	<u>1,707</u>
Total expenses	<u>15,867</u>	<u>18,504</u>
Net fund raising	<u>\$4,727</u>	<u>\$39,100</u>

NOTE J – SUBSEQUENT EVENTS

Events subsequent to June 30, 2018, have been evaluated through the date of this report, the date these statements were available to be issued, to determine whether they should be disclosed to keep the financial statements from being misleading. Management found no subsequent events to be disclosed.

REMOTE CONTROLLER LLC  
2223 S. OLIVE ST  
DENVER, CO 80224  
303-359-6946

February 28, 2019

HABITAT FOR HUMANITY ST. VRAIN VALLEY  
PO BOX 333  
LONGMONT, CO 80502-0333

Dear Client:

Your 2017 Amended Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

TERRI L. HAMILTON, CPA

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

	2017	2016	Diff
<b>REVENUE</b>			
Contributions and grants.....	1,583,875	1,079,054	504,821
Program service revenue.....	540,586	808,605	-268,019
Investment income.....	644	194	450
Other revenue.....	330,524	1,132,338	-801,814
Total revenue.....	2,455,629	3,020,191	-564,562
<b>EXPENSES</b>			
Grants and similar amounts paid.....	1,359,400	850,720	508,680
Salaries, other compen., emp. benefits...	629,923	612,294	17,629
Other expenses.....	376,889	326,033	50,856
Total expenses.....	2,366,212	1,789,047	577,165
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	89,417	1,231,144	-1,141,727
Total assets at end of year.....	4,674,560	4,690,777	-16,217
Total liabilities at end of year.....	1,120,596	1,226,230	-105,634
Net assets/fund balances at end of year.	3,553,964	3,464,547	89,417



HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

**Computation of Cost of Goods Sold (Form 990)**

1. Inventory at start of year.....	54,957.
2. Purchases.....	470.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	575,134.
6. Total (Add lines 1 through 5).....	<u>630,561.</u>
7. Inventory at end of year.....	<u>55,415.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>575,146.</u></u>

**Form 990, Part III, Line 4e  
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	2,096,020.	2,096,020.	Part IX, Line 25, Col. B
Grants	0.	1,359,400.	Part IX, Lines 1-3, Col. B
Revenue	0.	540,586.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 24e  
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
FAMILY SUPPORT	8,222.	7,400.		822.
FLOOD RESPONSE	434.	434.		
TELEPHONE	8,071.	6,053.	2,018.	
VOLUNTEER	8,092.	1,942.	2,994.	3,156.
Total	<u>\$ 24,819.</u>	<u>\$ 15,829.</u>	<u>\$ 5,012.</u>	<u>\$ 3,978.</u>

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 202018

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2017

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

HABITAT FOR HUMANITY ST. VRAIN VALLEY  
Name and title of officer

84-1092616

Ryan Mohrmann Treasurer

## 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 one line in Part I.

<b>1 a</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>1 b</b> <u>2,455,629.</u>
<b>2 a</b> Form 990-EZ check here . . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</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>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</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 2017 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 Remote Controller LLC to enter my PIN 73125 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 2017 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 ▶ \_\_\_\_\_ 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 . . . . . 84377258258  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ TERRI L. HAMILTON, CPA Date ▶ \_\_\_\_\_

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

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2017)

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

▶ **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, see instructions**

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	<small>Name of exempt organization or other filer, see instructions.</small>	<small>Employer identification number (EIN) or</small>
	HABITAT FOR HUMANITY ST. VRAIN VALLEY	84-1092616
	<small>Number, street, and room or suite number. If a P.O. box, see instructions.</small>	<small>Social security number (SSN)</small>
	PO BOX 333	
	<small>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</small>	
	LONGMONT, CO 80502-0333	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ ST VRAIN HABITAT FOR HUMANITY \_\_\_\_\_

Telephone No. ▶ 303-682-2485 \_\_\_\_\_ 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 5/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 2017, and ending 6/30, 2018.

**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.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** HABITAT FOR HUMANITY ST. VRAIN VALLEY  
 PO BOX 333  
 LONGMONT, CO 80502-0333

**D** Employer identification number  
 84-1092616

**E** Telephone number  
 303-682-2485

**G** Gross receipts \$ 3,046,642.

**F** Name and address of principal officer:  
 Same As C Above

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ STVRAINHABITAT.ORG

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1988 **M** State of legal domicile: CO

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: BUILDING LOW COST HOUSING

**2** Check this box  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)	<u>3</u>	<u>13</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u>	<u>25</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>1,750</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>1,079,054.</u>	<u>1,583,875.</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>808,605.</u>	<u>540,586.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>194.</u>	<u>644.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,132,338.</u>	<u>330,524.</u>
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,020,191.</u>	<u>2,455,629.</u>

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>850,720.</u>	<u>1,359,400.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>612,294.</u>	<u>629,923.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>113,533.</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>326,033.</u>	<u>376,889.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,789,047.</u>	<u>2,366,212.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>1,231,144.</u>	<u>89,417.</u>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<u>4,690,777.</u>	<u>4,674,560.</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>1,226,230.</u>	<u>1,120,596.</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>3,464,547.</u>	<u>3,553,964.</u>

**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.

**Sign Here**

Signature of officer: Ryan Mohrmann Date: \_\_\_\_\_  
 Type or print name and title: Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: TERRI L. HAMILTON, CPA Preparer's signature: TERRI L. HAMILTON, CPA Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00932344  
 Firm's name: ▶ Remote Controller LLC  
 Firm's address: ▶ 2223 S. Olive St  
DENVER, CO 80224  
 Firm's EIN: ▶ 47-4440240  
 Phone no.: 303-359-6946

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

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:

BUILDING LOW COST HOUSING

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 \$ 2,096,020. including grants of \$ ) (Revenue \$ )

TO BUILD SIMPLE, DECENT, AFFORDABLE HOMES FOR PEOPLE IN NEED WHILE STRIVING TO MAKE AFFORDABLE HOUSING A MATTER OF CONSCIENCE THROUGHOUT THE ST VRAIN VALLEY AREA AND AROUND THE WORLD

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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 2,096,020.

**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)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....		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? <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> (see instructions). .....		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

**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	

BAA

Form 990 (2017)



**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>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="2"/>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		X
<b>2 a</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. <input type="text" value="25"/>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>		
<b>4 a</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)? <input type="checkbox"/>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
<b>6 a</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? <input type="checkbox"/>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</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? <input type="checkbox"/>		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
<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? <input type="checkbox"/>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <input type="text"/>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13 b</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. <input type="text"/>		
<b>13 c</b>	Enter the amount of reserves on hand. <input type="text"/>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

**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>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 13 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>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 13		
<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? . . . . . See Sch O	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>7 a</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>7 b</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>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	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>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</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>11 a</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>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O . . . . .	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>15 a</b>	a The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .	X	
<b>15 b</b>	b Other officers or key employees of the organization. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</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>16 b</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 ▶ None
- 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. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
ST VRAIN HABITAT FOR HUMANITY PO BOX 333 LONGMONT CO 80502-0333 303-682-2485

**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**

**1 a** 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) <u>Theresa Pickner</u> Secretary	0 0	X		X				0.	0.	0.
(2) <u>Chuck Bailey</u> Director	0 0	X						0.	0.	0.
(3) <u>Craig Ellsworth</u> Director	0 0	X						0.	0.	0.
(4) <u>Tom Dueber</u> Director	0 0	X						0.	0.	0.
(5) <u>George Heath</u> Director	0 0	X						0.	0.	0.
(6) <u>Deanna Dyer</u> President	0 0	X		X				0.	0.	0.
(7) <u>Derek Hill</u> Director	0 0	X						0.	0.	0.
(8) <u>Donna Hurst</u> Director	0 0	X						0.	0.	0.
(9) <u>Drew Depler</u> Director	0 0	X						0.	0.	0.
(10) <u>Dave McCarty</u> Director	0 0	X						0.	0.	0.
(11) <u>Alisa Jeffery</u> Vice President	0 0	X		X				0.	0.	0.
(12) <u>Rayn Mohrmann</u> Treasurer	0 0	X		X				0.	0.	0.
(13) <u>Mark Peterson</u> Director	0 0	X						0.	0.	0.
(14) <u>Dave Emerson</u> Executive Dir.	45 0	X		X			105,986.	0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

<b>1 b Sub-total</b> .....	105,986.	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> .....	105,986.	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
3 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> .....	<b>3</b>	X
4 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> .....	<b>4</b>	X
5 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> .....	<b>5</b>	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) Name and business address	(B) Description of services	(C) Compensation

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 **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 153,335.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 1,430,540.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	183,956.				
	<b>h Total.</b> Add lines 1a-1f	▶ 1,583,875.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>GOVERNMENTAL SUPPORT</u>		Business Code			
	<b>b</b> <u>MORTGAGE LOAN DISCOUNT AM</u>			446,590.	446,590.	
	<b>c</b> <u>TRANSFERS TO HOMEOWNERS</u>			93,996.	93,996.	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		▶ 540,586.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)	▶ 644.			644.
<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 \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 20,594.				
		<b>b</b> Less: direct expenses	<b>b</b> 15,867.			
	<b>c</b> Net income or (loss) from fundraising events	▶ 4,727.				
<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> 773,514.					
	<b>b</b> Less: cost of goods sold	<b>b</b> 575,146.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 198,368.			198,368.	
Miscellaneous Revenue		Business Code				
<b>11 a</b> <u>MISCELLANEOUS</u>		139,243.	139,243.			
<b>b</b> <u>MERGER EQUITY</u>		-11,814.	-11,814.			
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶ 127,429.					
<b>12 Total revenue.</b> See instructions	▶ 2,455,629.	668,015.	0.	199,012.		

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....	1,359,400.	1,359,400.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
<b>4</b> Benefits paid to or for members.....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.....	629,923.	472,442.	62,992.	94,489.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
<b>7</b> Other salaries and wages.....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
<b>9</b> Other employee benefits.....				
<b>10</b> Payroll taxes.....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.....				
<b>b</b> Legal.....				
<b>c</b> Accounting.....	3,981.	279.	3,702.	
<b>d</b> Lobbying.....				
<b>e</b> Professional fundraising services. See Part IV, line 17.....				
<b>f</b> Investment management fees.....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....				
<b>12</b> Advertising and promotion.....	12,861.	12,861.		
<b>13</b> Office expenses.....	27,910.	18,979.	3,628.	5,303.
<b>14</b> Information technology.....				
<b>15</b> Royalties.....				
<b>16</b> Occupancy.....	14,324.		14,324.	
<b>17</b> Travel.....	10,023.	7,517.		2,506.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
<b>19</b> Conferences, conventions, and meetings.....	5,086.		5,086.	
<b>20</b> Interest.....	19,636.	19,636.		
<b>21</b> Payments to affiliates.....				
<b>22</b> Depreciation, depletion, and amortization.....	20,523.	20,523.		
<b>23</b> Insurance.....	13,370.	10,028.	1,604.	1,738.
<b>24</b> 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.).....				
<b>a</b> <u>TITHE TO GLOBAL VILLAGE</u> .....	76,920.	76,920.		
<b>b</b> <u>CONTRACTED SERVICES</u> .....	55,193.	41,395.	8,279.	5,519.
<b>c</b> <u>MISCELLANEOUS</u> .....	47,564.		47,564.	
<b>d</b> <u>GRANT AND CHFA FEES</u> .....	44,679.	40,211.	4,468.	
<b>e</b> All other expenses.....	24,819.	15,829.	5,012.	3,978.
<b>25</b> Total functional expenses. Add lines 1 through 24e. ....	2,366,212.	2,096,020.	156,659.	113,533.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	263,365.	<b>1</b>	312,343.
	<b>2</b> Savings and temporary cash investments	27,732.	<b>2</b>	25,541.
	<b>3</b> Pledges and grants receivable, net	6,000.	<b>3</b>	
	<b>4</b> Accounts receivable, net	5,869.	<b>4</b>	1,241.
	<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 instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	2,627,584.	<b>7</b>	2,617,515.
	<b>8</b> Inventories for sale or use	54,957.	<b>8</b>	55,415.
	<b>9</b> Prepaid expenses and deferred charges	12,041.	<b>9</b>	12,941.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 578,544.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 85,426.	490,654.	<b>10c</b> 493,118.
	<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	1,202,575.	<b>15</b>	1,156,446.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,690,777.	<b>16</b>	4,674,560.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	104,051.	<b>17</b>	119,764.
	<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		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,122,179.	<b>24</b>	1,000,832.
	<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	1,226,230.	<b>26</b>	1,120,596.
<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	3,429,524.	<b>27</b>	3,527,064.
	<b>28</b> Temporarily restricted net assets	33,732.	<b>28</b>	25,541.
	<b>29</b> Permanently restricted net assets	1,291.	<b>29</b>	1,359.
	<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	3,464,547.	<b>33</b>	3,553,964.
	<b>34</b> Total liabilities and net assets/fund balances	4,690,777.	<b>34</b>	4,674,560.

BAA

Form 990 (2017)

**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>	2,455,629.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,366,212.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	89,417.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,464,547.
<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>	3,553,964.

**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 _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</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>3 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.		

BAA

Form **990** (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>HABITAT FOR HUMANITY ST. VRAIN VALLEY</b>	Employer identification number <b>84-1092616</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>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**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14. . . . .	15	%
16a <b>33-1/3% support test—2017.</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 type="checkbox"/>		
b <b>33-1/3% support test—2016.</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"/>		
17a <b>10%-facts-and-circumstances test—2017.</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—2016.</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"/>		
18 <b>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"/>		

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	850,664.	878,825.	914,684.	1,078,054.	1,015,772.	4,737,999.
<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. . . . .	459,570.	1,656,416.				2,115,986.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .	548,570.	632,791.				1,181,361.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	1,858,804.	3,168,032.	914,684.	1,078,054.	1,015,772.	8,035,346.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	0.
<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. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						8,035,346.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .	1,858,804.	3,168,032.	914,684.	1,078,054.	1,015,772.	8,035,346.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	612.	12.				624.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	612.	12.	0.	0.	0.	624.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	1,859,416.	3,168,044.	914,684.	1,078,054.	1,015,772.	8,035,970.
<b>14 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>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	99.99 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	99.94 %

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	0.01 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	0.06 %
<b>19a 33-1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

**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  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2017



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

<b>Section D – Distributions</b>	<b>Current Year</b>
<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 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, 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 2017. 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 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 2017 . . . . .			

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

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

Employer identification number

HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2 d

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? . . . . .  Yes  No

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)? . . . . .  Yes  No

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.

1 a 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 . . . . . ▶ \$ \_\_\_\_\_

**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.

- 1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a 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
1 a 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%.
- 3 a 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

**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
1 a Land				
b Buildings		450,000.	17,448.	432,552.
c Leasehold improvements		53,111.	17,200.	35,911.
d Equipment		75,433.	50,778.	24,655.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  493,118.

**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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) CIP	1,153,087.
(2) Deposits	2,000.
(3) Endowment	1,359.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	1,156,446.

**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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments .....	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities .....	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities .....	<b>2 a</b>		
	<b>b</b> Prior year adjustments .....	<b>2 b</b>		
	<b>c</b> Other losses .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

HABITAT FOR HUMANITY ST. VRAIN VALLEY

Employer identification number

84-1092616

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CO  
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**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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	GOLF TOURNAMEN (event type)	(event type)	None (total number)	(add column (a) through column (c))
1	Gross receipts	20,350.		20,350.
2	Less: Contributions			
3	Gross income (line 1 minus line 2)	20,350.		20,350.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses		
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Subtract line 10 from line 3, column (d)			20,350.

**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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **HABITAT FOR HUMANITY ST. VRAIN VALLEY**

Employer identification number  
**84-1092616**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BUILDING MATERIALS & SUPPLIES	7	1,014,693.		COST	BUILDING MATERIALS
2 FLOOD ASSISTANCE & REPAIR DISCOUNT ON MORTGAGE	1	12,007.		COST	BUILDING MATERIALS
3 ORIGINATION	7	164,485.		NET PRESENT VALUE	MORTGAGE ORIGINATION
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>HABITAT FOR HUMANITY ST. VRAIN VALLEY</b>	Employer identification number <b>84-1092616</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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 .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (-----) .....	X	1	183,956.	FAIR MARKET VALUE
26 Other ▶ (-----) .....				
27 Other ▶ (-----) .....				
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 .....	<b>29</b>	
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		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? .....	<b>30 a</b>		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? .....	<b>31</b>		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>32 a</b>		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.			

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

**Schedule M (Form 990) (2017)**



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**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

HABITAT FOR HUMANITY ST. VRAIN VALLEY

Employer identification number

84-1092616

**Form 990 - Explanation of Amended Return**

Form 990 page 7 Officers titles corrected. Form 990 Page 9 Revenue items corrected to related exempt income from revenue excluded under section 512-514

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

IN 2014 THE BOARD GOVERNING DOCUMENTS WERE AMENDED TO CHANGE SOME LANGUAGE AND ADD A BOARD GOVERNANCE POLICY ENTITLED ENABLEMENT. THIS POLICY DESCRIBED THE BOARD'S RESPONSIBILITY AS IT PERTAINS TO RESOURCE DEVELOPMENT, ADVOCACY, AND ROLE DISCIPLINE.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

THE EXECUTIVE DIRECTOR AND BOARD WILL REVIEW 990 BEFORE IT IS SUBMITTED

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

BEGINNING IN 2012, THE BOARD ADOPTED A CONFLICTS POLICY WHICH IS REVIEWED AND SIGNED BY THE BOARD OF DIRECTORS EACH YEAR.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

BOARD OF DIRECTORS APPROVAL

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

DOCUMENTS ARE AVAILABLE UPON REQUEST.

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
<u>Buildings</u>																
24	OFFICE BUILDING	5/03/16		450,000							450,000	5,910	S/L	39		11,538
	Total Buildings			450,000		0	0	0	0	0	450,000	5,910				11,538
<u>HFHSTVR AUTO</u>																
8	CONSTRUCTION TRUCK	6/15/14		1,375							1,375	848	S/L	5		275
	Total HFHSTVR AUTO			1,375		0	0	0	0	0	1,375	848				275
<u>HFHSTVR EQUIP</u>																
1	LAPTOP	9/28/07		1,599							1,599	1,599	S/L	5		0
2	4 EXTERNAL DRIVES	10/05/07		500							500	500	S/L	5		0
3	IBM SERVER	12/12/07		1,729							1,729	1,729	S/L	5		0
4	NETWORK SETUP	11/21/07		2,926							2,926	2,833	S/L	10		93
5	IBM LAPTOP	7/26/08		1,642							1,642	1,642	S/L	5		0
6	COMPUTER	6/30/13		3,895							3,895	3,116	S/L	5		779
7	RESTOE FLIP	8/30/13		121							121	92	S/L	5		24
10	COMPUTERS	6/10/15		3,870							3,870	1,548	S/L	5		774
	Total HFHSTVR EQUIP			16,282		0	0	0	0	0	16,282	13,059				1,670
<u>HFHSTVR IMPR</u>																

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
9	SCAFFOLDING	5/20/15		21,139							21,139	6,292	S/L	7		3,020	
	Total HFHSTVR IMPR			21,139		0	0	0	0	0	21,139	6,292				3,020	
Improvements																	
23	FENCING - RESTORE	12/18/15		971							971	97	S/L	15		65	
25	SCAFFOLDING	2/08/16		2,019							2,019	191	S/L	15		135	
26	SCAFFOLDING	6/01/16		474							474	35	S/L	15		32	
	Total Improvements			3,464		0	0	0	0	0	3,464	323				232	
Machinery and Equipment																	
27	SCAFFOLDING	3/09/18		22,987							22,987		S/L	HY	7	.07140	1,641
28	SCAFFOLDING	1/01/17		2,006							2,006	368	S/L	15		134	
29	ESTES PARK ITEMS	1/01/17		6,983							6,983	6,983	S/L	7		0	
	Total Machinery and Equipment			31,976		0	0	0	0	0	31,976	7,351				1,775	
REST AUTO																	
13	DELIVERY TRUCK	10/06/06		15,000							15,000	15,000	S/L	5		0	
	Total REST AUTO			15,000		0	0	0	0	0	15,000	15,000				0	
REST EQUIP																	
14	STEEL SHELVING	7/28/06		6,164							6,164	6,164	S/L	10		0	
15	COUNTER SYSTEM	9/14/06		400							400	400	S/L	10		0	
16	MATERIALS HANDLING EQUIP	9/27/06		424							424	424	S/L	10		0	
17	CARTS	10/05/06		530							530	530	S/L	10		0	

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
18	REGISTERS	10/05/06		438							438	438	S/L	10		0
19	COMPUTER	10/31/06		888							888	888	S/L	10		0
21	COMPUTER	11/03/10		630							630	630	S/L	5		0
22	2 COMPUTERS & INSTALL	10/08/11		1,326							1,326	1,326	S/L	5		0
	Total REST EQUIP			10,800		0	0	0	0	0	10,800	10,800				0
	REST IMPR															
11	FENCING AND GATES	5/31/15		10,250							10,250	3,050	S/L	7		1,464
12	LEASEHOLD IMPROVEMENTS	6/30/14		16,276							16,276	1,268	S/L	MM	39 .02564	417
20	LEASEHOLD IMPROVEMENTS	11/30/09		1,982							1,982	1,002	S/L	15		132
	Total REST IMPR			28,508		0	0	0	0	0	28,508	5,320				2,013
	Total Depreciation			<u>578,544</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>578,544</u>	<u>64,903</u>				<u>20,523</u>
	Grand Total Depreciation			<u>578,544</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>578,544</u>	<u>64,903</u>				<u>20,523</u>

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
<u>Buildings</u>																
24	OFFICE BUILDING	5/03/16		450,000							450,000	17,448	S/L	39		11,538
	Total Buildings			450,000		0	0	0	0	0	450,000	17,448				11,538
<u>HFHSTVR AUTO</u>																
8	CONSTRUCTION TRUCK	6/15/14		1,375							1,375	1,123	S/L	5		252
	Total HFHSTVR AUTO			1,375		0	0	0	0	0	1,375	1,123				252
<u>HFHSTVR EQUIP</u>																
1	LAPTOP	9/28/07		1,599							1,599	1,599	S/L	5		0
2	4 EXTERNAL DRIVES	10/05/07		500							500	500	S/L	5		0
3	IBM SERVER	12/12/07		1,729							1,729	1,729	S/L	5		0
4	NETWORK SETUP	11/21/07		2,926							2,926	2,926	S/L	10		0
5	IBM LAPTOP	7/26/08		1,642							1,642	1,642	S/L	5		0
6	COMPUTER	6/30/13		3,895							3,895	3,895	S/L	5		0
7	RESTOE FLIP	8/30/13		121							121	116	S/L	5		5
10	COMPUTERS	6/10/15		3,870							3,870	2,322	S/L	5		774
	Total HFHSTVR EQUIP			16,282		0	0	0	0	0	16,282	14,729				779
<u>HFHSTVR IMPR</u>																



## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
9	SCAFFOLDING	5/20/15		21,139							21,139	9,312	S/L	7		3,020
	Total HFHSTVR IMPR			21,139		0	0	0	0	0	21,139	9,312				3,020
Improvements																
23	FENCING - RESTORE	12/18/15		971							971	162	S/L	15		65
25	SCAFFOLDING	2/08/16		2,019							2,019	326	S/L	15		135
26	SCAFFOLDING	6/01/16		474							474	67	S/L	15		32
	Total Improvements			3,464		0	0	0	0	0	3,464	555				232
Machinery and Equipment																
27	SCAFFOLDING	3/09/18		22,987							22,987	1,641	S/L	HY	7 .14290	3,285
28	SCAFFOLDING	1/01/17		2,006							2,006	502	S/L	15		134
29	ESTES PARK ITEMS	1/01/17		6,983							6,983	6,983	S/L	7		0
	Total Machinery and Equipment			31,976		0	0	0	0	0	31,976	9,126				3,419
REST AUTO																
13	DELIVERY TRUCK	10/06/06		15,000							15,000	15,000	S/L	5		0
	Total REST AUTO			15,000		0	0	0	0	0	15,000	15,000				0
REST EQUIP																
14	STEEL SHELVING	7/28/06		6,164							6,164	6,164	S/L	10		0
15	COUNTER SYSTEM	9/14/06		400							400	400	S/L	10		0
16	MATERIALS HANDLING EQUIP	9/27/06		424							424	424	S/L	10		0
17	CARTS	10/05/06		530							530	530	S/L	10		0

## HABITAT FOR HUMANITY ST. VRAIN VALLEY

84-1092616

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
18	REGISTERS	10/05/06		438							438	438	S/L	10		0
19	COMPUTER	10/31/06		888							888	888	S/L	10		0
21	COMPUTER	11/03/10		630							630	630	S/L	5		0
22	2 COMPUTERS & INSTALL	10/08/11		1,326							1,326	1,326	S/L	5		0
	Total REST EQUIP			10,800		0	0	0	0	0	10,800	10,800				0
	REST IMPR															
11	FENCING AND GATES	5/31/15		10,250							10,250	4,514	S/L	7		1,464
12	LEASEHOLD IMPROVEMENTS	6/30/14		16,276							16,276	1,685	S/L	MM	39 .02564	417
20	LEASEHOLD IMPROVEMENTS	11/30/09		1,982							1,982	1,134	S/L	15		132
	Total REST IMPR			28,508		0	0	0	0	0	28,508	7,333				2,013
	Total Depreciation			578,544		0	0	0	0	0	578,544	85,426				21,253
	Grand Total Depreciation			578,544		0	0	0	0	0	578,544	85,426				21,253