Form **990**

Return of Organization Exempt From Income Tax

	o.g <u>_</u>			
nder section 501(c),	527, or 4947(a)(1)	of the Internal Revenu	e Code (except priva	te foundations

OMB No	1545-0047
20	16
Onon to	Dublic

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epartment of the Treasury	Do not enter social security numbers on this f	orm as it may be made public
itemal Revenue Service	Information about Form 990 and its instruction	ns is at www.irs.gov/form990

Ø,	A_	For the 2016	calendar year, or tax year beginning $07/01/16$, and ending $06/30/1$	<u> 17 </u>	_	
	B (For the 2016 Check if applicable Address change Name change Initial return	C Name of organization <u>Sagi</u> naw-Shiawassee Habitat		D Employer	r identification number
Σ	žΠ	Address change	for Humanıty		21	-2739180
*	₽		Doing business as		**-*	**9180
5	פ	Name change	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E l'elephone	e number
= 1		Initial return	315 W. Holland Ave		989-7	753-5200
m	=	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	_	terminated	l		0 C	eipts 1,945,032
	Π.	Amended return	Saginaw MI 48602-4356 F Name and address of pnnopal officer		G Gross rec	elpiss 1, 940, 002
i	Ħ	A		H(a) Is this a gr	oup return for	subordinates Yes X No
_		Application pending	Cameron Brady			H. H.
C)			315 Holland	H(b) Are all sui	oordinates incl	luded? Yes No
≥			Saginaw MI 48602-4356 A) If "No,"	' attach a list	(see instructions)
2019	1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527)		
ဖ			www.sshfh.org	4		er▶ 8545
	_			H(c) Group exe		
		Form of organization		Year of formation 1	987.	M State of legal domicile MI
	<u> </u>	<u>art IS</u>	ummary			
		1 Briefly d	escribe the organization's mission or most significant activities			
	ခွ	See	ing to put God's love into action, Saginaw-Shiaw	assee Hab	ıtat f	or
	Governance		anity brings people together to build homes, comm			
	E	1101111	mity brings people together to barra nomes, comm	unitates a	na nop	
	ž	•		W./E.D.	7	
2019	ŏ	2 Check to	nis box ▶ if the organization discontinued its operations or disposed o Rifer⊕ a	1 25 6 of its net	t a ssets	
\supset	త	3 Number	of voting members of the governing body (Part VI, line 1a)		3	9
.~	S	4 Number	of independent voting members of the governing body (Part VI, 16 1b)	ĮΫ	2 4	9
SEP IU	Activities	5 Total nu	mber of individuals employed in calendar year 2016 (Part V, line 28) JUL $1\ ^{6}$	2019	5	22
⊣	ŧ			2010	6	1926
<u>. </u>	ĕ		mber of volunteers (estimate if necessary)			
ᅵ			related business revenue from Part VIII, column (C), line 12 OGDE	NUT	7a	0
へ		b Net unre	elated business taxable income from Form 990-T, line 34			0
$\overline{}$				Prior Yea		Current Year
귀	0	8 Contribu	tions and grants (Part VIII, line 1h)		3,292	<u>945,134</u>
¥	Revenue	9 Program	service revenue (Part VIII, line 2g)	180	943	446,111
>	Š		ent income (Part VIII, column (A), lines 3, 4, and 7d)		9,070	60,357
7	2	Į.	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,845	237,557
SCANNED		l .	· · · · · · · · · · · · · · · · · · ·		,150	1,689,159
Ś	_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,130	7,130	1,009,139
		13 Grants a	ind similar amounts paid (Part IX, column (A), lines 1–3)			
		14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
	s	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,135	5,150	547,159
	Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0
	ē		776 670			
	×		- · · · · · · · · · · · · · · · · · · ·	57/	1,999	704 275
	ш	1	openses (Part IX, column (A), lines 11a-11d, 11f-24e)			794,375
		18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		149	1,341,534
		19 Revenue	e less expenses Subtract line 18 from line 12	-574	1,999	347,625
	ets or			Beginning of Cui		End of Year
	Set	20 Total as	sets (Part X, line 16)	3,505	136	3,674,255
	Asse	21 Total lia	pilities (Part X, line 26)		5,647	351,567
	翼		ets or fund balances Subtract line 21 from line 20	2,968		3,322,688
				2,000	77 -102	3,322,000
			gnature Block		•	
			f penury, I declare that I have examined this return, including accompanying schedules and si			f my knowledge and belief, it i
	tn	ue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any kn	owledge	
	Sig	ın 🗗	Signature of officer		Date	
			Comoron Drader Evocu	timo Di	rocto	r
	He			<u>itive Di</u>	<u>recto</u>	<u> </u>
			Type or print name and title		-	
		Pnnt/Typ	preparer's name Preparer's signature	Date	Check	ıf PTIN
	Pai	d David	R Youngstrom	03/05	/18 self-em	ployed *******
	Pre	name	. V. S. V. S. D. C.		irm's EIN	**-***6146
		Only			THE CHILD	<u> </u>
	Jot	. Jiny	P.O. Box 3275			

Saginaw, MI

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions

Firm's address

48605

989-793-9830

X Yes No Form 990 (2016)

Form 990 (20	16) Saginaw-S	hıawassee	Habitat	**-	***9180		Page 2
Part III	Statement of P Check if Schedu			ments lote to any line in	this Part III		X
Seekin	escribe the organizations to put of ity brings	God's love	into act gether to	cion, Sagin build home	aw-Shiawas es, commun	see Habit ities and	at for I hope
pnor For	organization undertakern 990 or 990-EZ? describe these new s			ring the year which we	ere not listed on the		Yes X No
services	-	-	gnificant changes	s in how it conducts, a	any program		Yes X No
expense	•	nd 501(c)(4) organiz	ations are require	each of its three larges ed to report the amou reported	· -	-	
) (Expenses ruction and affordable	Family Se		•) (F	Revenue \$	179,363)
4b (Code) (Expenses	¢ 1.4	223 including	grants of) (5	Revenue \$	
Decons	struction - struct home	•			, ν	CVCINCO U	,
42 (024	V. (5.11.11.11.11.11.11.11.11.11.11.11.11.11	\$ 149,	000	grants of\$		Revenue \$	331,194)
closed remode	l donated mout items f	naterials f rom home s	rom over supply st	estocked and cores, house to purchase	d e demoliti	ons,	331,134)
4d Other pr	rogram services (Desc		grants of\$)	(Revenue \$	326,163)
4e Total pr	ogram service expens		42,718				Form 990 (2016)
DAA							rom 33U (2016)

Form 990 (2016) Saginaw-Shiawassee Habitat

-*9180

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Pá	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	l _		.,
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		X
7	"Yes," complete Schedule D, Part I	F-		_^_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- - -		Λ
٥	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ľ		- 1 1
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	l		.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	,	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		3.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1,0		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		- 4 1
13	Did the diganization report more than \$10,000 or gross income from garning activities out rait with into out.	1		ı

If "Yes," complete Schedule G, Part III

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Part IV Checklist of Required Schedules (continued)

	at iv Checkinst of Required Schedules (Continued)			
			Yes	No
20a		20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Χ
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		- /\
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	;		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 71
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		240		
2.54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			- 21
J	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	}		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	١		3.7
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	١		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	1 30	(1)	

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LPa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V			Vaa	
4.	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable	о Г		Yes	No
1a b	· ''	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	·			
·	reportable gaming (gambling) winnings to prize winners?	-	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u>'</u>		
20		22		.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	$\overline{\mathbf{x}}$	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	~	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u> </u>	3b		- 11
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	F	-		
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	-			
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country		-		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts			
	(FBAR)				
5a	in a second control of the control o	"	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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?		6a	İ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	ır			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s			,
	and services provided to the payor?		7a		Χ_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ì		ı
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	<u> </u>	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	 	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	· -	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				***************************************
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	$\overline{}$	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-	9ь		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12				
a	Initiation fees and capital contributions included on Part VIII, line 12 • 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				, !
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders		1		. 1
a b	Gross income from other sources (Do not net amounts due or paid to other sources				
U	against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	112	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	· ·			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	Ta	I3a		
a	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	
~	the organization is licensed to issue qualified health plans				. !
С	Enter the amount of reserves on hand			j	, !
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	I4a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		l4b		
DAA			Form	990	(2016)

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	rt VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 th	roug	h 7b below,	and fo	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s ın	Schedule C) See	ınstru	ıc <u>tıo</u> ns
	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	_		ļ
	If there are material differences in voting rights among members of the governing body, or		Ì			
	if the governing body delegated broad authority to an executive committee or similar					;
	committee, explain in Schedule O		1			}
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Χ
3	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?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		Χ
7a	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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e vea	r by the follo	wing		1
а	The governing body?		,	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	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			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inte	rnal Revei	nue C	ode)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the form?	11a	Χ	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990					لـــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e nse	to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Х	L
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	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 decis	ion?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Χ
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a						
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	on 50	1(c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X 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	intere	est policy, and	t		
-	financial statements available to the public during the tax year		*			
20	State the name, address, and telephone number of the person who possesses the organization's books and	reco	rds 🕨			
	ameron Brady 315 W Holland					
	aginaw MI 4860	2-4	1356 98 ⁹	<u>9-75</u>	<u>3-5</u>	<u> 200</u>
						_

E 000 (0040) Co mi nota (Thá arra a c		ш	ı - h	. d. +-	- +		**_**	0100	Por	ae 7
Form 990 (2016) Saginaw-S Part VII Compensation	of Officers	ee Di	rect	tors	<u>'⊥∟</u> • T	<u>at</u>	too	s Key Employees	Highest Compensate		
Independent C		, D.		LOIS	,, ,	1 43		s, itcy Employees,	riigiicst componed	.ou Employees,	w
		ns a	res	oda	nse	or i	not	e to any line in this F	Part VII		
								est Compensated Empl		***************************************	
1a Complete this table for all person										;	
organization's tax year											
 List all of the organization's of compensation Enter -0- in columns 	current officers,	dire f) if	ctors	s, tru	ustee	s (w	heth	ner individuals or organiza is naid	itions), regardless of amou	unt of	
List all of the organization's compensation is a compensation.									y employee "		
 List the organization's five cu 	irrent highest o	gmo:	ensa	ated	emp	love	es (other than an officer, dire	ctor, trustee, or key emplo	yee)	
who received reportable compensa organization and any related organ	tion (Box 5 of F	orm	W-2	? and	d/or	Box	7 of	Form 1099-MISC) of mo	re than \$100,000 from the		
 List all of the organization's f 	ormer officers,								es who received more that	an	
\$100,000 of reportable compensa		•				•		•	dd on twinter of	áh.a	
 List all of the organization's f organization, more than \$10,000 o 	ormer director f reportable cor	s or npen	trus Isatio	stee: on fr	s tha	it red the o	rga	ed, in the capacity as a fo nization and any related (rmer director or trustee or organizations	trie	
List persons in the following order	individual trust	ees :									
compensated employees, and form	•										
Check this box if neither the or	ganization nor	any T	relate			iizatio	on c	 			
(A)	(B)				C) ition			(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	Average hours per			heck	more	than c		compensation	compensation from	amount of	
	week (list any					s both or/trust		from the	related organizations	other compensation	
	hours for related	유方	ä	Ω	Key	里,是	ਲ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Individual or director	nstitutional	Officer	en	jhest iploye	Former	(11-2 1000-11100)		and related	
	below dotted	ğ	, -		employee	ië g				organizations	
	,	trustee	bustee		8	Highest compensated employee			,		
		L	8			ated					
(1)Michael Elliot											
	1.00	l									•
President	0.00	Х		X	<u> </u>	Н		0	0		<u> </u>
(2) Jennifer Proffi							ŀ				
Vice President	1.00	X		Х				0	l ol		0
(3) Andrea Heilbron		_	\vdash	$^{\wedge}$	-	\vdash					
(3) Andrea neribion	1.00	1									
Treasurer	0.00	X		Х				1 0	0		_0
(4) Oscar Young, Jr											
.	1.00										_
Secretary	0.00	X	<u> </u>	X	<u> </u>			0	0		<u> </u>
(5) Jerome Buckley											
	1.00	1	l	I	I	l	1	i .			

0.00

1.00

1.00

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1.00

1.00

Χ

DAA

Director

Director

Director

Director

(6) Larry D. Camel

(7) Ellen Glass

(8) Jim Woodworth

(9) Victor Gomez

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DAA

• <u>Form</u>	990 <u>(20</u>	16) Saqi	naw-S	<u>Shiawass</u>	ee	F	lab	it	at		**-**	9180	Page 8
l Pa	rt VIII	Section A	Officer	s, Directors, T	rust	ees,	Key	En	ploy	yees	, and Highest Compens	sated Employees (continued	d)
	Na	(A) me and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box	cera	Pos check ess pe	more rson directo	than both is Highest compensated employee	n an tee)	(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
									Ä				
		<u> </u>			ļ. <u>.</u>								
					ļ . <u>.</u>								
		-											
1b c d				eets to Part VI	l, Se	ctio	n A	·—	<u> </u>	> >	66,024		8,290 8,290
2	Total nu	mber of ind	ividuals (i	ncluding but no n the organizat			to th	ose	liste	d at	pove) who received more	than \$100,000 of	
3 4 5	employe For any organiza individua Did any for servi	e on line 1a individual listion and re al person liste	a? If "Yes sted on lii lated orga ed on line ed to the	," complete Scine 1a, is the suanizations greated an areceive or organization?	hedu um o ter th accru	le J f rep nan :	for sortal \$150 ompe	ensa	indicomp on if	vidua ensi "Yes from	mployee, or highest compart ation and other compensis," complete Schedule J for any unrelated organization of the such person	ation from the or such	Yes No
1	Complet	e this table	for your	five highest coi	mper com	sate	d in	depe	ende r the	nt co	ontractors that received n	nore than \$100,000 of r within the organization's ta	x year
	-			(A) I business address								(B) ption of services	(C) Compensation
				··					. <u>-</u>				
							_	_					_
2				contractors (in							those listed above) who	0	

Form **990** (2016)

69,651

505,526

1,689,159

 \triangleright

0

d All other revenue

e Total Add lines 11a-11d

Total revenue. See instructions

Part IX

Form 990 (2016) Saginaw-Shiawassee Habitat

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 (C) Management and general expenses (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors. 18,392 36,788 18,392 73,572 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 386,218 274,099 72,672 39,447 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,515 5,148 2,863 24,504 9 Other employee benefits 12,771 6.763 54,854 35,320 10 Payroll taxes 11 Fees for services (non-employees) a Management 6,856 4,415 ,596 845 **b** Legal 8,150 005 5,248 897 c Accounting d Lobbying e Professional fundraising services See Part IV, line f Investment management fees q Other (If line 11g amount exceeds 10% of line 25, column 2,495 1,321 10,714 6,898 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 16,985 5,168 12,531 34.684 13 Office expenses 14 Information technology 15 Royalties 50,200 3,259 53,459 16 Occupancy 9,503 5,033 40,821 26,285 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 18,333 18,333 20 Interest 10,873 10,873 Payments to affiliates 21 2<u>,</u>390 19,384 12,481 4,513 22 Depreciation, depletion, and amortization 52,467 784 12,214 6,469 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 325,538 325**,**538 Home construction а 41,105 14,861 7,871 63,837 Other expenses Mortgage discounts <u>35,735</u> <u>35,735</u> Construction vehicles 30,720 30,720 7,234 62,744 12,826 82,804 e All other expenses 282,198 116,618 Total functional expenses Add lines 1 through 24e 341,534 942,718 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720) DAA Form 990 (2016)

<u>Form</u>	990 (2	016)	Sag	<u>inaw</u>	<u>-Shiawassee</u>	<u>Habitat</u>

Pa	art >						
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			214,178	1_	299,951
١	2					2	3,34
-		Pledges and grants receivable, net				3	
١	4	Accounts receivable, net		Ī	80,651	4	260,298
١	5	Loans and other receivables from current and former	officers	directors.			
-		trustees, key employees, and highest compensated e		· .			
١		Complete Part II of Schedule L	pioyoc			5	
-	6	Loans and other receivables from other disqualified pe	ersons (ا as defined under section		Ť	
-	٠	4958(f)(1)), persons described in section 4958(c)(3)(B					
-		sponsoring organizations of section 501(c)(9) voluntar			ıu		
.						6	
Assers	7	organizations (see instructions) Complete Part II of Schedule L				7	-
ž	7	Notes and loans receivable, net		<u> </u>	1,070,156	8	1,270,72
`	8	Inventories for sale or use		-	1,070,130	9	1,210,12
	9	Prepaid expenses and deferred charges	1 1		* ************************************	-	
	10a	Land, buildings, and equipment cost or	140-	526 600			
	_	other basis Complete Part VI of Schedule D	10a	536,688	382,807	40-	363,42
		Less accumulated depreciation	10b	173,265	302,007	10c	363,42
	11	Investments—publicly traded securities		ŀ	1 ((2 070	11	1 201 07
	12	Investments—other securities See Part IV, line 11		-	1,663,879	12	1,381,87
	13	Investments—program-related See Part IV, line 11		-		13	
- 1	14	Intangible assets	45 254	14	0.4.6.4		
	15	Other assets See Part IV, line 11	-	45,154	15	94,64	
_	16	Total assets. Add lines 1 through 15 (must equal line	34)		3,505,136	16	3,674,25
	17	Accounts payable and accrued expenses	189,282	17	170,04		
	18	Grants payable				18	
	19	Deferred revenue			<u> </u>	19	•
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability Complete Part IV	of Sche	edule D		21	^
<u> </u>	22	Loans and other payables to current and former office	ers, direc	ctors,			ť.
Liabilities		trustees, key employees, highest compensated emplo	yees, a	nd			
		disqualified persons Complete Part II of Schedule L				22	
7	23	Secured mortgages and notes payable to unrelated the	nird parti	es	347,365	23	181,51
	24	Unsecured notes and loans payable to unrelated third	parties			24	
- 1	25	Other liabilities (including federal income tax, payables	s to rela	ted third			
		parties, and other liabilities not included on lines 17-24	4) Com	plete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			536,647	26	351,56
S		Organizations that follow SFAS 117 (ASC 958), che	eck her	e ▶X and			
ည္		complete lines 27 through 29, and lines 33 and 34.					
arai	27	Unrestricted net assets			2,968,489	27	3,322,68
Ŏ	28	Temporanly restricted net assets				28	
	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 9	58), che	eck here ▶ and			
ة ا م		complete lines 30 through 34.					
ខ្លួ	30	•				30	
ő	31		ent fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,				32	
z	33	Total net assets or fund balances			2,968,489	33	3,322,68
				· · · · · · · · · · · · · · · · · · ·	3,505,136	34	3,674,255

Form	990 (2016) Saginaw-Shiawassee Habitat **-***9180			Pag	<u>je 12</u>
<u>Pa</u>	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				┵
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39 <u>,</u> 1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1 <u>,</u> 34		<u> 534</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u> 17,6</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,96		
5	Net unrealized gains (losses) on investments	5		<u>6,5</u>	<u> 574</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u>3,32</u>	<u> 22,6</u>	<u> 888</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لللم
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual L Other		i	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	' !
	Schedule O	,			لـــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	igwdown	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	']
	reviewed on a separate basis, consolidated basis, or both			1	٠,
	Separate basis Consolidated basis Both consolidated and separate basis				أخسك
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1 4	'
	separate basis, consolidated basis, or both		'		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			l l	
	Schedule O '				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1 1	1
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	•		For	_ກ 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

Name	of th	e organization	Saginaw-Snia						tification number	
			for Humanity					**-**		
Pa	art I	Reas	on for Public Charity	Status (All organization	ns musi	compl	ete this part	See instr	uctions	
The	orga	inization is not	t a private foundation becai	use it is (For lines 1 through 1	2, check	only one	box)		~ -1	
1	Ц	A church, co	invention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	<u>(</u>	1+	
2		A school des	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 ser	vice organization described in	section	170(b)(1)(A)(iii).	`	•	
4	П	A medical re	search organization operate	ed in conjunction with a hospit	al describ	oed in se	ection 170(b)(1)	A)(iii). Enter	the hospital's nan	ne,
	_	city, and stat							•	
5	\Box			of a college or university own	ed or one	erated by	a governmental	unit describe	ed in	
ŭ	ш	-	(b)(1)(A)(iv). (Complete Pa	•	ca or op	Jacou Dy	a governmenta	4.11.		
6	\Box			governmental unit described i	n section	170(b)((1)(A)(v)			
7	X		-	substantial part of its suppor				the general	nublic	
•		•	section 170(b)(1)(A)(vi).		i iioiii a g	joveninie	antai unik or irom	the general	public	
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete F	Part II)					
9		An agricultur	al research organization de	escribed in section 170(b)(1)(A)(ix) op	erated in	conjunction with	a land-grant	college	
		or university	or a non-land grant college	of agriculture (see instruction	s) Enter	the name	e, city, and state	of the colleg-	e or	
	_	university								
10	\sqcup	•		(1) more than 33 1/3% of its s				-	-	
				mpt functions—subject to cert						
				and unrelated business taxable				m businesse	S	
	$\overline{}$		•	30, 1975 See section 509(a)		•				
11	Н	•	•	exclusively to test for public	•					
12	Ш	•	•	exclusively for the benefit of,	•			-		
				nizations described in section that describes the type of sur						
	а		•	perated, supervised, or contro	-	-				
	u		, ,	wer to regularly appoint or ele	-				, 99	
			• • • •	complete Part IV, Sections A	•					
	b		• •	supervised or controlled in con		ith its su	pported organiza	ation(s), by h	aving	
	_			orting organization vested in the						
			-	e Part IV, Sections A and C.				Ū		
	С	Type III	functionally integrated. A	supporting organization opera	ited in co	nnection	with, and function	onally integra	ted with,	
				nstructions) You must compl						
	d		•	ed. A supporting organization	•			-		
			, ,	he organization generally mus	-		•	and an atter	tiveness	
		<u> </u>	,	must complete Part IV, Sect						
	е			ceived a written determination				/pe II, Type I	II	
				non-functionally integrated sup	porting of	garnzano	11		Г	
	f		mber of supported organization about	the supported organization(s)					L	
	<u> 9</u>		Γ		[C. A. L. H		43.4		(-) A	
(1)		e of supported janization	. (ii) EiN	(III) Type of organization (described on lines 1–10		organization or governing	(v) Amount of support		(vi) Amount of other support (s	
	ug	ja iizauori		above (see instructions))		nent?	instructio		instructions)	
					Yes	No		•		
(A)		,								
(B)										
(C)			-							
					<u> </u>		<u> </u>			
(D)										
(E)										
								·	-	
			l l		1	ı	I		I	

Page 2

Schedule A (Form 990 or 990-EZ) 2016 Saqinaw-Shiawassee Habitat **-***9180 Page 2

[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)

Sec	tion A. Public Support	Traile to quain	<i>y and a</i>	oto notou polo	, p.10000 00	<u>.p</u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	592,889	690,353	908,256	748,292	945,134	3,884,924
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	Total. Add lines 1 through 3	592,889	690,353	908,256	748,292	945,134	3,884,924
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)						20, 400
6	Public support Subtract line 5 from line 4						38,498 3,846,426
6 Sec	tion B. Total Support			1			3,040,420
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	592,889	690,353	908,256	748,292	945,134	3,884,924
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,406	6,213	41,281	47,745	63,448	170,093
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,362	7,656	12,105		46,043	69,166
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						4,124,183
12	Gross receipts from related activities, etc.	•	•			12	1,449,865
13	First five years. If the Form 990 is for the	•	irst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)	. \Box
<u> </u>	organization, check this box and stop he		ntogo				<u> </u>
	tion C. Computation of Public			(0)		14	93 27 %
14	Public support percentage for 2016 (line Public support percentage from 2015 Sc			ullili (I))		15	67 48 %
15 16a	33 1/3% support test—2016. If the orga			ne 13 and line 14	us 33 1/3% or mo		07 40 70
IVA	box and stop here. The organization qu				15 55 17675 51 111	510, 511051 1.110	► X
b	33 1/3% support test—2015 If the orga	•			ne 15 is 33 1/3%	or more, check	
	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2	016. If the organiz	ation did not chec	k a box on line 13	3, 16a, or 16b, an	d line 14 is	_
	10% or more, and if the organization me						
	Part VI how the organization meets the	"facts-and-circums	tances" test. The	organization quali	fies as a publicly	supported	
	organization						▶ ∐
þ	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	meets the "facts-a	nd-circumstances"	test The organiz	ation qualifies as	a publicly	⊾ □
40	supported organization	did not obselve to	v an line 12 16-	16h 17a ar 17h	check this have a	nd see	▶ ⊔
18	Private foundation. If the organization of instructions	uo not check a bo	x on line 13, 10a,	100, 17a, 01 17b,	CHECK THIS DOX SI	110 300	▶ 🗌

Sche	dule A (Form 990 or 990-EZ) 2016 Sag	inaw-Shia	awassee l	Hahitat	**	-***9180	/ Page				
_	art III Support Schedule for C						/ <u>rage</u>				
h	(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	quality under	the tests liste	ed below, pleas	se complete P	art II) /	,				
	tion A. Public Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Grits, grants, contributions, and membership	\				/					
	fees received (Do not include any "unusual grants")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,	\								
3	Gross receipts from activities that are not an unrelated trade or business under section 513						•				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· <u></u>				
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total Add lines 1 through 5		1								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			X							
С	Add lines 7a and 7b			/ \							
8	Public support. (Subtract line 7c from		/	\							
	line 6)										
	tion B. Total Support	,									
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 \	(d) 2015	(e) 2016	(f) Total				
9	Amounts from line 6		/		<u> </u>						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
С	Add lines 10a and 10b		-								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				\	1	<u> </u>				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				<u>-</u>						
13	Total support. (Add lines 9, 10c, 17,										
	and 12)										
14	First five years. If the Form 990 is for the organization, check this box and stop he	ere		, fourth, or fifth ta:	x year as a sectio	n 501(c)(3)	▶ [
Sec	tion C. Computation of Public					1 . 41					
15	Public support percentage for 2016 (line		-	lumn (f))		15	<u>%</u>				
16	Public support percentage from 2015 Sc					16 [%				
	tion D. Computation of Investm			12 (6)		47	0/				
17	Investment income percentage for 2016			: 13, column (t))		17	<u>%</u>				
18	Investment income percentage from 201 33 1/3% support tests—2016. If the org			line 14 and line	15 is more than 3		70				
ısa	17 is not more than 33 1/3%, check this						\				
b	33 1/3% support tests—2015. If the org	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	ind				
20			line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

| Part IV Supporting Organizations

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

Section A. All Supporting Organizati	ons
--------------------------------------	-----

organization was described in section 509(a)(1) or (2)

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

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

	Yes	No
1		
2 3a		
3b		}
3c		
4a	×	
4b		5.
		,
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10h		1

Schedu	le A (Form 990 or 990-EZ) 2016 Saginaw-Shiawassee Habitat **-***918	0		Page 5
	t IVI Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u>`</u>
	below, the governing body of a supported organization?	11a	-	├──
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Г	163	1
•	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 carned out the purposes of the supported organization(s) that operated,			l i
	supervised, or controlled the supporting organization	2		
Secti	on 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_		<u> </u>
Secti	on 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			ŀ
	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			l. 1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a			-
3	significant voice in the organization's investment policies and in directing the use of the organization's			_
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on 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 instruc	tions)		
·a	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	nstructi	ons)	
				1
2 A	ctivities Test Answer (a) and (b) below.		Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		-
	activities but for the organization's involvement Percent of Supported Organizations Answer (a) and (b) below	10		
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			. !
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		1
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	A LILANE			

Schedule A (Form 990 or 990-EZ) 2016 Saginaw-Shiawassee Habitat		**-***9	180 Page <u>6</u>				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O) (I) (A)				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on							
instructions. All other Type III non-functionally integrated supporting organizations r	nust c	complete Sections A throu					
Section A - Adjusted Net Income (A) Prior Year (B) Curre (option							
1 Net short-term capital gain	1						
2 Recovenes of pnor-year distributions	2		, <u> </u>				
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or .							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see			l				
instructions for short tax year or assets held for part of year)							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI)		_	,				
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 035	6						
7 Recovenes of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount		,	Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_						
2 Enter 85% of line 1	2						
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functionally integral	ted Ty	pe III supporting organiza	ation (see				

instructions)

	le A (Form 990 or 990-EZ) 2016 Saginaw-Shiawassee		**-**9	180 Page 7				
Part/V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	on D - Distributions	<u> </u>		Current Year				
1	Amounts paid to supported organizations to accomplish exempt pur		•	,				
2	Amounts paid to perform activity that directly furthers exempt purpos							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7_	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organ	lization is responsive	a .					
	(provide details in Part VI) See instructions	· · ·						
9	Distributable amount for 2016 from Section C, line 6		·	, .				
10	Line 8 amount divided by Line 9 amount							
,	•	(1)	(iı)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions'	- Distributable -				
	,	w . 7367 . No	Pre-2016	Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6		mater frame and the	Commence of the Section Co.				
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required-explain in Part VI) See		•					
	Instructions	アンスペラチュルド 4.5円 1/4 1 24 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TOPE OF PERSONS				
3	Excess distributions carryover, if any, to 2016	CONTRACTOR OF STANDARD						
a								
		Control of the Contro	-ANGENIEW AND CARROLLER AND A	2. 2020 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				
	From 2013			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	From 2014	Single Committee	THE RESERVE OF THE PARTY AND T	(1,756), 6, 396,00,00,00,00 (1,756), 6, 414,160,00,00,00,00,00				
_	From 2015	त्रकारको अस्ति। "वर्षे प्रतिविद्या दर्भे । <u>'</u>	PERSONAL AND STREET AND AND	\$25000 \$25000 \$2500 \$1				
	Total of lines 3a through e	*339445.C.15x8444.C.2	A LI NATE OF THE POLICE CONTRACTOR OF THE PARTY OF THE PA	4.022 - 10 - 41 10 2 - 2 - 11 1				
	Applied to underdistributions of prior years	- 6688E447 / CMCMAL / 190	RECEIVED AND STATE	STABLE IN ALLEGIBL N. 10.4				
	Applied to 2016 distributable amount	CONSTRUCT CONTRACTOR	30年の - 1881年2月 - 1871年2月 - 1882年 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 - 18824 -	(2009) (2009)				
	Carryover from 2011 not applied (see instructions)	· 2. 表象等等位,所以,或是是严强。可由。	CONTRACTOR OF THE CONTRACTOR O	DESCRIPTION OF STREET AND STREET				
	Remainder Subtract lines 3g, 3h, and 3i from 3f	Kingdad till befolke dredge til er	7.30 + 20 7 1-1 - 15 10 80 87 87 10 10 10 10 10 10 10 10 10 10 10 10 10	CAME AT \$ 420 CONTROL OF THE STATE OF THE ST				
4	Distributions for 2016 from							
	Section D, line 7 \$	CANCELLY CONTROL OF A	12 25th No. 40.55 No. 16.5 V	FLUTTON TAKE				
	Applied to underdistributions of prior years		MAN CHAMMAN	18 860 16778890 - 1. 288989 18				
	Applied to 2016 distributable amount	4 (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						
	Remainder Subtract lines 4a and 4b from 4	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	r marketing and the second	RECEIVED TO SECTION OF THE				
, 5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result		•					
	,							
	greater than zero, explain in Part VI. See instructions	AMERICAN PROPERTY OF THE		L 704. 2 to 1 72 5.0807443 to 1 45% 4				
6	Remaining underdistributions for 2016 Subtract lines 3h			•				
	and 4b from line 1. For result greater than zero, explain in							
_ ,	Part VI See instructions Excess distributions carryover to 2017. Add lines 3j	CONTRACTOR AND SOLD SHEET BY SAME	- Company Andrews Co.	THE STREET OF STREET WITE T				
7 ′								
	and 4c	FERRES DE MASSIFILIE	200 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL CONTRACTOR AND A STATE A				
8	Breakdown of line 7	PARTON AND LIP (PROPERTY)		Mark Strategies and Company of the C				
		THE STATE OF THE S						
	Excess from 2013	CONTRACTOR SERVICE						
	Excess from 2014	CHREXIAL REPORT	THE STATE OF THE S	· · · · · · · · · · · · · · · · · · ·				
	Excess from 2015		20022 1 H24 X 2000	CONTRACTOR				

Schedule A (Form 990 or 990-EZ) 2016 Saginaw-Shiawassee Habitat **-***9180 Page 8

Part VI:

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

Part II, Line 10 - Other Income Detail

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

Saginaw-Shiawassee Habitat **-***9180 for Humanity Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified histonic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

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

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\$

\$

Sche	dule D (Form 990) 2016 Saginaw-	<u>Shıawassee</u>	Habıtat		<u>*-***9180</u>	Page 2
	rt III Organizations Maintaini	ng Collections of	of Art, Historical	Treasures,	or Other Simila	ar Assets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other reco	rds, check any of the	e following that ai	re a significant use	of its
а	Public exhibition	a ☐	Loan or exchange pa	rograms		
b	Scholarly research	e l	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization'	s collections and expl	lain how they further	the organization'	s exempt purpose	ın Part
	XIII					
5	Dunng the year, did the organization soli	cit or receive donation	ns of art, historical tre	easures, or other	sımılar	
	assets to be sold to raise funds rather the	an to be maintained a	is part of the organiz	ation's collection?	·	Yes No
Pa	rt IV Escrow and Custodial	Arrangements.				_
	Complete if the organizat	ion answered "Ye	es" on Form 990,	Part IV, line	9, or reported a	in amount on Form
	990, Part X, line 21					
1a	Is the organization an agent, trustee, cus	todian or other interm	nediary for contribution	ns or other asse	ts not	
	included on Form 990, Part X?					∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table			A
					<u> </u>	Amount
	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e 1f	
	Ending balance	- F 000 D-+V	04 (Ves Ne
	Did the organization include an amount of					∐ Yes ∏ No
	If "Yes," explain the arrangement in Part If V Endowment Funds.	Alli Check here if the	e explanation has be	en provided on P	art Aili	
Га	Complete if the organizat	ion answered "Ve	es" on Form 990	Part IV line	10	
	Complete ii the organizat	(a) Current year	(b) Pnor year	(c) Two years ba		s back (e) Four years back
10	Beginning of year balance	(a) Cariera year	(b) i noi yea	(0) 1 100 years se	(u) mee year	o basic (a) t os. your basic
	Contributions					
	Net investment earnings, gains, and			 		
·	losses					
d	Grants or scholarships			1		
	Other expenditures for facilities and					
Ť	programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the	current year end bala	ince (line 1g, column	(a)) held as		
а	Board designated or quasi-endowment					
b	Permanent endowment ► %	•				
С	Temporanly restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c	should equal 100%				
3a	Are there endowment funds not in the po	ssession of the organ	nization that are held	and administered	d for the	
	organization by					Yes No
	(i) unrelated organizations					3a(ı)
	(ii) related organizations					3a(11)
	If "Yes" on line 3a(ii), are the related orga			R۶		3b_
4	Describe in Part XIII the intended uses of		ndowment funds		· 	
Pa	rt VI Land, Buildings, and E					000 B-d V I 40
	Complete if the organizat					
	Description of property	(a) Cost or other	I ''	other basis	(c) Accumulated depreciation	(d) Book value
		(investment)	(oth	·	чергечация	20,000
	Land			<u>20,000</u> 52,596	129,22	
	Buildings		- 4	52,596	129,22	323,361
	Leasehold improvements			64,092	44,03	6 20,056
	Equipment			04,092	44,03	20,036
	Other I. Add lines 1a through 1e (Column (d) m	ust equal Form 000	Part Y column (P) II	ne 10c \	· · · · · · · · · · · · · · · · · · ·	363,423
ıota	i. Add iines ta trirough te (Column (d) m	usi equal rollii 990,	rait A, Wiulilli (B), II	ne 100)		303,423

(9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016 DAA

Sche	edule D (Form 990) 2016 Saginaw-Shiawassee Habitat	**-***918	0	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue pe	r Ret	turn.
777 77	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1_	1,695,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 6,574		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	6,574
3	Subtract line 2e from line 1		3	1,689,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,689,159
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	oer F	Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	1,341,534
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-		
а	Donated services and use of facilities		1	
b	Prior year adjustments	2b	1	
С	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,341,534
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,341,534

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

Part XIII Supplemental Information.

Schedule D (Form 990) 2016 Saginaw-Shiawassee Habitat **-**9180

Part XIII | Supplemental Information (continued)

Page 5

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public '

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

Attach to Form 990

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

Saginaw-Shiawassee Habitat for Humanity

Employer identification number **-***9180

i Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of deter	mining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution	n 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							
14	structures							
14	Qualified conservation contribution — Other							
15	Real estate — Residential	X	1	19,500	FMV			
16	Real estate — Commercial		<u> </u>	12,300	1114	-		
17	Real estate — Other							
18	Collectibles						• •••	
19	Food inventory	Х	74	17,334	FMV			
20	Drugs and medical supplies					•		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶(Use of equip)	X	10	29,460	FMV			
26	Other ▶(House material\$		21	29,341	FMV			
27	Other ▶(Other)	X	14	29,290	FMV			
28	Other ►(
29	Number of Forms 8283 received by	-	•	-				
	which the organization completed I	Form 8283	3, Part IV, Donee Ackn	owledgement	29		Yes	No
	Down the committee of t		h.,	and a second of the Dock I. In	and 1 through	Г	162	NO
30a	During the year, did the organization 28, that it must hold for at least three		•					
	to be used for exempt purposes for			al contribution, and which	isiit iequiieu	30a		$\frac{x}{x}$
b	If "Yes," describe the arrangement		e notating period?			552		1
31	Does the organization have a gift a		e policy that requires th	e review of any nonstanda	ard			
٥.	contributions?	2000 ptario	o policy that requires th	o roview or any monotonic	u. u	31		X
32a	Does the organization hire or use t	third partie	es or related organization	ins to solicit, process, or s	sell noncash			
	contributions?	P 112		, p		32a		Х
ь	If "Yes," describe in Part II							
33	If the organization didn't report an a	amount in	column (c) for a type o	f property for which colum	nn (a) is checked,			1 1
	describe in Part II					1		1

Schedule M (Form 990) (2016) Saginaw-Shiawassee Habitat **-**9180 Page 2

[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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Employer identification number

OMB No 1545-0047

Open to Public

-*9180

Name of the organization Saginaw-Shiawassee Habitat for Humanity

Form 990, Part III, Line 4d - All Other Accomplishment Discounts on Mortgage Originations

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The board receives a copy of the 990 before submission for review/approval. Form 990 is also made available to the Board for review after submission.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Currently, no conflicts of interest exist. However, there is a policy in place.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive Director wages are determined by the Board and approved at regular board meetings.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon request.